

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
ANNUAL PROGRESS AND SERVICES REPORT
2009
AND
CHILD AND FAMILY SERVICES PLAN
2010 - 2014**



**State of Alabama
Department of Human Resources
Consolidated Child and Family Services Plan
Annual Progress and Services Report
FY 2009**

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INTRODUCTION

I. STATE AGENCY

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

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

Alabama meets the Maintenance of Effort (MOE) requirement and does not supplant any state funds. The Substantial Portion of Funds requirement for Promoting Safe and Stable Families is met with the following allocation of funds for FY 2008: Family Preservation 29%, Family Support 28%, Time-Limited Reunification 23%, Adoption Promotion and Support 20%.

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

Director – Family Services

The Director is responsible for the overall administration of the Division with support from two Deputy Directors. A number of specific child welfare programs and initiatives are managed within the Division. In addition, there are other offices or units within the Division that provide an infrastructure to support the overall child welfare mission. The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to county departments in the areas of policy development, program training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families. The Director sets the vision for the Division in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 67 county departments. Coordination with the Commissioner, Deputy Commissioners, the Legal Office, other Division Directors, and County Directors takes place on a regular basis. The Director represents the Division with other state and federal agencies, advisory groups, legislators, Governor's Office, and advocacy groups. Direct supervision is provided to the Deputy Directors, Managers of the Offices of Child Welfare Eligibility, Financial Resource Management, Quality Assurance, Supervisor of the Office of Data Analysis, and an administrative assistant. Several of these direct supervision responsibilities will be shifted to the two Deputy Directors in the near future.

Deputy Director

The Division managers under the supervision of one Deputy Director include managers of the following Offices: Child Protective Services, Permanency, Interstate Compact on the Placement of Children, Policy and the Office of Child Welfare Consultation. The Deputy Director further serves as a liaison to represent the Family Services Division in internal agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups.

The other Deputy Director has been "on loan" to Alabama's SACWIS Project (FACTS), since early 2007. The System is now live in all 67 counties, and her work has centered on cultural change, training, and ongoing feedback and direction from users. She returned to Family Services in April, 2009, and will supervise the FACTS unit upon their return to SDHR (the Project work occurs offsite until January, 2010). At this time, she has been assigned supervision of the Training Unit. More discussion with the Director and other Deputy will occur over the weeks to come regarding transition of other supervisory responsibilities.

Office of Child Welfare Policy

The Office of Child Welfare Policy (OCWP) is responsible for developing child welfare policy required by state and federal legislation, and developing and revising all other policies as directed by each child welfare program, (e.g., CPS, Foster Care). This office is also responsible for coordinating revisions to the Minimum Standards for Child Care Facilities

(Institutions and Group Homes), Foster Family Homes and Child Placing Agencies, and incorporating into policy best practice goals and principles.

Policy development and revision process includes:

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

OCWP has a written policy development protocol in place with established timeframes for completion of draft policies, review and comment of draft policy and, feedback. Additionally, an overall framework for the organization of policies has been developed. Currently, every program area publishes policy.

Other duties of the office also include:

- Providing "policy intake" rotated between OCWP staff to interpret and clarify policy for county and state DHR staff.
- Maintains a record of policy interpretations provided to county departments by SDHR Family Services staff that is accessible to all counties and SDHR staff for reference.
- Reviewing federal and state regulations and legislation to determine policy needs.
- Maintaining and tracking requests for Federal Parent Locator Service clearances from county departments.
- Assigning and tracking of state legislation during legislative session and completion of Division's position reports.

Child Welfare Policy staff presently consists of one Program Manager and three policy developers/specialists. The program manager takes an active role in policy development. As much as possible, policy assignments are made based on the policy developer's knowledge base and experience.

Office of Child Protective Services

The Office of Child Protective Services (CPS) is responsible for program development of child protective services. This Office provides consultation to County Departments having identified needs with their child protective services program. The Office continues responsibility for Administrative Record Review, Child Abuse and Neglect (CAN) Central Registry, Basic Child Abuse and Neglect Grant and Children's Justice Grant are managed in this office.

The Office of Child Protective Services is responsible for managing and conducting administrative record reviews when persons allegedly responsible for child abuse and neglect do not agree with a substantiated finding. Staff in this Office work in partnership with County administrative staff in conducting record reviews, including any information submitted by the alleged perpetrator, to determine if there is sufficient evidence to support an indicated (i.e., substantiated) finding of abuse or neglect. The Office is also responsible for providing training to county staff on these reviews.

The management of the Central Registry on Child Abuse and Neglect is the responsibility of this Office. Information contained in the Central Registry can prevent child abuse and neglect of children through the clearance of potential childcare providers. Child care institutions, day care centers, school systems, voluntary agencies, child placing agencies, etc., can clear prospective employees or volunteers who work with children through the Central Registry. This information bank also assists County Departments in intervention services by providing data necessary for a thorough family assessment. Administrative record reviewers provide feedback to staff on the basis of their work in administrative record reviews. Other responsibilities include: working as a team member on the development of child protective services policy, reviewing legislation related to child protective services, and state liaison to the Children's Bureau, Office on Child Abuse and Neglect.

Office of Child Welfare Training

The Office of Child Welfare Training is responsible for training social work and supervisory staff of county departments in the basic child welfare skills curriculum, **Alabama Child Welfare Training (ACT I)**. Trainers are located in Mobile, Huntsville and Birmingham and deliver training in cities throughout the State. ACT is based on five foundation concepts: the belief that people can change; respecting the family's culture, joining with families; building partnerships with birth families and foster/adoptive families in parenting; and working with families in an ecological (Systems) framework.

ALABAMA CHILD WELFARE TRAINING (ACT I) is a skill based training curriculum designed for new child welfare employees. The program consists of three modules (11 days) of training in a classroom setting, along with Professional Development Plan (PDP) activities in the middle and end of the residential training. The PDP activities are designed to culminate in, or be incorporated into, the workers' Professional Development Plan (PDP). For maximum benefit, participants should attend *ACT* within three months of beginning employment with the Department.

ACT I develops skills needed for the Individualized Service Plan (ISP) process, from the initial contact with the family through case closure. Protection and permanence for the children is stressed as dual goals of all work with families. Through ACT, staff are taught to involve children and their families and foster/adoptive parents as partners in assessing, planning and utilizing services that the family's planning team has identified and agreed upon. ACT provides a foundation for practice in keeping with the principles of practice Alabama has adopted.

ACT prepares agency staff to ensure safety, permanency, and well being for the children and families the Department serves. The following core skills and abilities are presented, modeled, and practiced in ACT.

Foundation Concepts and DHR Mission: The participants learn the principal foundation concepts in which the agency believes to be able to help families.

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

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

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

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

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

Assessing and Planning For Needs Of Children: Participants are taught about the needs of children based on their abuse and/or neglect and strategies to meet those needs. They also learn about issues of loss, separation, grief, and attachment for children who are in out-of-home placements. Included in assessing and meeting children's needs are interdependent living skills which are necessary for any child age 14 or older in DHR custody to prepare them to live interdependently when they are emancipated.

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

ACT II is made up of stand-alone curricula, which support each other and build on the foundations of ACT I, which is a prerequisite for taking all ACT II curricula. They are as follows:

ACT II: MEETING FAMILIES UNDERLYING CONDITIONS provides workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child in the family's home safely (3-day training). The *Underlying Needs* Training strengthens

the child welfare worker's critical skills in looking beyond family members' behavioral surface symptoms, in order to recognize, address, and plan for helping the family change their deeper issues which have resulted in child maltreatment.

Child welfare workers are provided the tools to assist them in effectively identifying the underlying needs in a situation where maltreatment has occurred, or is likely to recur, so that risks to children are eliminated, or significantly reduced for the long-term.

The Core Abilities of *Underlying Conditions* Training are:

- **Core Ability 1:** Recognize and empower families through the process of change.
- **Core Ability 2:** Gather and analyze information to determine the underlying needs being expressed by the family member's behaviors.
- **Core Ability 3:** Identify major danger threats and areas of resiliency (strengths) families are experiencing.
- **Core Ability 4:** Communicate with the family and their team about the assessment process and reach agreement on the causes of maltreatment.
- **Core Ability 5:** Use the assessment information and empower families to determine multiple options for meeting their needs.
- **Core Ability 6:** Develop an individualized plan to meet the causes of maltreatment.

On the last day of the *Underlying Conditions* Training, the workers' supervisors come to the training to coach and model with their workers toward the steps necessary to help them uncover the underlying conditions with the family.

ACT II: THE INDIVIDUALIZED SERVICE PLANNING PROCESS FOR FAMILIES WHO EXPERIENCE SUBSTANCE ABUSE trains workers on the dynamics of working with families involved in substance abuse (4-day training). The *ISP Process with Families Who Experience Substance Abuse* training was designed to cover the major steps in handling substance abuse and the resulting child abuse and neglect.

A high percentage of families where there is child abuse and neglect have substance abuse occurring in the home. This training builds on *ACT I* which provides the basic ground work for child welfare workers regarding the ISP process, while *ACT II* provides further training in areas of special concern to child welfare workers. This training explores the child welfare worker's role and responsibility in helping parents and children who are addicted or dependent on substances.

The *Substance Abuse* training will develop the following core abilities:

- **Core Ability 1:** Identify substance abuse as a disease that affects the entire family. Be able to assess strengths and danger threats of individuals and families experiencing substance abuse.
- **Core Ability 2:** Be able to identify signs and symptoms of substance abuse and specific drugs. Including new drug trends, such as OxyContin and Crystal Meth.
- **Core Ability 3:** Identify the child welfare worker's role and responsibilities as a team member in assessing and treating families who experience child maltreatment and substance abuse; i.e. how to empower families rather than enabling the substance abuse to continue.
- **Core Ability 4:** Identify the immediate danger threats and long-term effects of substance abuse on family members. Treatment modalities are explored. Identify community resources that treat the effects.
- **Core Ability 5:** Examine the recovery/relapse process experienced by a person who is addicted; i.e. how to work with a family and their team in developing an effective ISP and how to monitor the recovery process.

ACT II: CPS (PRACTICAL CHILD PROTECTION SERVICES) is a 5 day training that was originally developed by the National Child Advocacy Center and has since been updated by the Office of Child Welfare Training. This training enables workers to acquire skills to:

- a. Distinguish between abuse and accidental injury.
- b. Achieve immediate crisis stabilization during investigations.
- c. Recognize emerging safety/removal factors.
- d. Assign priorities with regards to risk and safety.
- e. Assess level of risk in a family in various situations.
- f. Assess ability/willingness of non-offending parent to protect child in the family's home.
- g. Assess probability of recurring safety issues through the assessment of underlying causes of abuse. (5-day training)

The objective of *Child Protection Services Training (CPS)* is to empower the child protective social workers with the tools and skills required to provide services related to family preservation and protection of abused, neglected and sexually abused children.

CPS is an individualized program to help child welfare workers make informed decisions. Topics covered in this course include:

- Knowledge of the values of child welfare practice, including the families' self-determination, permanence, family preservation, preservation of parents' and children's rights, and respect for individual differences.
- How to accurately identify physical, emotional and behavioral indicators of abuse, neglect, and sexual abuse in children who have been abused and their families.
- Knowledge of how child abuse and neglect are presenting symptoms of family dysfunction, and how to assess individual, family, and environmental contributors to abuse, neglect, and sexual abuse.
- Knowledge of what data must be gathered from reporters, case records, and other sources to thoroughly assess alleged abuse or neglect.
- How to identify the factors that must be evaluated when assessing present danger threats, determining whether abuse/neglect occurred and determining impending dangers, strengths, and other risks in the family.
- How to determine when abuse or neglect is indicated; and when complaints are unsubstantiated, yet should be referred for community services.
- Knowledge of the responsibilities of the child protection agency and caseworker, including investigating complaints of maltreatment, providing ongoing, in-home service, providing temporary substitute care placements, and providing permanent homes for children.
- Knowledge of the proper roles and responsibilities of other community agencies in the child protective service process and how we can collaborate with these agencies and practitioners to develop case plans and to provide services.
- Understanding the concept of cultural competence; knowing how one's own culture affects behavior and values; and how cultural and ethnic differences may affect the delivery of child welfare services.

ACT II: PRACTICAL CHILD SEXUAL ABUSE INTERVENTION was developed by the National Child Advocacy Center. Practical CSA is specialized training on the investigation of child sexual abuse and working with families that are impacted by child sexual abuse. This includes information regarding the dynamics of child sexual abuse (5-day training). The Practical Child Sexual Abuse training is a competency based curriculum designed to provide the child welfare worker with a foundation for identifying and assessing child sexual abuse.

The training offers a multidisciplinary approach to the identification, investigation, validation and prosecution of alleged child sexual abuse. An overview of this session includes investigation techniques; developmental considerations of child interviewing; medical assessment of an alleged victim of child sexual abuse; offender typology; dynamics of victims and families; and cultural considerations.

- **Core Ability 1:** Understand legal definitions of sexual abuse, child welfare practice standards, and other related laws in Alabama.
- **Core Ability 2:** Become aware and desensitized to language children may use in naming their body parts and describing sexual activity.
- **Core Ability 3:** Identify survivor, sibling, offender and non-offending parent dynamics.
- **Core Ability 4:** Gain knowledge of interviewing techniques for use with the child, offender, siblings, and the non-offending parent.
- **Core Ability 5:** Recognize personal reactions to cases involving child sexual abuse and ways to prevent burnout and compassion fatigue.
- **Core Ability 6:** Identify steps necessary to complete a child sexual abuse case according to policy and best practice.
- **Core Ability 7:** Determine safety plans, case management and treatment issues.
- **Core Ability 8:** Understand the child sex offender, their motivations, denial and distortions, and assess attitudes toward child molestation.
- **Core Ability 9:** Identify advantages of a multidisciplinary approach to CSA investigations and increase understanding of roles and responsibilities of each discipline.
- **Core Ability 10:** Understand when reunification may be considered and increase knowledge of necessary preconditions.

ACT II: SUPERVISORS TRAINING for supervisors is offered and covers basic skills for supervisors (6-day training, plus an OJT component - - 3 days classroom, followed by OJT weeks in the field, followed by 3 more classroom days).

Supervisors Training provides the foundation for supervisory practice in Child Welfare. It describes the roles and responsibilities of the Child Welfare supervisor, and provides practice-oriented demonstrations of how to carry out supervisory responsibilities.

The pervading theme of the *Supervisors Training* is that the paramount role of the supervisor is to enable front line staff to meet the needs of families and children and to fulfill the mission of the agency. In a large sense, supervisors within the agency are the “Guardians of Practice.”

Two overarching roles are stressed within the 6 days of training: building the foundation for and maintaining unit effectiveness, and developing and maintaining individual staff capacity. Supervisors are given opportunities to practice within the classroom setting, and after completing an On-The-Job (OJT) training assignment in their respective counties, the trainers provide coaching and modeling to the supervisors related to their experiences with OJT. OJT is completed between the first and second weeks of training and is done in conjunction with the supervisor’s regular daily activities.

Supportive practice is modeled and encouraged during the training along with practice techniques for creating a positive tone within the supervisor’s unit to enhance worker productivity. Conversely, corrective action is also demonstrated as part of supervisory practice.

Roles as negotiator and mediator between units and upper management is another major focal point, stressing the role of supervisor in delivering both internal and external policies and procedures to line workers, and then monitoring to ensure policy is being followed.

The goal of *Supervisors Training* is to provide supervisors with basic skills and knowledge to be effective and to subsequently become a leader within the agency.

ACT II: CONCURRENT PERMANENCY PLANNING TRAINING is designed to show social workers the path to permanency for children (3-day training). It discusses the developmental needs of children for timely permanency, barriers to permanence for children, and the opportunities available through newer laws to achieve permanency for children. Practical tools are shared which will help social workers in making case goal decisions with parents and their team. Specific case management practices to help prevent foster care drift are examined. Participants will have opportunity to:

- Enhance their understanding of concurrent planning concepts and practices.
- Increase their understanding of how to work with the legal process to achieve safety and permanency for children.
- Expand their knowledge and skills of full disclosure and casework practices necessary to expedite permanency.
- Increase differential assessment skills and the ability to assess case prognosis.
- Enhance professional competence in helping families engage in the process of change.
- Expand knowledge of techniques to use to address child well being in the areas of maintaining connections and preparing children for adoption.
- Practice integration of permanency concurrent planning concepts into the ISP team meeting.

The Office of Child Welfare Training also provides **Leader Certification Training in Group Preparation and Selection (GPS) for Prospective Foster/Adoptive Parents** to county staff and foster parents and to qualified staff of licensed child placing agencies who will lead groups of foster/adoptive applicants through the process leading to licensure or approval. Leader certification sequences consist of two weeks of classroom training focusing on GPS curriculum and leader facilitation skills. The Office of Child Welfare Training has, in the past, partnered with other certified “Trainers of Leaders” to deliver the leader certification training. Deciding Together is another curriculum designed for use with foster/adoptive families and is delivered by the Office of Child Welfare Training. Deciding Together is a foster/adoptive preparation and selection process designed for use with individuals/families whose geographic location or circumstances of employment prohibit attendance at the 10 weeks of group meetings included in GPS.

Due to the onset of the Department’s new SACWIS system, two more trainers from the Office of Child Welfare Training have been temporarily assigned to the FACTS project to train staff statewide. As of April 1, 2009, the unit consists of 3 trainers, 1 Administrative Assistant and a Program Supervisor.

The Office of Child Welfare Training has traditionally partnered with ILP, QA, OCWC, Policy and other units in the Division to help develop curriculum and assist with training in most areas of Family Services. The training unit plays an important role in consulting and partnering with other units to meet overall Division training needs.

The Office of Child Welfare Training serves as a “clearinghouse” for training needs within the Division. In some areas it will serve in a consulting role to help other units in the Division develop curricula that is outcome based and fits within the adult learning mode. In other areas, it may do more partnering by helping to deliver the training with staff. It also serves in a consulting role for the counties as they are enabled through train-the-trainer programs to produce and present some of their own training.

Office of Child Welfare Consultation

The Office of Child Welfare Consultation (OCWC) was created to support and enable counties to implement and sustain child welfare reforms as a result of the R.C. Consent Decree. The focus of the reform was system-wide with change occurring at all levels of the child welfare system, including staff competency and capacity, system values, services array and composition, support systems, infra-structure and financing.

The consultation model offered onsite consultation to all 67 counties. The goal was to support the State System of Care as it demonstrated sustainability and continuity of best practice in each county.

The on-site Consultation Model included but was not limited to:

- Assist in developing strong child welfare practice as expressed by the 50 indicators assessed in Quality Assurance Reviews and by the Federal Child and Family Services Reviews.
- Assessment of data, outcomes, and system indicators.
- Engage counties in self-assessment of their systems.
- Coach and model best practice in the areas of safety, permanency, and well being to assure best outcomes.
- Teach and train policy and practice.
- Increase counties’ capacity in working with foster youth to achieve the skills and education necessary to live productively as adults.
- Provide coaching, modeling, and feedback to increase counties ability to support productive ISP development and family engagement.
- Support counties in organizational and strategic planning.
- Provide case consultation, assessment of child abuse reports received, of timely first victim contact and timeliness in the completion of an assessment/investigation.
- Support counties in decisions regarding placement of children and provide concurrence for placement in restrictive settings.

The Office of Child Welfare Consultation is composed of a Program Manager, four Program Supervisors, eleven Program Specialists, and three Behavioral Analysts. The Consultation Model currently being utilized was implemented in September 2008. All 67 counties are assigned a consultant to provide telephone consultation and limited onsite consultation. The change was necessary in order to provide support to the counties around the new SACWIS system, FACTS, and to assist in conducting the Multi-dimensional Assessment Tool for foster children.

The future of the unit is currently being assessed to determine how the new model of consultation should look. The state has successfully exited the R.C. Consent Decree and counties should not require that level of support around best practice. However, we want to ensure that there is no regression from our gains in Child Welfare.

One Program Supervisor specializes in providing consultation to counties around severely emotionally and/or behaviorally disturbed children and their families. This Program Supervisor consultant also focuses on building capacity in OCWC consultant staff in this area. This involves identifying and accessing resources that can provide technical assistance and training. This individual also participates in the Case Review Committee, with the State Multi Needs Team. This Supervisor coordinates the work with Auburn University Behavior Analysis Program and supervises the three Behavior Analysts that we have added to our state office staff through this work.

An Intake Consultant and Intake Supervisor are accessible to all 67 counties for emergencies, consultation, policy questions, etc. and also handle constituent/consumer problems, complaints, concerns, etc. The Intake staff works with the Child Welfare Consultation staff to ensure that child welfare staff and families served throughout Alabama receive a level of consistent support when they need assistance at the state level.

Office of Quality Assurance

As of May 1, 2009, the Office of Quality Assurance (QA) consists of seven staff: a Program Supervisor and six Program Specialists. The QA system monitors, evaluates and provides feedback to the Department on the performance of the system of care, the system of care being the structure used to provide comprehensive services to families and children serviced by the Department, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support social workers, supervisors and

management at every level within the Department as well as to support the development, implementation and refinement of the service delivery system.

In addition to examining and assessing the components of the department's system of care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to DHR staff and technical providers as well as reviewing for the implementation and effects of corrective actions where needed.

The Office of Quality Assurance (QA) provides technical assistance to counties through QA specialists assigned to work with individual counties by providing information, consultation, etc. It does so in a variety of ways/areas including: training staff and QA committee members; providing consultation on QA committee membership, functions and activities; taking a lead in conducting reviews of county performance; and, as needed, assisting other consultants in the Family Services Division (FSD) in providing instruction and guidance in practice areas identified by onsite reviews as needing improvement.

Office of Data Analysis

The Office of Data Analysis was reorganized in November 2005 and brought back under the umbrella of Family Services with the expansion of the roles and responsibilities of the office. As of May 1, 2009, there are four full time staff in the Office of Data Analysis, as follows: one Program Supervisor, and three Program Specialists. The System Help Desk staff has been transferred back under the scope of the SACWIS project for as long as the vendor maintains responsibility of the Help Desk.

The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System (SACWIS) – Family, Adult and Children Tracking System (FACTS), which was implemented statewide in January 2009. All staff from this Office were trained as mentors and continue to provide support in regard to the SACWIS system. The Office also facilitates the CCB (Change Control Board) meetings regarding enhancement changes to FACTS. The Office is responsible for identifying the data support needs of the Family Services Division and coordinating the collection of data with the Department's Information Services Division. In addition, the Office analyzes data on child welfare outcomes and strives to present the findings in useful and meaningful ways to all Family Services offices, County Offices and other State and Federal Agencies.

The Office of Data Analysis works closely with the Office of Quality Assurance to routinely monitor county sustainability progress through the provision of County Data Profiles and Quarterly and Annual Statewide QA reports. The Office has established a database of measurement mechanisms for State QA case reviews. The Office in conjunction with the Department's Information Services Division has developed monthly, quarterly and annual data reports to assist the state and county staff in analyzing and interpreting data. All statistical reports are now located on the web based application BOE (Business Objects Enterprise), which replaced ERD (the previous location for statistical reports). This enables all employees to monitor their caseloads with access from their computer desktop.

The Office of Data Analysis in conjunction with the Office of Child Protective Services collects data on child deaths through County Child Death Reviews. The Office has established and maintains a database, which provides a history back to 1997. A monthly report of child deaths due to maltreatment is provided to the Department's administration.

The Office of Data Analysis has established county data thresholds and a statewide report card for safety and permanency data needs as well as child and system performance outcome measures. These documents provide an alert to state and county staff identifying specific components of the program area which should be reviewed and a corrective action plan put into place. These measures have been temporarily put on hold due to data conversion reliability issues.

The Office of Data Analysis also reviews Federal and State regulations to determine policy needs that result in changes, which directly affect the NCANDS and AFCARS reporting. The Office continues to assist counties and SACWIS staff in identifying data issues related to conversion in an attempt to provide the most reliable data in regard to families and children.

Office of Interstate Compact on Placement of Children

The Office of Interstate Compact on Placement of Children (ICPC) reviews, approves/ disapproves and processes correspondence concerning the placement of children for foster care and residential placement. This office also approves/disapproves and processes correspondence for children to enter or leave the state for the purpose of adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia and the U. S. Virgin Islands.

Placement of children through ICPC ensures protection and services to children who are placed across state lines for foster care or adoption and also establishes orderly procedures for the interstate placement of children. This office arranges travel for caseworkers and children for out-of-state placements. Recognizing the increased volume of the ICPC workload following implementation of ASFA, the Office of ICPC includes two staff for Adoption ICPC and three staff for Foster Care ICPC. Other staff of this office includes a manager and three assistants.

Office of Permanency

In 2007, the Office of Foster Care and the Office of Adoption were combined to create the Office of Permanency. The merger was an effort to provide more consistency and an increased focus on timely permanency for children currently in out of home care. This office has the responsibility for supporting and providing program development for services that support the timely achievement of all permanency goals for children in out of home care.

The Office of Permanency currently consists of a Program Manager, who supports and supervises four Program Supervisors that currently supervise units responsible for Out-of-Home Care Policy/Training, Independent Living Services, Adoption Services, and Recruitment and Retention Support. In addition, there are three Administrative Support staff that provide for the clerical and support duties of the program

The Office of Permanency also has the responsibility for the development, supervision and coordination of the Department's post adoption service program, Alabama's Pre-Post Adoption Connection (APAC). Three regional sites are located across the state, with core services of recruitment/training of adoptive resources, information and referral, crisis counseling, a lending library, support groups and sponsorships of adoption-related conferences/camps.

Out-of-Home-Care Policy and Training Unit

The Out-of-Home-Care Training and Policy Unit currently consists 5 staff, including a Program Supervisor, an Adoption Intake Consultant, two Out of home care consultants and an Adult Adoptee consultant.

This unit's primary responsibility is for program development and support to counties for children in out of home care, whether in a relative's home, foster home, group home, residential placement or adoptive placement in working to achieve permanency. Consultation is provided to the counties on issues related to children in DHR custody, to be certain that the requirements of the Adoption and Safe Families Act (ASFA) are followed and to help focus permanency efforts for all children in care. In addition, this unit maintains the Putative Father Registry and the responsibility in clearing for acknowledgement to the court of non-DHR petitions for adoptions to go forward.

The Program Supervisor has the responsibility for supervision of the five staff, while also reviewing and developing policies impacting children in out of home care. She has responsibilities in providing training and currently serves as Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA).

The role of the Intake Consultant is to respond or refer inquiries from staff and constituents requiring information on the laws, policies and practice impacting permanency for children. This includes maintaining the Putative Father Registry and assuring acknowledgements to the court on the clearing of non-DHR petitions are timely.

The Adult Adoptee consultant provides services that allow the ability of adult adoptees to request information and searches regarding biological family. In addition, the consultant arranges and supports reunion visits as appropriate.

The Out-of-home-care consultants' roles and responsibilities are designed to specifically address permanency for children in out of home care. They are accessible to assigned counties by telephone and through field visits to provide training and case consultation. In addition to their focus on permanency, the consultants provide input on policy development and interpretation. Consultants participate in training for county staff on current issues and new policies impacting permanency. Consultants also participate in Quality Assurance Reviews in assessing permanency outcomes statewide.

One of the Out of Home care consultants serves as the liaison to the Alabama Department of Youth Services (DYS) for discharge planning for children leaving DHS who are dependent and in need of additional treatment or services. This consultant serves as a point of contact for DHS in communicating and arranging planning prior to discharge. The second Out-of-home care consultant serves as the liaison to Tutwiler Prison for Women and serves as a link between inmate mothers and their children. This consultant visits the prison to meet with prison staff and inmates, facilitate visitation between inmate mothers and their children (when this is consistent with the permanency goal), and help facilitate return of the mother to the community. This is in addition to other permanency consultation responsibilities.

All consultants are expected to have extensive knowledge of ASFA and MEPA which guides the work and best practice. They are expected to provide case consultation, to conduct record reviews, and to participate in ISPs to offer guidance in cases.

The current consultant model provides limited support for onsite consultation to counties due to the limited number of staff in this unit. As additional support is needed to address trends in practice and provide support and monitoring toward more timely achievement of permanency on a consistent basis, the Office of Permanency will be redefining roles of all consultants so that support is increased and provided to counties toward achievement of all permanency goals for children in out of home care. As a part of the activities to be completed in the Program Improvement Plan, efforts are underway for all consultants in the Office of Permanency to become fully knowledgeable and skilled to provide support to counties from entry into care to achievement of permanency. This will result in them to being identified as Permanency Consultants, rather than Out of home care or Adoption consultants.

Independent Living Services Unit

The Independent Living Services Unit is a recently established separate unit to support the needs and identification of services for older youth to develop skills to live independently and achieve permanency more timely achieve. Currently the unit consists of only the Program Supervisor who also serve as the State Independent Living Coordinator have responsibility to support all 67 counties in the State. Efforts are underway in exploring additional staffing in an effort to support counties more consistently around the objectives of the Independent Living Program.

This unit has the responsibility for providing program development and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. Currently consultation to each county office is limited and is provided upon request or identification of specific needs in the county. This program area currently provides management of federal funding available to support counties in serving youth ages 14-21 and development of State and local programs. The implementation of (NYTD) National Youth in Transition Database and monitoring of the Alabama Education and training Voucher (ETV) Program are also responsibilities within this office.

As achieving permanency for older youth and supporting them as they transition out of foster care was identified as a need in Alabama, specific activities to further engage youth have been identified and are steps in the Draft Program Improvement Plan, to include a survey that will provide information on the needs of the older youth not currently being addressed.

Adoption Unit

The Adoption Unit currently serves to support the matching and placement of children legally free for adoption along with support through the Adoption Assistance Program. The unit consists of a Program Supervisor, who is responsible for the supervision and support of seven adoption placement consultants. The consultants are assigned regionally to support counties and children within the assigned counties who are free and waiting to be adopted.

The adoption placement consultants currently have the responsibility for supporting efforts to achieve timely permanency for those children with the goal of adoption which include 1) identifying and/or supporting adoptive resources for children when the goal of adoption becomes the case plan; 2) placement of children for the purpose of adoption who are in the Department's permanent custody; 3) initiating and participating in recruitment efforts for children without an identified resource; and 4) training and consultation to county department to ensure the timely movement toward finalization of adoption. The Department is currently considering an alternative model of consultation that would not only support children with the goal of adoption, but also provide support for all children in the Permanent Custody of the State and eventually all children in out-of-home care.

The Program Manager supervises the Subsidy Consultant and administers the Adoption Assistance Program in the State. The Subsidy consultant has the responsibility for implementing the Adoption Assistance program in supporting placement of children with special needs, and reviews and processes all requests for adoption assistance. In addition, the consultant provides periodic workshops in support of building worker capacity and knowledge in the area of Adoption Assistance.

Recruitment/Retention Unit

The Recruitment/Retention Unit consists of a Program Supervisor responsible for providing technical assistance to county departments in the area of recruiting resources to serve children in out-of-home care. This position supervises one consultant responsible for child specific recruitment in one region of the state which is funded through Wendy's Wonderful Kids from the Dave Thomas Foundation. The Program Supervisor also supports and monitors contracts and agreements

with AdoptUsKids and participates in the partnership with Heart Gallery of Alabama and Kids to Love. The Program Supervisor also has the responsibility for serving as State Liaison to the Conflict Resolution Team (formerly known as the Project Grievance Committee).

The Recruitment/Retention Unit has responsibility for general recruitment activities for both foster and adoptive resources. The State's recruitment effort is known as Families 4 Alabama's Kids. Ongoing child specific recruitment efforts include featuring children on www.AdoptUsKids.org; www.heartgalleryalabama.com; and www.adoption.com websites, as well as the Department's website. Additional efforts for recruitment are available through a child focused recruiter funded through a Wendy's Wonderful Kids Grant from the Dave Thomas Foundation for adoption. The Department also features waiting children through Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoption Connection (APAC) newsletters and in Waiting Child Notebooks (WCN), prepared and updated by APAC. These WCN's are used by APAC regional staff when providing training to foster/adoptive parent groups as well as during their regular AFG (adoptive family group) meetings. Additional child-specific recruitment programs have been developed in Dothan (Wednesday's child on WTVY-TV) and Montgomery (Thursday's Child feature in the *Montgomery Advertiser* – newspaper and web sites). Efforts to revive the One Church One Child program in Alabama kicked off in December 2008 and these activities continue in the Jefferson County/Birmingham area.

Office of Child Welfare Eligibility

The Office of Child Welfare Eligibility (OCWE) was transferred to Family Services in April 2005. OCWE was established in 1991, in response to the State's need for accurate determinations of IV-E eligibility. This office is responsible for administering the Title IV-E Program and Aid to Children in Foster Care Medicaid Program. In addition, the OCWE has responsibility for the maintenance of policies and procedures of the Emergency Assistance Program currently funded through the TANF Block Grant and Title XX.

The primary responsibility of this Office is to determine eligibility for Title IV-E, a federal funded program that assists states in three major areas: room and board payments for children in foster care, administration, and training. Policies and procedures must be consistent with the federal regulations and the Title IV-A State Plan that was in effect on July 16, 1996.

The Office must make a determination of providers' reimbursability for Title IV-E eligibility based on the minimum standards set by the Department of Human Resources. The provider must be fully licensed and meet all safety requirements to claim Title IV-E reimbursement for the placement.

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

Office of Financial Resource Management

The Office of Financial Resource Management (OFRM) is responsible for updating policy, training social work and supervisory staff of county departments in the policy and claiming responsibilities for the Medicaid Rehabilitative Program and the Targeted Case Management (TCM) Program. During FY08, the department received an approximate gross reimbursement of \$41.9 million from Medicaid Rehabilitative Services and \$32.5 million from Child TCM Services.

The OFRM currently consists of a Program Manager, a Program Supervisor, a Medicaid Rehab Specialist, a Targeted Case Management Specialist, an Accountant/FACTS Financial Trainer and 2 Administrative Support Assistants.

Training on Medicaid Rehabilitative services that qualify as medically necessary are designed to treat and/or rehabilitate a child with a mental illness is provided in county offices. STAC regional training is no longer offered to county staff due to the implementation of FACTS. This hands on training has been replaced with providing extensive knowledge base in the development of the Financial module in FACTS.

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

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

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

The STAC system has been disabled since the implementation of the FACTS in August 2008. Although STAC has been disabled, there continues to be the need to reinforce the following procedures to ensure the department is able to seek federal reimbursement for eligible rehabilitative services.

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

2. Staff complete 5.5 hours of TCM classroom instruction which consists of curriculum that includes the following:

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

OFFICE SUPPORTING CHILD WELFARE

Resource Management Division

The Office of Resource Development and Management was transferred in April 2005, to become a unit in the Office of Resource Management. The Office of Resource Management has been changed to the Resource Management Division, which provides support to the various other divisions of the Department. This office reports to the Deputy Commissioner for Fiscal and Administrative Services. The Resource Management Division consists of four units: the Office of Resource Development, the Office of Contracts and Grants, the Office of Licensing, and the Office of Service Utilization Review.

The Office of Resource Development continues to be responsible for providing support services and technical assistance to County Departments of Human Resources and various program providers in the delivery of services to families and children. This unit provides assistance in the areas of resource development, as well as monitoring service providers including residential facilities and Therapeutic Foster Care (TFC). The overall mission of this unit is to provide technical assistance and support to County Departments and providers in the creation of resources which are individualized, family

focused and community-based. An additional mission is to ensure that outcomes for families are being achieved through effective service delivery through an organized monitoring program, which includes quality of life issues, outcomes for individual children in care and investigation of complaints on services provided. The Office of Licensing conducts scheduled site visits regarding standards issues, and the Office of Contracts and Grants, for contractual issues.

The primary activities of resource development staff are to provide technical assistance for development of community-based and individualized services, maintaining data on needs forecasted by County Departments and services utilized, the development of foster care resources which therapeutically serve children in the least restrictive and community-based placements, the conducting of assessments using the Multi-Dimensional Assessment Tool (MAT) to determine the level of service needed by an identified child and the monitoring of providers to determine safety and outcome achievement. Other activities include providing consultation regarding training needs for providers, providing technical assistance to County Departments in the creation, development, and monitoring of individualized services in order to achieve outcomes for families and children, reviewing the program narrative in the contract/vendor process for County Departments and developing Requests for Proposals (RFP) for contracted services. Promoting smooth transition of children to adult services systems is supported through consultation with providers who operate transitional living and Independent Living programs. The abilities to assess service provision for identified outcomes and to adequately craft services for families and children are identified needs for county staff.

A mission of the Resource Management Division in support of the Therapeutic Foster Home Care program is to provide consultation and technical assistance to County Departments and providers for the development of therapeutic foster homes, to direct the implementation of a Statewide plan for therapeutic foster homes and the implementation of a Statewide plan for therapeutic foster home care, including the implementation of the Multi-dimensional Assessment tool (MAT), which is used in assessing children's behaviors for possible step-down to a lesser restrictive treatment intensity. Activities include site visits to existing programs, technical assistance regarding development of requests for proposals for therapeutic foster home care, attending quarterly network meetings and training for providers. Other activities involve participation in the development of policy and standards for therapeutic foster home care, maintaining statistical records for evaluation purposes and participating in meetings to identify barriers in development of programs and strategies for addressing the barriers. Finally, responsibilities involve providing support to the partnership between the programs and County Departments as the programs provide a no reject and unconditional approach, and providing technical assistance to maximize federal funding for children served. Resource Management will also continue to look for innovative service to support TFC programs, such as step-down, in-home support service for families whose children are in TFC placements, etc. As referenced above, Resource Management has also developed the Multi-dimensional Assessment Tool (MAT) to assess the behavioral strengths and needs of children. Results of the MAT are integrated into planning for children to determine what level of service is needed to meet the child's needs. Troy University, in coordination and agreement with the Department, has implemented the use of the MAT in determining when a child is ready to step down in, or from, TFC and whether a child's behaviors have risen to the level that placement in TFC is really needed. It should be noted that the contract with Troy University to complete MAT's was cancelled; these are now completed by SDHR staff.

Also within the Office of Resource Development (ORD) is the Family Preservation and Support Services Function. Consultants in the ORD are responsible for monitoring, evaluation, and technical assistance to providers of the Family Service Centers and Family Outcome-Centered Unification Service (FOCUS) program funded through Title IV-B, Subpart 2, Promoting Safe and Stable Families. The Family Options program was changed to Family Outcome-Centered Unification Services (FOCUS), which allowed for a diversification of evidenced-based models other than Homebuilders to be used in providing services for an increasingly difficult population that the Department serves. Consultants work with county departments to ensure that these programs are as responsive to the needs of the county as possible, within the federal guidelines, and are providing the highest quality services as possible. The mission of the FP/SS programs is to implement, expand, and maintain quality services to preserve, reunify, support, and strengthen families. The ORD consultant team coordinates services and activities with other offices, including the Office of Child Welfare Training, Office of Child Protective Services, and the Office of Child Welfare Consultation in order to facilitate service provision and coordination between the providers and the county departments.

The Licensing Unit within the Office of Resource Management has the responsibility to license childcare institutions, group homes, and child placing agencies. Consultation is provided to facilities to support their efforts to provide quality services. Annual site visits are made by consultants (from the Resource Development and Management unit) to all residential facilities to evaluate quality-of-life issues. Training, evaluation and consultation are provided by ORM to clarify and support providers in meeting the specialized needs of children.

The Service Utilization Review Unit previously tracked outcomes for all types of out-of-home placements. However, due to new job duties at the beginning of January, the Utilization Unit is no longer working on the outcome measure

assessments, or the report card for the providers. In addition to new job related duties, another issue involved was that FACTS was not going to be able to gather some of the information without a lot of work on the report.

III. CHILD AND FAMILY SERVICES REVIEW (CFSR)

Alabama began Round 2 (R2) of the CFSR Process by developing the Statewide Assessment. This document was then submitted to the Administration for Children and Families (ACF) Regional Office in Atlanta in June of 2007. The Onsite Review was conducted the week of August 13-17, 2007 in three separate locations: Lee County which includes the town of Opelika, in the central eastern part of Alabama; Tuscaloosa County which includes the town of Tuscaloosa in the central western part of Alabama; and Jefferson County which includes the city of Birmingham, and is the largest city / metropolitan area in Alabama.

The final report was received in May 2008. The Program Improvement Plan (PIP) was approved by the Children's Bureau, with an effective start date identified as being September 1, 2009. The PIP even in draft format, has helped define the strategies and goals that are outlined in this report. The five year plan in particular includes content from the PIP, as well as additional strategies and objectives that are not a part of Alabama's PIP.

IV. VISION STATEMENT

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

At the core of these beliefs are the following tenets:

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

The Department's Mission Statement is on its website and is as follows: "The Alabama Department of Human Resources will help families receive the least disruptive services they need, when they need them, and for only as long as they need them in order to maintain children in – or return them to - a safe, stable home."

The state child and family services plan for abused, neglected and at-risk children and their families is intended to operationalize beliefs through developing goal-directed services that are individualized and needs-based and designed with the following desired outcomes in mind:

- Treat families as partners in parenting and protecting their children.
- Respect parents and their children and focus on the family as a whole and on the family's strengths.
- Are matched to meet identified needs and vary in levels of intensity needed to keep children safe and assure their well being.
- Are coordinated between service provider and agencies to meet the multiple needs of children and their families.
- Are delivered in culturally sensitive ways.
- Are accessible to children and families.
- Address systemic barriers to accessing needed services.
- Support families through services and to strengthen families so they may safely care for their children.

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

- Being in agreement on vision, priorities, and plans for moving forward.
- Being clear on organizational responsibilities and mandates.

- Developing an organizational structure along with processes that can best support the work.
- Being clear on how to achieve partnerships between units and with counties.
- Presenting a unified view of practice, program mission, and priorities.

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

V. PRINCIPLES OF OPERATION

Department of Human Resources/Family Services Division

The Department of Human Resources and its Family Services Division are responsible for developing, operating, and sustaining a system of child welfare services in accordance with its goals and principles:

- Children will be protected from abuse and neglect.
- Children will live with their families whenever possible and when that cannot be achieved through the provision of services, children will live near their homes in the least restrictive environment that can meet their needs.
- Children will achieve stability and permanency in their living situations.
- Children will achieve success in school. Children will become stable, gainfully employed adults.

Caseload Standards

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

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

These standards establish a maximum number of cases per worker based on the type of case, giving consideration to the responsibilities that are inherent to particular staff positions.

There is also a standard for the staff position that involves handling the incoming cases, inquiries, and reports of abuse and neglect from the community that is typically referred to as intake. Each county is allocated one full time staff position for the intake function, with selected counties having additional staff resources, based on county size. Additional staffing resources are allocated to counties to fulfill resource development and quality assurance functions in each county department.

These positions along with the caseload standards are designed to provide the program and administrative support to counties in accordance with the Department's/Division's goals and principles. The implementation of caseload standards

marks a significant reform in child welfare operations in Alabama that provides a framework for supporting quality child welfare practice.

Individualized Service Planning (ISP) Process

Central to the reform is the individualized service plan (ISP) which is to be developed in the context of a partnership between the children, families, and stakeholders. The ISP is designed to create a child and family planning team that participate in the development of a plan that is directed toward achieving the goals of the DHR/FSD and the Consolidated Child and Family Services Plan. The individualized service plan is to be based on an assessment of the strengths and needs within the family along with the behavioral and environmental conditions that need to be changed in order for the children to live safely with their family, to be safely reunited, or to be provided a permanent, safe and stable living situation. The effective use of these collaborative planning processes can result in both 1) partnerships in parenting and protecting children, and 2) reforms in all levels of child welfare practice (State and counties) in accordance with the DHR/FSD goals and principles. Moreover, the 50 Indicators of Best Practice remain available to provide a framework for assessing the level of practice and system performance, using both quantitative and qualitative measures.

This collaborative system of care can only be operationalized with the support of community-based, goal-directed services that are individualized, needs-based, culturally sensitive, and family-focused while also being accessible and well

coordinated. Family preservation and support services are integral components of the Department's emerging system of care for children and families served through the Department's child welfare programs.

ASFA and MEPA

Much of the initial work to implement ASFA was accomplished by the ASFA Task Force in conjunction with the Administrative Office of Courts. Ongoing work continues toward reinforcing policy and training provided to staff regarding ASFA and MEPA. Family Services staff continue to explore ways to emphasize ASFA and MEPA as best practice by weaving the principles throughout training, consultation, tracking of data, and policy development. The QA Reviews help to assess conformity in these areas. Also, information is reviewed to see if there is evidence of transracial placements and matching of resources without regard to ethnicity or race. The Office of Permanency has procedures in place not to delay or deny placement of a child due to race and continues to review policies and strengthen practice in this area.

Ongoing work with the Administrative Office of Courts (AOC) (training for Judges, attorneys and Guardians Ad Litem) has been directed toward strengthening compliance with ASFA and improving partnerships with between the Court and the Department. Standard Orders are available electronically and a social worker legal checklist was developed and included in packets provided at training sessions. Other work has centered on issues related to caseload management for judges (better scheduling dockets, etc.) and building relationships between county staff and their local courts. A multi-disciplinary approach will include ASFA issues. Through SACWIS development, the department is working towards having the ability to interface computer systems with the Alabama Administrative Office of the Courts (AOC) for the purpose of monitoring court-related events requiring State action, such as recording outcomes for all petitions, notification of foster parents, trials, hearing, detention proceedings, periodic review, adoptions, and change of placements as well as recording the court's decision in these matters. As part of the Round 1 CFSR PIP, Child Welfare training curricula were updated to strengthen areas related to ASFA/permanency. Another result of collaborative efforts is the "Social Worker Guide for Working with the Courts" which has been incorporated into FSD policy.

VI. ORGANIZATION OF THIS APSR

Alabama's Annual Progress and Services Report (APSR) for FFY 2009, along with the Child and Family Service Plan (CFSP) for 2010 – 2014, include information regarding child welfare services provided through Title IV-B, subparts 1 and 2, Title IV-E, Chafee Foster Care Independence Program (CFCIP), and CAPTA as required. The following acronyms are among those most used in this report:

AFAPA	Alabama Foster and Adoptive Parent Association
APAC	Alabama Post Adoption Connections
APSR	Annual Progress and Services Report
CAN	Child Abuse / Neglect Assessment
CAPTA	Child Abuse Protection and Treatment Act
CFA	Comprehensive Family Assessment
CFSP	Child and Family Services Plan
CFSR	(Federal) Child and Family Services Review
CFCIP	Chafee Foster Care Independence Program
CIP	Court Improvement Program
ETV	Education and Training Voucher Program
FACTS	Family, Adult, and Child Tracking System
FSD	Family Services Division (of the Alabama State Department of Human Resources)
ILP	Independent Living Program
ISP	Individualized Service Plan
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families, Title IV-B, subpart 2
SACWIS	Statewide Automated Child Welfare Information System
TANF	Temporary Assistance for Needy Families
IV-E	Title IV-E

This APSR is organized in a manner consistent with that of the CFSR, particularly, the format used in the Final Report that is issued to states. The goals and strategies for which status reports are provided, or for which they are newly developed,

will be located under the outcome area or systemic factor which seemed most logical for reporting purposes. The overall organization of the APSR mirrors the child welfare goals of the CFSR. For example:

- Safety Outcome 1: Children are first and foremost protected from abuse and neglect;
- Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate;
- Permanency Outcome 1: Children have permanency and stability in their living situations;
- Permanency Outcome 2: The continuity of family relationships and connections is preserved;
- Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs;
- Well-Being Outcome 2: Children receive services to meet their educational needs;
- Well-Being Outcome 3: Children receive services to meet their physical and mental health needs;
- Systemic Factor 1: Statewide Information System;
- Systemic Factor 2: Case Review System;
- Systemic Factor 3: Quality Assurance System;
- Systemic Factor 4: Training;
- Systemic Factor 5: Service Array;
- Systemic Factor 6: Agency Responsiveness to the Community;
- Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment and Retention

VII. Annual Services and Progress Report - 2009

NOTE: Due to the implementation of Alabama's new SACWIS (FACTS) much of the data reported in the APSR will be from June - July 2008, as data after that point in time is not yet deemed to be reliable. Presently it is uncertain when reliable data will again be generated, although the state will be assessing data accuracy in an ongoing manner and striving to have it by the end of the 1st quarter of FY 2010.

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

CFSR Determination:	Not in Substantial Conformity	
Absence of maltreatment recurrence:	Met National Standard of 94.6% -	97.8%
Absence of maltreatment of children in foster care:	Met National Standard of 99.68% -	99.87%

In the PIP two action steps have been devoted to the implementation of a Practice Model. It is believed that an integrated Practice Model will provide direction and guide decisions on all that is done in child welfare across all program emphases, (e.g. child abuse/neglect assessments, foster care, ongoing services and resource families), all system entities (e.g. training, policy, supervision, community collaboration, etc.) and primarily, the direct work with children and families, etc. This will include promoting the achievement of desired safety outcomes. Although the Practice Model will be comprehensive, the core principles and desired outcomes will be concise, clear statements of belief, that reflect how the Department has chosen to shape its approach to serving families in Alabama.

Another PIP theme that is designed to contribute to practice advancement across all areas of child welfare is that of strengthening supervision. Supervisors have a significant function when it comes to providing coaching and feedback around practice, policy and documentation. They maintain an important, perhaps infectious, responsibility in promoting an organizational climate and culture that is consistent with the practice model principles and values. In strengthening supervision, it is expected that improved outcomes in safety, permanency and well being will be realized.

Goal: The principal goal for CPS is to ensure that children are protected from abuse and neglect. While safety of children is paramount, whenever possible, families should be preserved and strengthened so that children will have a safe, nurturing, healthy and stable environment.

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

CFSR Rating:	Strength
CFSR Percent:	90%

1.1 Decrease the number of child abuse reports requiring longer than 90 days to be completed, i.e., investigated, recorded and approved by the supervisor (3% each of the 5 years).

2005 – 82%
2008 – 95% (as of July, 2008)

FY 2005	3%
FY 2006	3%
FY 2007	3%
FY 2008	3%
FY 2009	3%
Total	15%

In October 2005, the Office of Child Protective Services established a new baseline, using Safety Threshold Data to evaluate and measure this objective. The same goal percentages for improvement for years 2005 to 2009 remain the same. The Safety Threshold for CAN reports pending greater than 90 days was defined as any County Department that has 20% or more of their CAN reports pending greater than 90 days in any given quarter of the fiscal year.

The previous method for obtaining the Safety Threshold Data for this objective was obtained from the ASSIST report, Quality Assurance Indicators, Child Safety. In order to determine the percentage per county, the reports pending DHR Assessment > 90 days is divided by the number of Reports Pending DHR, then the cases pending > 90 days are averaged. Reports in suspended status will not be included, i.e. LEA/OSA, Administrative Record Reviews or Administrative Hearings. The elimination of suspended reports in this data provides a more accurate count of pending reports for which the Department has total responsibility.

FY 2005 was the first reporting year to use the Safety Threshold Data to measure outcomes for this objective. Due to the use of this data, it was necessary to identify a new baseline for this objective. Using FY 05 data, which was the first complete year of using Safety Threshold Data, the baseline was established at 18%. Yearly percentages identified to decrease the number of CAN Assessments requiring > 90 days to complete will remain the same. In previous focus groups with community and county office partners, it was recommended that the Department use a comparison of the Safety Threshold Data and the previously used Quality Assurance Indicators-Child Safety. The comparison could prove beneficial in identifying barriers to completing timely assessments. It would also provide comparative data for the two years prior to 2005.

In order to make this comparison, a method was needed to identify and separately track disposed cases that have been in LEA/OSA or due process status from other disposed cases. The computer system (ASSIST) did not capture data needed to accurately provide this comparison. At the point in time that FACTS was implemented, the tracking of this data was not available; however, presently it is anticipated that later in 2009, it will be available by way of Ad hoc reporting. Safety Threshold data for FY 2005 indicates the statewide average of CAN Assessments completed within the 90 day time frame was 82%. The data reflects that the yearly statewide average of counties exceeding the Safety Threshold for FY 2005 was 14 of 71 counties, with each of the five Jefferson County regions being counted as a separate county.

For FY 2006 the Safety Threshold data indicated that statewide, 90% of CA/N Assessments were completed within the required 90-day timeframe. Of the 67 counties, 10 counties, including three regions of Jefferson County, exceeded the threshold in one or more quarters during the reporting period.

The Safety Threshold data for FY 2007 revealed that 91% of the cases disposed were completed within the 90 day policy time frames. Eleven counties and the Bessemer Region of Jefferson County exceeded this threshold during the fiscal year. Only 1% of the 3% goal was achieved for FY2007. However for the time frame of FY 2006-2007, the number of cases disposed within policy time frame has improved by 9% improvement which in more than half or the five year goal of 15%.

In August 2008, the Department began the use of the new SACWIS system or FACTS. Initially there were three pilot counties and the remaining counties were added in three additional "roll outs. Safety Threshold Data is only available for all 67 counties for the first three quarters and July of FY2008. For the period from October 2007- July 2008 95% of all cases disposed were within the 90 day policy timeframes. The goal to improve CAN Assessments completed within policy timeframes was 4% which exceeded the 3% goal for FY 2008.

Progress for this objective cannot be reported at this time as there is no statewide data for FY 2009. All sixty-seven counties have transitioned to FACTS, with the most recent counties beginning in January 2009. Since August of 2008, county staffs were entering CAN Assessment data in two systems. Until all sixty-seven counties started using the system, there was no method for electronically extracting the data to provide the information to determine the Safety Threshold. Currently, the report from which this data is collected is still under development and should be completed by late summer 2009. However, during the past five years, the number of CAN Assessments being completed within the policy timeframes has increased from 82% in FY 2005 to 95% in FY 2008. This improvement seems to be directly related to the Department's initiation of Safety Thresholds. However, timely completion of CAN Assessments continues to be a priority for counties. This is an objective that will continue to be closely monitored.

1.2 Increase the percentage of face to face contacts with children in CAN reports within the policy timeframe (1% each of the 5 years).

2004 – 90.4%	FY 2005 1%	FY 2007 1%	FY 2009 1%
2007 – 94.06%	FY 2006 1%	FY 2008 1%	TOTAL 5%

What follows are the statewide monthly results for timeliness of First Victim Contacts from July 07 – June 08.

Time Frame	July 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	June 08
% initial contact w/in 5 days	92.6	94	94.7	94.1	94.3	94.5	95.1	94.4	95.3	93.7	94.6	92.9

The Department has established Safety Thresholds in regard to child contact to provide consistency throughout the Division. The goal is that 100% of the children alleged to be abused or neglected be seen within the policy guidelines; however, it is understood there are legitimate reasons which might prevent a child from being seen within the timeframe e.g. family moves and address not known, child visiting out of state, child in intensive care medical facility etc. Therefore, 85% of the children receiving a face to face contact within policy timeframes is the established Safety Threshold for this objective. ASSIST Report PSASB118A, CAN Central Registry Summary has been used to analyze data and to determine the baseline for future measurement of this objective. The evaluation of this objective was completed quarterly through June 2008. Counties did not meet the threshold if the percentage of child contact was below 85% for two consecutive months during the quarter, including the last month of the previous quarter. The county was notified of their failure to meet the threshold. The new FACTS Report, INVS218A, will be used to track timeliness of initial contacts.

The FY 2005 goal for this objective was to increase the percentage of face-to-face contacts by 1% over the previous year, which was 90.4%. Data for FY 2005 indicates that 92.8% of the children identified at risk had contact within policy time frames. Therefore the goal was exceeded by 2.4%.

The Safety Threshold Data for FY 2006 indicated the percentage of timely child victim contacts was 92.8%, which was the same as FY 2005. The goal to increase the number of timely contacts with children identified at risk by 1% for FY 2006 was not met. However, the number of counties exceeding the threshold for FY 2006 ranged from as few as 3 counties to as many as 6 counties per quarter. This is an improvement of FY 2005 where the fewest number of counties exceeding the Safety Threshold was 7 and the highest number of counties exceeding the threshold was 12 per quarter.

Data for FY 2007 indicates that timely face to face contacts occurred in 94.06% of the cases. In FY 2007 only eight counties failed to complete 85% of face to face contacts within the policy timeframes. Five counties failed to meet the threshold for one quarter during FY 2007. Three counties failed to meet this threshold in two quarters of the fiscal year. All eight of these counties are small, rural counties. Because of the small number of CA/N reports received each month in these counties one missed contact could prevent the county from meeting this Safety Threshold.

Data through July of FY 2008 indicates face-to-face contact was made in 93.75% of the reports received. This is a slight decrease from the previous year. During this same time period, six counties failed to meet the safety thresholds. As previously stated the introduction of the new SACWIS resulted in the inability to obtain statewide data for this objective. However, as counties began the conversion to FACTS the system required that all mandatory fields, including "First Victim Contact" be entered. However, the reports module of the FACTS was not yet in production for the final two quarters of FY 2008 or for the first two quarters of FY 2009.

Prior to the implementation of FACTS, failure to enter initial contacts in the automated child welfare system timely and/or correctly was one of the most commonly identified reasons for not meeting this threshold. Many social workers waited until the completion of the CAN Assessment to enter assessment information, including the first victim contact, into ASSIST. By not entering contacts as they occur, it appears as though no contact has been made. The Office of Child Protective Services and county CPS staff worked with the SACWIS team in JAD sessions to develop the new integrated computer system that is called FACTS (Family, Adult and Children's Tracking System). With the design of this new system, face-to-face contacts should be recorded in a timely manner. The system will provide a worker friendly application that will streamline entering critical data and allow supervisor monitoring and generate reports for management. The SACWIS System was implemented in phases from July 2008-January 2009.

In past focus groups, both internal and external stakeholders identified personnel issues such as staff turnover; staff vacancies and untrained staff, both line supervisors and line workers as common reasons for contacts not occurring timely. Solutions proposed were flexible work schedules, with core hours, but the ability to work different hours in order to meet the needs of families. Also previously identified as an issue was the requirement that contacts be made within five (5) calendar days rather than five (5) working days. Focus groups from previous years recognized the importance of timely contacts, but often found it difficult during weekends and holidays to insure that all contacts are completed. The Department fully recognizes that weekends and holidays are problematic for timely contacts and the timeframe policy was carefully thought out. There is a strong commitment within the Department that immediate contact is paramount to ensuring safety of children and preserving families.

The threshold information suggested that through June 2008, the majority of the 67 counties met this objective of face-to-face contacts with policy time frames. It is also evident that in smaller counties, the inability to locate one or two children can greatly impact the data for the threshold.

Item 2. Repeat Maltreatment

CFSR Rating: Strength
CFSR Percent: 100%

2.1 For children previously known to the Department due to child abuse or neglect reports within the past 12 months, decrease the number of child fatalities due to maltreatment (1% each of the 5 years).

2004 – 3.2%
2007 – 2.6%

FY 2005	1%
FY 2006	1%
FY 2007	1%
FY 2008	1%
FY 2009	1%
Total	5%

The ACWIS Report, QA Indicator-Child Safety status as of October 1 of each year, will be used to measure this objective.

Many child death cases were pending a year or longer due to the backlog of cases handled by the Alabama Department of Forensic Sciences. Therefore the data for this objective was fluid and may change from year to year. The Alabama Department of Forensic Sciences has opened a new state of the art laboratory. With this addition to their program, hopefully the length of time to receive autopsy results and other information will improve.

Updated data is now available for FY 2004. Twenty-five child deaths were reported to the Department during FY 2004. The Department had previous contact with six (3.2%) of these children or their families within twelve months prior to the child death. There are no cases pending from FY 2004.

In FY 2005 child death reports were received on 37 children. Of the reports alleging death due to maltreatment, 27 CA/N Assessments were found indicated/substantiated, 8 CA/N Assessments were found not indicated/not substantiated and one was unable to complete. All Child Death CA/N reports for FY2005 have been completed. The families of 10 children or 2.7% had prior contact with child welfare within 12 months prior to the child death. The percentage of child deaths in cases with previous child welfare contact within 12 months prior to the death decreased from 3.2% in FY2004 to 2.7% in FY2005.

In FY 2006 42 reports of child deaths due to maltreatment were received by the Department. Eleven families or 2.6% of the cases had child welfare contact in the 12 months prior to the child death report being made.

Of the 42 reports of received for death due to maltreatment, 23 reports were indicated/ substantiated; 18 were not indicated/ unsubstantiated; one was unable to complete. All FY 2006 reports have been completed. In FY 06 there was a < 1% decrease in the number of child deaths due to maltreatment with prior child welfare contact in the previous 12 months

FY 2007 data indicates that 33 reports of child deaths due to suspected maltreatment were reported. Of the reports received thus far 17 CA/N Assessments have been completed with a disposition of indicated; 11 were found to be not indicated and there are 5 pending the completion of the investigation. Of the families reported to DHR as a result of a child death, three had prior child welfare contact with the Department in the past twelve months. Of the 11 cases disposed as indicated for death due to maltreatment so far this year, three of the families had prior DHR involvement. In FY 2007, the number of reported child deaths with previous DHR involvement was 2.6%.

In FY 2008, 40 reports of child deaths due to suspected maltreatment have occurred. Four reports are still pending. Of the 36 CAN Assessments completed, nineteen (19) reports were not indicated/not substantiated and seventeen (17) reports were indicated/ substantiated. Of the indicated/substantiated reports five (5) families had had contact with the Department in the past 12 months.

During the transition from the previous SACWIS system to FACTS, the Department has continued to track child deaths due to maltreatment. An analysis of current data from FACTS generated report appears incomplete. Therefore the data for FY 2009 is not being reported on at this time. The Office of Data Analysis is continuing to work with the FACTS on this issue. FACTS will provide the capabilities to run ad hoc reports which could be helpful in identifying more information that may be helpful in further assessing contributing factors to child deaths.

Each county department has a Child Death Review Committee, which evaluates cases involving child fatalities, including DHR licensed child care facilities and day care homes/facilities, in which the child or family has had previous child welfare contact within the past 12 months. The purpose of the review process is two fold: to strengthen the global understanding in the System of Care and its capacity to serve children and their families, and increase our sense of local accountability and county capacity to serve children and their families. The committee consists of County Director (or designee), County QA Coordinator, County QA Member (Community Representative), Regional State Office Staff from the Office of Quality Assurance; and adjunct members who will be used on an as needed basis. These internal child death review procedures and reporting form were revised and implemented date of June 1, 2006. The revised procedures provide a feedback loop for any recommendations made by the review committee. This allows additional accountability for the recommendations.

The State Child Death Review System, which is a legislative mandated review process for unexpected/unexplained deaths of children, also reviews cases in their local multidisciplinary teams. A Deputy Director of the Family Services Division represents the Department on the State Child Death Review Board. Recommendations from this legislative Child Death Review System are sent to the Governor. The INVS206B FACTS Report for child deaths is still being tested.

2.2 Decrease the number of children being subjected to repeat maltreatment within the past 12 months (decrease by 1% in FY 2009).

2004 – 5.4%

2007 – 4.7%

The Quality Assurance Indicators Report was selected to monitor this objective. The baseline for this objective is 5.4% of the children with previous dispositions of indicated, were subject to repeat maltreatment within a twelve month period.

FY 2005	0%
FY 2006	0%
FY 2007	0%
FY 2008	0%
FY 2009	1%
Total	1%

Beginning with FY 2005 reporting, the Safety Thresholds established for repeat maltreatment were used for evaluating this objective and a new baseline was established. This data was also obtained from the Quality Assurance Indicators Report – Child Safety. Counties fail to meet this threshold if the percentage of repeat maltreatment was 6.1% or higher for 2 quarters, to include the current and previous quarter. In order to determine percentages per county, the number of children with repeat maltreatment in the past twelve months is divided by the number of children with indicated dispositions.

Analysis of the FY 2005 Safety Threshold data indicated that the rate of repeat maltreatment statewide was 4.9% at both six and nine months. An average of 5 counties exceeded this threshold in FY 05 with repeat maltreatment rates ranging from 6.34% to 22.2%. In FY 2005 this objective was met.

For the Fiscal Year 2006, data indicated the repeat maltreatment rate was 4.8%. An average of 5 counties exceeded this threshold during each quarter. The repeat maltreatment rates in these counties ranged from 33.6%-6.1%. Four counties exceeded the threshold more than once during the fiscal year.

Repeat maltreatment for FY 2007 was 4.7%. Seventeen counties exceeded this Safety Threshold during FY07. Seven of these counties exceeded this threshold for more than one quarter with one county exceeding this threshold all four quarters.

As counties began the use of FACTS in August of 2008, the data report used to report statewide measures for this objective was unavailable. This resulted in the inability to track repeat maltreatment for the last quarter of 2008 as well as for the first three quarters of FY 2009. From the latest data available, which was July 2008, repeat maltreatment

decreased to 4.3%. This is a slight decrease over the previous year. Ten counties exceeded this threshold during the first quarter. Three counties have exceeded the Safety Threshold for the three quarters for which data is available.

An issue thought to be impacting the rate of repeat maltreatment was related to the method of linking cases in the previous automated computer system, ASSIST. During the development of the FACTS (SACWIS System) there has been specific planning to insure the system has the capacity for accurate searches for individuals already in the State Central Registry and the ability to easily link and merge case information pertaining to families. However, in preparation for the new SACWIS System roll out, there has been a massive clean up of data to be converted to the new system. The system became fully operational statewide in January 2009. It is still too early to determine the impact FACTS is having on more accurate tracking of repeat maltreatment. This objective will continue to be tracked closely by the Office of Child Protective Services and/or the Office of Child Welfare Consultation. This objective may also be impacted through strategies identified in the PIP to improve the quality of caseworker visits with families. The FACTS Report, INVS 210 will be used for tracking repeat maltreatment.

Below are quarterly statewide results for recurrence of maltreatment from the 3rd quarter of FY 2007 – 3rd quarter of FY 2008.

3 rd 07	4th 07	1st 08	2nd 08	3rd 08
4.7%	4.6%	4.4%	4.1%	3.7%

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

CFSR Determination:

Not in Substantial Conformity

Goal: Enhance the ability of families and communities in Alabama to create safe, stable and nurturing environments that promote healthy child development and enable families to resolve crises and connect with necessary and appropriate services in order to remain safely together in their homes whenever possible.

In the CFSR Round 2 Final Report, issues that were cited included the following: the need to better assess for safety, the level of placement prevention services that are needed and the adequacy of placement prevention services and safety plans.

Item 3. Services to family to protect children in home and prevent removal

CFSR Rating: ANI
CFSR Percent: 78%

3.1 Increase the capacity of staff to adequately address and identify all risks of harm to children living in their own homes or in out-of-home placements and improve the effectiveness of family preservation services to protect children in their own home (1% in both FY's 05 & 06 and 3% each for FY's 07, 08 & 09).

2006 – Family Preservation QA Rating = 49% (strengths)
 2007 – Family Preservation QA Rating = 41% (strengths)
 2008 – Family Preservation QA Rating = 35% (strengths)

The percentages for improvement are noted below:

FY 2005	1%
FY 2006	1%
FY 2007	3%
FY 2008	3%
FY 2009	3%
Total	11

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

In Fiscal Year 2006, 19 counties and two regions of Jefferson County had on site Quality Service Reviews conducted by the Office of Quality Assurance. Overall a total of 89 cases, both foster care and CPS, were reviewed. Sixty-one cases met the criteria, defined above, for rating Family Preservation Services. Using the Quality Service Review Protocol, Family Preservation Services are rated on a scale of 1-6 with 5 being substantial and 6 being optimal. Measurement of progress for this objective is based on scores of 5 and 6. In FY 2006, 30 cases or 49% were rated substantial or optimal. The goal to improve by one percent was met.

During FY 2007 20 counties had onsite Quarterly Service Reviews conducted by the Office of Quality Assurance. Overall, 81 cases were reviewed. Of the cases rated 58 cases were rated for family preservation services. Of these 58 cases, 41% were rated substantial or optimal (5 or 6) using the QSR Protocol. The goal of a 3% improvement for this objective was not met during this reporting period.

Data for FY 2008 was available for this objective. Twenty-one counties were reviewed in FY 2008. One hundred eleven (111) cases were reviewed with 66 cases meeting the requirement for family preservation services. Twenty three cases or 35% were rated substantial or optimal (5 or 6) which is a decrease over the previous fiscal year. Although not included in the above data, additional analysis is provided by each county Quality Assurance Committee reviewing cases and rating the family preservation through the use of appropriate services.

Resource development for in-home services within the rural areas continues to be a barrier. Community providers have identified the amount of travel time needed to cover a rural area as a barrier in making a program cost effective. This is still an area that needs continued work. Upon county request, the Division of Resource Management provides consultation and technical assistance regarding resource and provider issues. Developing resources in small rural counties continues to be a challenge.

In FY 2009, the Continuum Preservation Program continued to operate in the original six counties. There are one hundred thirty slots for this contracted service. Continuums are financed with State dollars with the expectation that providers bill for Medicaid Rehabilitation Services, when possible. Unfortunately due to budget constraints, the program could not be expanded to other counties in FY 2009. Continuums have a cumulative success rate of 84% at the time the families are discharged.

In attempting to analyze why the Department's rating on family preservation fluctuates significantly and is continuously evaluated as an area needing improvement, the Department made some adjustments to the onsite QA review process, by adding a safety assessment as a component of the onsite review. This assessment reviews issues such as: the reasons children entered foster care; if necessary services were provided to maintain children in their home; if safety assessments were adequate; how intake reports of abuse/neglect/prevention assessments are handled; and the adequacy of safety plans. Typically this assessment is conducted by the Office of CPS, an Office of Child Welfare Consultant, or other SDHR consultant with CPS experience. The inclusion of this approach was piloted in 2007 and became a permanent part of the onsite review process, beginning in January 2008. Before the Safety Assessment was added to the on site reviews, CAN Assessments reviewed were limited to those cases that were reviewed for Ongoing CPS services that had had a report of maltreatment during the period under review. The Safety Assessment includes a random pull of cases, which is based on the number of reports received annually; reviewing reports that were "screened out" at Intake; reviewing CANs where there was repeat maltreatment and a review of the data from the cases where due process has been completed. The addition of the Safety Assessment in the QA reviews has provided a broader view of the safety issues that exist in the counties.

In FY 2008 the State Quality Assurance Committee conducted a special study of children entering foster care from open CPS cases from April 1, 2007 –September 30, 2007. In addition to many other factors, the committee reviewed the use of family preservation services in each case. For more information please see the attachment included with this report entitled: "State Quality Assurance Special Study: Children Entering Foster Care Through Open CPS Cases" (see Appendix 5).

3.2 Maintain previously established integrated and coordinated family service center sites and establish new sites as funding allows, that vary in intensity to meet the needs of children and families for family support and preservation services under the Promoting Safe and Stable Families portion of the

Adoption and Safe Families Act.

Due to funding shortfalls, no funding was available to establish new sites.

No funding for new sites was available for FY 2009.

3.3 Provide funding for the Family Service Centers in Houston, Jefferson, Montgomery, Baldwin, Russell, Calhoun, Talladega, Tuscaloosa, Chambers and Madison Counties

As funding allows, enable the Family Service Centers to provide additional services as identified by each county DHR. The Family Service Centers sites listed above received funding based on funding availability in FY 2008. In FY 2008 all Family Service Centers received a 15% reduction in funding from the amount received in FY 2007. Although FY 2009 funding levels were reduced by 15%, the same level of funding reduction was in turn provided for FY09 through allocation of funds from Children First monies.

A total of 17,982 unduplicated families received core family support services through the Family Service Centers and Healthy Families in Fiscal Year 2008. The following chart shows numbers of unduplicated families served through one or more of the core service programs offered by each Family Service Center and Healthy Families during these time periods:

	October 07- September 08
Alfred Saliba Family Services Center (Houston County)	750
Family Service & Resource Program (Montgomery County)	5,837
Family Service Center – Bay Minette (Baldwin County)	152
The Children and Family Connection (Russell County)	355
The Family Services Center of Calhoun Co., Inc. (Calhoun County)	2,359
F.I.R.S.T. Family Service Center of Talladega (North Talladega County)	1,856
SAFE Family Service Center (South Talladega County)	1,275
Circle of Care Center for Families (Chambers County)	2,467
The Center for Families – Jeff. Co. (Jefferson County)	1,864
Tuscaloosa Family Resource Center (Tuscaloosa County)	815
Healthy Families North Alabama (Madison County/ Home Visitation Only)	252
TOTAL	17,982

Core services are based on a comprehensive assessment process that results in goals identified by the families. Case management services are provided as a part of core services to facilitate access and follow-up. The Family

Service Centers continue to provide many other supportive services that are not classified as core services; however, the reporting database no longer provides totals for these services.

Family Service Centers were again evaluated in FY 2007 according to the Family Service Center standards implemented in fiscal year 2001. The evaluation process beginning mid-FY 2008 and continuing through FY 2009 has been changed, as monitoring will be assumed by the Office of Resource Development. A funding shortfall led to a reduction for Family Service Centers of 15% in FY 2008. In terms of FY09 funding, see statement on previous page.

Lowndes County FSC services are being provided through the Family Services and Resource Program (Montgomery County). Overall, the Family Service Centers remain well respected and provide quality services in their communities. 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.

FY 2008 This objective will be continued.
FY 2009 This objective will be continued.

It will be evident that this objective has been achieved if existing programs continue to be funded and programs are evaluated as providing efficacious services to achieve family stability.

3.4 Maintain intensive family preservation services and family reunification services, and expand as need dictates and funding allows, under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act. Allow preservation and reunification providers to remain in the cases for longer periods of time to allow for greater treatment/crisis stabilization within the family.

- Fund service delivery, with expansion as need dictates and funding allows, in the intensive family preservation and family reunification programs (Family Options/FOCUS) currently funded in all sixty-seven counties throughout the state. The Family Options name was changed to Family Outcome-Centered Unification Services (FOCUS) in FY 2009. The Homebuilders Model will no longer be a requirement for service providers, and programs will be able to serve families for a longer period of time to help achieve long-term success and stability for family unification. Providers now may serve families up to 4 months (or longer if a brief period of additional service time is needed) rather than the short-term 4-week service delivery of the past. The program may serve more families at a time as the caseload per worker was raised from 2 cases to 4 cases.
- Maintain monthly statistical reports on families and children served.
- Each program submits monthly reports to the Program Manager of the Office of Resource Development in the Resource Management Division which contains the following: child/family served; DHR case number; county of origin; referral date; placement at the time of referral; current placement; discharge date, if discharged; length of service in days; discharge successful or unsuccessful; and placement post-discharge 3, 6, 12 and 24 months. These statistics are then compiled into a Statewide report.

FY 2008 This objective will be continued.
FY 2009 This objective will be continued.

It will be evident that this objective has been achieved if existing programs continue to be funded and programs are expanded as need dictates and funding allows.

3.5 Coordinate service delivery under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act.

- Continue to facilitate the relationship between County DHR family support and preservation liaisons and program sites as the primary point of contact and service coordination between the community, Family Service Center or FOCUS provider and the child welfare and public assistance programs, through inclusion of the DHR liaison in FP/SS site visits.
- Ensure that community needs are met through FP/SS programs, through utilization of feedback received from County DHR staff during reviews of individual programs.

Resource Development consultants during their reviews of the various FOCUS programs will elicit feedback from the county DHR offices using the program. This information will be used in giving feedback to the provider in the written report to them at the close of the annual site visit.

- Enable family support programs to receive technical assistance and training.

Technical assistance was provided by the Resource Development consultants to providers, program staff and county staff regarding programmatic and contracting issues. With assistance from the county DHR liaison to each program, the consultants coordinated training activities for providers. State and county DHR consultants again provided training and coaching to family service center staff on the individualized service planning process. Training will not be provided by DHR for FY 2010, and providers must arrange in their budgets to provide training based upon the model used to deliver the services. Training will be monitored during the annual site visit.

- Enhance through technical assistance the capacity of staff to utilize natural and creative resources toward the goals of family preservation and support.

Resource Development consultants provide individualized technical assistance with planning and problem solving, monitoring and support functions to the FOCUS programs Family Service Centers. The Resource Management consultants conduct regularly scheduled site visits to each program in order to provide technical assistance, consultation, and monitor progress toward goals.

- Evaluate progress and utilization of each program in order to change and adapt programs as needed.

As site visits are conducted, the State consultants will address any concerns with the Director/Program Supervisor and/or provider. Technical assistance is provided by the consultant to help improve utilization or address other issues. These statistical reports are utilized as plans are made for the following fiscal year in terms of funding, staffing or other necessary programmatic changes.

FY 2008 This objective will be continued.
FY 2009 This objective will be continued.

It will be evident that this objective has been achieved if the activities listed above have been completed.

3.6 Through the provision of family support services under Promoting Safe and Stable Families, improve child safety for children in families served.

- Improve the number of children that safely remain with their families or another identified relative or significant person.

These ratings are no longer used.

- Document progress toward goals established by families in their work with family support programs related to family stability as rated by families at regular intervals.

See Appendix 7.

FY 2008 This objective will be continued.
FY 2009 This objective will be continued.

It will be evident that this objective has been achieved if safety ratings and goal ratings show improvement on the Statewide quarterly report.

3.7 Through the provision of intensive family preservation services, time-limited family reunification services, and home visitation services under Promoting Safe and Stable Families, increase the numbers of children served by intensive family preservation and home visitation services enabled to live safely with their families.

An emphasis will be placed on achieving positive outcomes for the children that are being served intensive family preservation and home visitation services.

- Document progress toward goals established by families in their work with providers related to child safety as rated by families at regular intervals or at the end of the Family Options/FOCUS intervention.

Through case reviews during site visits, consultants will closely scrutinize the safety issues in the home and determine if services authorized by the families' Individual Service Plans are being provided by the contracting agency. Certainly safety monitoring is paramount in all cases referred to FOCUS.

- Increase numbers of families safely remaining together at 3 months, to no less than 80%, at 6 months, to no less than 80%, at 9 months, to no less than 80%, at 12 months, to no less than 80%, and at 24 months no less than 80% after intensive family preservation (Family Options/FOCUS) intervention or at the same rates remaining together after the permanency/re-unification intervention has been completed.

Families Remaining Together Post Family Options Preservation/Re-unification Services Intervention

Beginning January 2008, a new reporting format was implemented to compare all types of in-home services providers, including Continuums (for both prevention and re-unification), Permanency Services (for re-unification) and Intensive In-Home Services (for preservation). See Appendix 7.

For January 2008 through February 2009, please see the following breakdown for IHS prevention results for Family Outcome-Centered Unification Services (FOCUS) only:

	Successful at discharge	at 3 months
Central Alabama	100%	
East Alabama	92%	100%
East Central Alabama	99%	100%
Jefferson/Shelby	96%	100%
Montgomery	93%	100%
Northeast Alabama	100%	
Northwest Alabama	71%	100%
Southeast Alabama	91%	
Southwest Alabama	89%	
Tuscaloosa Hub	95%	
West Central Alabama	80%	

For January 2008 through February 2009 for Family Outcome-Centered Unification Services (FOCUS) only, please see the following breakdown for permanency/ reunification results:

	Successful at discharge	at 3 months
Central Alabama	100%	
East Alabama	100%	0%
East Central Alabama	79%	100%
Jefferson/Shelby	87%	100%
Montgomery	71%	100%
Northeast Alabama	83%	
Northwest Alabama	60%	100%
Southeast Alabama	100%	
Southwest Alabama	50%	
Tuscaloosa Hub	100%	
West Central Alabama	80%	100%

Item 4. Risk of harm to children

CFSR Rating: ANI
CFSR Percent: 84%

4.1 Increase the staff's capacity to develop and monitor safety plans for effectiveness in managing identified risk of harm.

2004 – Safety QA Rating = 78% (strengths); 2007 – Safety QA Rating = 82% (strengths)

The Round 1 CSFR found inconsistency in adequately addressing or identifying all risks of harm when a child was placed in the home, and at times, in out of home placements continued to be an area needing improvement. Services were not provided consistently or monitored for effectiveness and safety plans were not used effectively or consistently to manage identified risks. The baseline for this goal was 78%. The annual goal is to increase this measurement by 1% each year through 2009. The percentages for improvement are reflected below:

FY 2005	1%	= (79%)
FY 2006	1%	= (80%)
FY 2007	1%	= (81%)
FY 2008	1%	= (82%)
FY 2009	1%	= (83%)
Total	5%	

The overall five year goal for this objective was 83%.

The goal for this objective was to increase the staff's capacity to develop and monitor safety plans by 1% over the previous year. Based on data obtained from Quality Service Reviews in Fiscal Year 2006, 79% were rated substantial or optimal for child safety and showed evidence that social workers were identifying safety threats and developing and monitoring safety plans. This was 1 percent lower than the goal for that year (80%) so therefore, the goal was not met.

For Fiscal Year 2007, Quality Service Reviews were conducted in 20 counties. Eighty-one cases were reviewed. Item #1 of the Quality Service Review Protocol is used to rate child safety using a scale of 1-6, with 5 being substantial and 6 being optimal. Safety was rated in all 81 cases reviewed. Child Safety was rated substantial or optimal in 82% of cases reviewed. This was a 3% increase over the previous year, and exceeded the goal of a 1% improvement for FY07.

In FY 2008, Quality Service Reviews were conducted in twenty-three (23) counties. One hundred eleven (111) cases were reviewed and all one hundred eleven (111) were rated for child safety. Ninety-six cases or 87% were rated as 5 (substantial) or 6 (optimal). The original goal of improving by 1% for FY 2008 (to 82%) was exceeded by 5%. This objective will continue to be monitored. Due to the temporary allocation of state staff to support other prioritized functions (e.g. FACTS implementation, MAT services, etc.), no county reviews by state QA have been conducted in FY 2009. However, the five year goal of 83% was exceeded in FY 2008 as 87% of the cases reviewed were rated either a 5 (substantial) or 6 (optimal).

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

A strategy for contributing to further improvement in reducing risk of harm to children and safety management is consolidating policy specifically addressed to on-going child protective services cases. While several of the individual policies, such as individualized service plans, child contact and child abuse and neglect and prevention, are appropriate and pertinent to on-going protective services caseload, specific policies for this caseload type have not been developed. Work has begun on the development and implementation of ongoing CPS policy that will provide staff with foundational information that promotes and documents effective case practice and decision making skills as it relates to ongoing child protective service cases. There continues to be a need to strengthen policy in the area of safety assessment so that it is emphasized throughout the life of the case work process, as opposed to giving the majority of emphasis on the child abuse/neglect investigative phase of the case.

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

The National Resource Center for Child Protective Services has provided technical assistance on developing an approach to build the capacity of direct supervisors with regard to safety assessments. In FY 2007 this Resource Center conducted focus groups in two counties, Jefferson and Tuscaloosa, to determine what is needed for supervisors to become child safety experts. Many of the supervisors did not think they had any more knowledge and sometimes less (depending on their work background) about safety assessments and safety management than their workers. It was pointed out that supervisors receive the same training as workers. Supervisors expressed the need to have support from their own supervisors and higher management. The number of workers per supervisor was also identified as a challenge. The Department's current ratio standard for staffing supervisors is 1 supervisor for 6 workers. Supervisors in previous focus groups pointed out that many times, due to the high turnover of staff, the supervisor may be working with several new or inexperienced workers at the same time, and the volume of cases responsibilities remain the same.

In FY 2008, the Alabama, Louisiana, Wisconsin and South Dakota contracted with ACTION for Child Protection to develop a training program for supervisors that focuses exclusively on safety intervention and safety decision making. A steering committee made up of representatives from each state worked with the Action Staff and the program will also include a facilitated hands-on approach to supporting mastery. This curriculum has been completed and all four states are beginning preliminary work on their implementation plans.

In October of 2007, the Federal Government awarded the State of Alabama Department of Human Resources a research-based grant on Using Comprehensive Assessments to achieve better outcomes for families. The Department is working in partnership with ACTION for Child Protection and the University of Maryland. The project was designed to pilot in three county sites: Baldwin, Escambia and Mobile Counties and once pilot is complete, expand it statewide.

The concept of the project in Alabama is one which considers family assessment as an ongoing process that begins at Intake and continues throughout the case until the family reaches the point of safe case closure. There are five phases of the assessment: Intake Assessment, Family Functioning Assessment, Protective Capacity Family Assessment, ISP, and Family Progress to safe case closure.

As of June 2009 two of the three pilot sites (Baldwin and Escambia Counties) have been trained on the Intake Assessment and the Family Functioning Assessment. One county, Escambia County, has successfully implemented the Intake Assessment and the Family Functioning Assessment. The staff report they have greater job satisfaction as they now have a more defined purpose for engaging with families and gathering information to help treat the negative behaviors within the family system. As of June 2009, they have completed approximately 50 cases using the Intake Assessment and family Functioning Assessment. The other county, Baldwin County, has just recently begun implementing the Intake Assessment and the Family Functioning Assessment. They have completed over 100 cases using the Intake Assessment and the Family Functioning Assessment. As of August 2009, Mobile County, the third pilot site, has been trained on the Intake Assessment and Family Functioning Assessment. They began implementation of both assessments on September 1, 2009.

By the end of this fiscal year, 2009, Escambia County staff will be trained on all of the remaining assessments (Protective Capacity Family Assessment, ISP and Safe Case Closure). Baldwin County and Mobile County will then be trained for the remaining assessments and begin implementing casework practice with Ongoing Cases.

Child Abuse Prevention and Treatment Act (CAPTA)

The primary plan for CAPTA funds for the next five years continues to be to support the due process requirement of CAPTA by administering the administrative record review process. The limited remaining funds will be used to support pilot projects, a position in the Central Registry for Child Abuse and Neglect, and training or resources for County Departments in order to strengthen the child protective services program.

The administrative record review program is a joint partnership between the county departments and the state office. State office administrative record reviewers and the County Director or designee review the case record and any

information submitted by the alleged perpetrator to determine if the record supports a finding of abuse or neglect. The alleged perpetrators are given written notice of their right to an administrative record review. They are informed the review process will be completed by a DHR independent panel, which are not directly involved in the case and have authority to overturn the decision of the worker/supervisor if the record does not support the finding of abuse or neglect. This program improves the child protective services system by establishing procedures for appealing and responding to appeals of substantiated reports of abuse and neglect. It was implemented June 1, 1999.

CAPTA funds are currently being used to staff three state level administrative record reviewers. The amount of funds to be used for Fiscal Year 2009 to support this program is approximately \$243,283. This amount includes the salary and benefits for three program specialists. From May 30, 2008 to December 31, 2008, a total of 891 requests have been received involving 1,230 children. In recent years, data for reporting this information was kept in a stand alone automated system. However with the recent statewide implementation of the SACWIS system, the data is now contained in FACTS, though it is not yet available. It is anticipated that the reports containing this information will be available in late summer FY 2009.

The Administrative record review process continues to generate a lot of interest from attorneys representing alleged perpetrators. Much of the correspondence and telephone calls involve explaining the process of the Administrative Record Reviews. There have been lawsuits and continuing threats of legal action. A district federal court's ruling on one case has upheld the constitutionality of the administrative record review process. However, the process continues to be legally challenged, in particularly the Mobile region of the state. The administrative record review staff continues to work closely with the Department's legal staff regarding these legal issues.

The necessity of adequate record documentation continues to be emphasized with staff and is supported by the policy. Statewide documentation training continues to be needed and parts of the PIP are intended to address this issue. Administrative record review staff continues to provide informal documentation training for a few County Departments, upon request. There continues to be plans of revising the documentation training to incorporate the new CPS policies and forms and this will be made available to county staff upon completion. The administrative record review process continues to provide increased credibility to the child protective services program.

The revised protocol for internal child death reviews became effective June 1, 2006. As of June 2006, this unit is no longer responsible for the internal child death review process. It is now being handled by consultants in the Office of Quality Assurance.

The plan to develop informational child abuse/neglect pamphlets and posters has progressed slowly due to other program requirements and assignments. A draft informational booklet has been developed, and has been sent to the graphic designer for the layout design. Once that is completed it will be sent to the SDHR Legal Office and the Division Director for approval. The draft version provides detailed information in a more condensed format that can be easily understood by parents and caregivers. All materials produced will be made available in English and Spanish. The amount of CAPTA funds that have been budgeted for this project is \$20,000. Plans are to have this information to the county offices for distribution in early FY 2009. The design layout has been completed, but revisions are needed in the content before these pamphlets and brochures can be printed. The plan is to have these done by FY 2010.

As previously planned the Department and the Children's Justice Task Force with permission from the National Children's Advocacy Center used the curriculum previously trained by them, as a basis for continued Investigative and Forensic Interview Training. Four training sessions were planned for FY 2008. In the four sessions completed in FY 2008, 99 social workers, law enforcement officers and other members of the local Multi-disciplinary Teams have been trained. Children's Justice funds will be used to continue this training. Current plans are to provide four sessions per year.

Four sessions of Investigative and Forensic Interview Training have been planned for FY 2009. Fifty three (53) multidisciplinary team members, which included law enforcement, social workers and other multidisciplinary team members have attend the April and May 2009 sessions. Additional sessions are scheduled for June and July 2009.

The current trainer has many years of experience working with abused children and their families and a long standing relationship with the Department. She is a forensic interviewer, and currently contracts with local Child Advocacy Centers. In addition she is a Licensed Professional Counselor in private practice and teaches part time at Troy University.

The decision was made for CAPTA funds to be allocated through September 2008 to help fund the Calhoun County Family Drug Court/Intensive Reunification Court. This program has been successful and was not able to obtain other funding sources. It is an important resource for the county due the high number of cases with substance abuse issues received by Calhoun County DHR. CAPTA funding for this program was terminated in September 2008. This project

plans to continue and the Juvenile Court Judge is seeking other funding sources for financial support. Additionally, this project is serving a pilot project for neighboring counties who are interested in starting their own drug court. A request was made to and approved by ACF to redirect the use of \$60,000 of those funds to aid in the development of the Family Drug Treatment Project that would serve seven (7) counties in northeast Alabama. This began in March 09. This Family Drug Treatment Project will build on the successes of the Calhoun Drug Treatment Court that was not funded this year. This area of the state continues to be impacted by substance use and children entering CPS and Foster Care caseloads as a result of substance abuse. This is to be one time funding as next fiscal year, the Chief Justice of Alabama's Supreme Court is making available grants for each county to begin and/or continue with a Dependency Drug Court. As a result of this project, plans are underway to begin drug courts in Etowah, St. Clair and Talladega County. The coordinator has met with the Juvenile Court Judges, DHR County Directors and their staff and substance abuse providers. County Departments have already begun to identify families to participate in the program. Some counties have also identified temporary space for the group counseling sessions to meet. Plans are to continue the development of these programs through FY 2009.

An initiative that was funded for the first time in 2007 was the Parenting Assistance Line (PAL). Alabama's First Lady, Patsy Riley, initiated this project. PAL is a free confidential phone line where parents can call and receive assistance with parenting issues and concerns, child development questions and ways to make parenting more manageable. The program is housed at Child Development Resources at the University of Alabama. The service is confidential and anonymous, and is currently available Monday through Friday, 8 a.m. - 8 p.m. PAL is specifically designed for families whose children are birth-12 years of age. The phone lines are staffed with trained child development and parent resource specialists with access to community resources throughout the State of Alabama. During these calls, staff members provide education and support to parents as they experience the challenges of parenting. This is a collaborative effort of the University of Alabama, The Office of Alabama's First Lady, Wal-Mart Corporation, The Children's Trust Fund of Alabama, and the Department of Human Resources.

For the first two quarters of FY 2009, the PAL Project continues to work toward full implementation. There is continued development of information for their website and written material to provide information to parents and others. They frequently participate in community health fairs and other speaking engagements.

During this period the PAL has received 370 calls, mostly from female callers. 86% of these calls were from family members. Calls are centered on discipline/guidance and developmental issues. Other callers request information on parent support/parent stress. Calls have been received from 37 of Alabama's 67 counties; California, Georgia, Louisiana, Wisconsin and Texas. The PAL Website has been visited by 2140 times representing 45 counties.

The Department continues to provide training on legal issues in the basic worker entry level training, along with one of the ACT II sequences; it is included with an array of other training subjects. Previously a training plan had been proposed that would be more comprehensive than the basic training and would be a stand alone training module. Since the delivery of child protective services is becoming increasingly more complex and difficult, it was believed that staff needed to be more aware of the complex legal issues, in order to protect the rights of families and themselves from liability. The plan was to collaborate with the Department's Legal Division and the National Resource Center in the development and delivery of this training. This training on legal issues continues to be an identified need. However, other program priorities delayed the development of this training planned for FY 2008. Contact has been made with the National Child Welfare Resource Center for Legal and Judicial Issues, who have sent us information about the curriculum they have developed that can be adapted for Alabama. Work will continue on this project in FY 2010 using the original allocation.

Currently this project is on hold. The decision was made by the Department to focus on the implementation of FACTS and insure that all staff was trained and proficient in the use of this system. In order to do so, the scheduled implementation of several projects has been delayed. This issue continues to be one of great need for the Department and will be postponed for the time being.

The State Central Registry on Child Abuse and Neglect is used widely by potential employers, who work with children, to screen applicants for employment and for the screening of foster and adoptive parents. During the time period of October 2008 through April 2009, 16,248 authorized requests have been received. Of these reports, 249 were substantiated. Due to the high volume of requests, it is necessary for a full-time program specialist to review the substantiated child abuse/neglect reports and respond to the requests. This is a critical position that requires balancing child safety with liability issues. It is proposed that CAPTA funds continue to be used to fund this program specialist position. The projected cost of this position for FY 2009 is \$81,023. This service increases the safety of children by possibly preventing child abuse. The child protective services system is strengthened by improving the delivery of services provided to children and their families.

The CAPTA requirement of three citizen review panels is met by the county and state quality assurance committees. The QA committees are composed of volunteers within the local community. This committee reviews case records, interviews stakeholders in the community to evaluate the child welfare delivery system and outcomes for the children and families. The committee has the authority to make case and county specific recommendations, as well as statewide system recommendations. Alabama has one citizen review panel for each of the 67 County Departments.

There is also a State level volunteer QA committee that receives the reports of county QA reviews. The State QA Committee is also provided with information from the county QA reports. Quarterly and annual statewide reports are compiled from data indicators and provided to the State QA Committee and also are available to the public. The State QA Committee works through Sub-Committees to make recommendations to State DHR. The State QA Committee has continued to be active this year and continues to grow in its development. The Department's response to last year's recommendations from this Committee is included in Appendix 3 of this document. Also, Appendix 4 is the year's annual report from the State QA Committee. The State QA Committee is serving as a useful means of improving the State's child welfare system.

Alabama has been meeting the CAPTA requirement for criminal background checks for prospective foster and adoptive parents and other adults in the home for many years. The foster care policy manual (revised in 1993) stated, "all foster family home applicants (including boarding homes, related homes, and free homes) after May 17, 1985, and members of their household 19 years and older, must have a criminal record check." In 1992, state legislation was passed that clearly authorized the Department of Public Safety to release information to approved requestors with the required written permission of the individual. This legislation also established a fee for this service. Further state legislation was passed in 2000 which made it mandatory that all licensed child and adult care facilities, and child placing agencies request criminal history background information checks on licensees and license applicants, volunteers, employees and prospective employees. These criminal history background information checks were also mandated for certain Department of Human Resource employees, and for foster homes and adoptive homes approved by child placing agencies or the Department of Human Resources. This legislation was very comprehensive and a new unit was established within the Department to handle these background checks.

The Office of Child Protective Services/Administrative Review has completed a referral process and a training program in order to implement the requirements for young children under CAPTA Sect. 106 (b) (2) (C).

The Office of CPS continues regular dialogue with Alabama Early Intervention to adjust and/or improve the policy and procedure to ensure timely referrals. Since the implementation of the computer generated form sent to Early Intervention, it has become necessary to revise the form. Working with Early Intervention Staff, necessary revisions were identified. During the development phase of FACTS (SACWIS System) the recommended modifications were made and implemented. Before an indicated CA/N Report on a child under the age of three years can be disposed, FACTS requires that a referral to Early Intervention be completed.

Difficulties with documentation of child abuse and neglect interviews have long been recognized as impediments to good case work. The Alabama Children's Justice Task Force, along with the Department, plans to develop a training program, "Building the Case" that will improve child welfare staff capacity to record required information. The goal is to improve the content and relevance of narratives documenting interviews and contacts as well as actions taken by the child welfare staff. Money allocated from Children's Justice Funds was used for program development and implementation.

The Children's Justice Task Force and the Department agreed to postpone the development of the "Building the Case" training until a later date. The Task force is exploring a Skill Building Conference for late FY 2010 and is considering folding the "Building the Case" material into the Conference.

CAPTA funds will be allotted for state program staff to attend HHS sponsored meetings and other child abuse specific conferences or meetings. These trainings will improve the child protective services system by developing, strengthening and facilitating training opportunities for individuals overseeing and providing services to children and their families. No CAPTA funds were expended for conferences or meetings this year.

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

CFSR Determination:	Not in Substantial Conformity	
Timeliness and permanency of reunification:	Met National Standard of 122.6+	(124.2)
Timeliness of adoptions:	Did not meet National Standard of 106.4	(56)
Permanency for children in FC for extended time periods:	Did not meet National Standard of 121.7+	(107.6)
Placement stability:	Met National Standard of 101.5	(111)

Goals: Children will have timely achievement of permanency and stability in their living situations and when placed for adoption will have post-adoption supportive services for adoptive families throughout the state. The goal for delivery of these services will be directed toward education, support, and advocacy and preservation of the family unit with emphasis on the prevention of abuse/neglect, out-of-home care or dissolution of the adoption.

The long range goal is to identify and develop adoptive resources to serve a diverse population of children who enter the system

In the CFSR Round 2 Final Report, permanency issues that were cited included the following: addressing placement stability, establishing appropriate permanency goals in a timely manner, improving the practice of concurrent planning, the need for a better understanding of the state statutes regarding TPR and adoption, the need to explore relative resources (particularly paternal relatives) and to establish paternity in a timely manner, the need to reduce the frequency with which APPLA is used as a permanency plan, and the need to improve service delivery to older youth.

Practice Model and Permanency

In the Program Improvement Plan (PIP), two action steps have been devoted to the implementation of a Practice Model. It is believed that an integrated Practice Model will provide direction and guide decisions on all that is done in child welfare across all program emphases, (e.g. child abuse/neglect assessments, foster care, ongoing services and resource families), all system entities (e.g. training, policy, supervision, community collaboration, etc.) and, primarily, the direct work with children and families, etc. This will include promoting the achievement of desired permanency outcomes. Although the Practice Model will be comprehensive, the core principles and desired outcomes will be concise, clear statements of belief, that reflect how the Department has chosen to shape its approach to serving families in Alabama.

Supervision and Permanency

Another (PIP) theme that is designed to contribute to practice advancement across all areas of child welfare is that of strengthening supervision. Supervisors have a significant function when it comes to providing coaching and feedback around practice, policy and documentation. They maintain an important, perhaps infectious, responsibility in promoting an organizational climate and culture that is consistent with the practice model principles and values. In strengthening supervision, it is expected that improved outcomes in safety, permanency and well being will be realized. Permanency for Alabama's children is a priority for DHR. Better outcomes for children will be accomplished in a streamlined manner through sustaining the improvements achieved through child welfare reform, the Federal Child and Family Service Review process, the APSR planning process, and ongoing state- and local-level Quality Assurance in counties.

Concurrent Planning

Permanency planning must be viewed as beginning at the first point of working with a family to assure a safe and stable living environment for children. State Consultation is provided to assist the counties in recognizing the value of engaging and assessing families early in the process toward positive outcomes and to assist with accessing needed resources to be able to meet the needs of children and the families.

As noted throughout the State Assessment and the CFSR, there is the continued need to increase focus in the area of permanency to assure that efforts are made for children entering care to be reunited with their family while at the same time a concurrent plan be identified and worked to assure children achieve permanency in a timely manner. To assure a more consistent focus, the Office of Foster Care and Office of Adoption have been merged to become the Office of Permanency. Currently, consultant roles are being reviewed in an effort to provide increased consistency and support to counties around permanency for all children entering out of home care.

It should also be noted, that concurrent planning will also be a topic of training that is being provided to GALs, parents' attorneys, judges and DHR staff in 2009.

Safe and Timely Interstate Placement of Foster Children Act of 2006

On July 3, 2006, President George Bush signed into law Public Law 109-239 – The Safe and Timely Interstate Placement of Foster Children Act of 2006. The law became effective October 1, 2006. The main thrust of the law is the establishment of timeframes to complete home studies in cases involving the Interstate Compact on the Placement of Children (ICPC). The completed home study or a preliminary report is due to the sending state within 60 days. The Interstate Compact policy has been revised to include the new law. An overview of the law and policy revisions has been sent to all 67 counties. All 67 county DHR offices are in full implementation of The Safe and Timely Interstate Placement of Foster Children Act of 2006. The ICPC Program Manager has spoken in four training sessions for GALs statewide in partnership with the Administrative Office of Court on ICPC and the implementation of the Safe and Timely Interstate Placement of Foster Children Act of 2006.

Timely Home Studies Reporting and Data: The Safe and Timely Interstate Placement of Foster Children Act of 2006 amended of the Act at 471(a)(26)(B)(2) to encourage timely home studies. (Information Memorandum ACYF-CB-IM-06-03, dated August 11, 2006, provides an overview of the provisions.) A home study is considered timely if “within 60 days after the State receives from another State a request to conduct a study of a home environment for purposes of assessing the safety and suitability of placing a child in the home, the state shall, directly or by contract”.

The Alabama Interstate Compact office currently tracks home study requests through an automated system. Alabama is in full implementation of the SACWIS system known as FACTS. Alabama implemented this system statewide in January, 2009. We are developing reports in the new system to continue to track the 60 day requirement under the Safe & Time Foster Care Act of 2006. Alabama is currently using the Live Scan System to expedite criminal background clearances. Due to delays in receipt of criminal background clearances, Alabama has used the 75 day extension regularly. The extended compliance was needed because of delays in receipt of background clearances from ABI and FBI. Even with the extended compliance period, there continues to be delays due to the receipts of final criminal background clearances. This particularly causes a delay when there is a criminal history identified which must be investigated before a final disposition is made.

The Department of Human Resources is in the initial phase of contracting with Security Biometric Clearing Network. This vendor will do automated LIVE SCAN. The vendor will do a pilot program in two counties and later expand the program to 12 other counties. The Department is continuing to utilize LIVE SCAN with the Alabama Bureau of Investigation and local law enforcement agencies to resolve delays in receipt of background clearances.

Statewide Foster Care Population

The State of Alabama Department of Human Resources is responsible for the Statewide foster care population which is managed in the Office of Permanency. As of April 30, 2008 there were 5,973 children in out-of-home care. There were 4,448 in temporary custody, 1,200 in permanent custody of the state, 50 in care on an Agreement for Foster Care signed by their parent or custodian, 144 on a summary removal, and 130 children in the custody of another agency who were reflected in these numbers. Of the children in out-of-home care, 3,048 were male and 2,925 were female. The vast majority of children in care entered care due to neglect, with abuse being the second most frequent reason for entry into care. The most common permanency goal was return to parent and FSD knows that most children in care do return to their families.

	<u>March</u> <u>2005</u>	<u>March</u> <u>2006</u>	<u>March</u> <u>2007</u>	<u>March</u> <u>2008</u>
Total Children in Out-of-home Care	5,571	5,785	6,029	5,941
African American	2,881	2,837	2,900	2,878
Caucasian	2,805	2,877	2,953	2,961
Am. Indian	13	11	13	19
Hispanic	98	103	192	208
Asian	7	6	10	9
Unknown	12	15	16	11

Item 5. Foster care re-entries

CFSR Rating: Strength
CFSR Percent: 91%

The Office of Permanency will continue to monitor, through the use of data trends, the number of foster care entries and identify policy and/or practice change that will support a reduction in the number of foster care re-entries experience by children.

GOAL: Continue to reduce the number of children who re-enter out-of home care.

Due to conversion to the new SACWIS system, cohort data for 2008 is not available. As of June 30, 2008, point-in-time data for ALL children in care was 1.40 entries in out of home care. Consultation around service delivery to relatives and birth parents to prevent children from re-entering care has continued to be provided to county staff by the foster care consultants.

Item 6. Stability of foster care placements

CFSR Rating: ANI
CFSR Percent: 78%

6.1 Reduce the number of moves children experience while in care.

Due to the conversion to the new SACWIS system, year end 2008 data is not available.

As of March 07 - Average of 3.27 FC placements

As of March 08 – Average of 3.60 FC placements

As of June 08 - Average of 3.61 FC placements

The ACWIS data for June 2008 reflects an average of 3.61 foster care placements per child based on their most recent entry into care. This compares with an average of 3.60 for March 2008. Although this is not a significant increase, the Office of Permanency is placing additional focus in the area of placement stability.

In an effort to support stable resources the FSD has continued to review Minimum Standards for Foster Family Homes to identify areas needing revision that support quality resources. The Standards include 15 hours of annual training to maintain approved status. Negotiations have been held with AFAPA regarding specifications of what these hours must include to focus more on the special needs children present in out of home care. To increase the education/training opportunities and support for out of home care providers, the Department holds a contract with AFAPA utilizing Safe and Stable Funds, with which the organization provides additional training for foster and adoptive resources and develops them to be trained parent advocates. These identified advocates received increased training around policy and practice to serve as advocates and empower foster/adoptive resource in advocating for the children and their needs. In addition, regional foster/adoptive representatives are identified through AFAPA to help provide support and training to resources in the specific region. The FSD hopes to see more stability in foster home placements with improved training and partnerships with our foster parents as well as improved assessments and supports of children placed in care. The training and consultation provided focused on assessing resources for children with special needs to promote better initial matching of child's needs with a provider's strengths and capabilities. The goal is to do an early assessment of need and secure a placement with appropriate support services to eliminate the need for additional moves and/or disruptions.

The FSD is exploring the possibility of a special training curriculum to be available to new and experienced foster parents through presentations at Regional AFAPA meetings. One focus is to assist foster care providers in the area of providing parenting for teens. This may have the added benefit of increasing the number of foster homes willing to accept teens into their homes. In addition, FSD has worked with the AFAPA to provide training to increase knowledge and capacity of Advocates made up of regional foster and adoptive parents to support the provider community.

During the annual 2008 conference coordinated by AFAPA, hosting both foster and adoptive providers as well as social workers, the Office of Permanency provided a workshop specific to "Casework Decisions for Foster Parent Adoptions". The workshop addressed the need to match children and families at the time of foster care placement to provide more stability for the child, in the event the plan becomes adoption. In addition the workshop addressed areas to assess prior to proceeding with a foster parent adoption. The curriculum was well received indicating the value of holding future workshops for both staff and providers.

There are open door communications between the AFAPA and the State Office and quarterly a Permanency Advisory Committee meets to discuss policies and practice that support permanency for youth in care. AFAPA board members serve on the committee as well as county and state representatives. Additionally the State Office has revised the mission and protocol for Project Respect Grievance Committee and has renamed the committee. It is now called the Conflict Resolution Team. The goal is to offer support and resolve conflicts at the local level as they arise before they develop into a disruption of placement or elevated to a grievance.

It should be noted that Alabama's per capita rate of children in out of home care for FY 2008 (as of 6/30/08) is 5.47 per 1000. Recognition is given to the fact that if children come into care in Alabama, it is likely that they and their families have greater needs, and they are likely to be more difficult to serve. Permanency will be more difficult to achieve in a timely manner when the population in care requires such challenging interventions.

Item 7. Permanency goal for child

CFSR Rating: ANI
CFSR Percent: 60%

7.1 Reduce the length of time a child remains in out of home care (from 32.29 months avg. length of stay to 30.25 months, over the 5 year time frame).

2007 – Average LOS = 32.27 months
June 30, 2008 – Average LOS= 31.74 months

Though the Department did not achieve the desired goal in reducing the length of time a child remains in care to the desired goal of 30.25, there has been a decrease from previous months from 32.27 to 31.74. Efforts continue to focus on reducing the length of time children remain in out of home care prior to achieving permanency. The median length of stay for all children in foster care in FY 2007 was 19.3 months. However, the median length of time to achieve permanency through reunification was 8.2 months while the median length of time to achieve permanency through adoption was 40.3 months. These figures represent a need for increased efforts in concurrent planning to reduce the length of time to permanency for children who cannot be reunited with family.

In October 2007 FSD released the new Out-of-Home Care Policies and Procedures which was identified as a need for counties by the Office of Permanency and the Office of Child Welfare Policy. As a step in the Draft Program Improvement Plan information and training on the policies will be occurring through Statewide Conferences, regional forums with County Directors and their staff and during onsite consultant visits. The implementation of the new SACWIS system has impacted the ability for workers to attend training but the consultants have worked with local county departments to walk them through the policy. Additionally this agency is exploring avenues to disseminate information and support around policy and practice including securing technology new to the Department to increase delivery capability. The new Out-of-Home Care Policies and Procedures simplified assess to policy for local workers and as a result a stronger commitment and adherence to the policies and procedures by DHR local departments has been observed. Caseworker visit funds are being used to assist in supporting training and opportunities to share information that supports the worker's ability to improve permanency through meaningful caseworker visits.

In addition, FSD will also continue to support permanency through consultation from consultants in each program area. Currently the Office of Permanency has both adoption and out of home care consultants. In an effort to provide expanded and more consistent consultation from the Office of Permanency, the current consultant model is being restructured so that consultant roles would be expanded to provide a greater level of support for all children in Permanent Custody of the State regardless of the permanency goal. With the new SACWIS system known as FACTS, it is expected that as staff become more familiar there will be improved data to support and monitor permanency planning for children in care and provide information to focus training and consultation efforts.

In recent work through the Court Improvement Program of the AOC, judges shared that some juvenile courts do not consistently receive the permanency data. The Office of Permanency has worked with the Office of Data Management to secure a Memorandum of Understanding with the University of Illinois to assist with the ability to electronically provide access to county data for county and court staff (the project is called the "Fostering Court Improvement"). The memorandum of understanding has been secured and plans are underway to submit data electronically upon completion of the SACWIS project for the new FACTS system.

Additionally, targeted consultation to those counties identified as needing or requesting assistance in permanency policy and practice is provided. Information from state and local QA reviews will also be used to target consultation on

permanency goals. The consultation on out of home care policy is provided by two consultants serving children in out of home care, however, the Office of Permanency continues in expanding this support through redefining all consultant roles and building capacity to support permanency from entry to exit from care.

As data becomes available, consultation will continue to target those children under age four who have been in care over 12 months during their lifetime. Consultation will continue to be provided to address barriers to reunification or other permanency goals.

The development and implementation of a permanency planning case review process has been explored as out of home care consultants have been attending permanency review, also known as permanency roundtables, to assess different models being used across the state. The emphasis of the reviews is on concurrent planning, appropriateness of the permanency goals, and identification of barriers to the achievement of the permanency goal for all children in out of home care. As a step in the Program Improvement Plan every local county department is to develop a process by which permanency reviews will occur at critical timeframes to assure movement toward permanency. For counties that have already instituted a permanency planning case review process consultants are seeing improved outcomes toward planning. At a recent meeting with all county directors, a presentation was provided insight into developing a review process including examples of what some counties have done to assist the directors in developing such a review process.

Additionally the Department is currently in dialogue with Casey Family Programs for the strengthening of permanency planning roundtables that provide intensive review and strategizing. Specific interest and support is being considered regarding cases with the goal of Another Permanent Planned Living Arrangement (APPLA). A Jurisdictional Agreement has been drafted for the work with case and the first phase of this work around Permanency Roundtables will begin in July 2009.

Based on data reflective of the entire foster care population, the average length of stay in foster care for the last complete (FY 2007) is 32.27 months. There appears to be a slight downward trend to date. This figure is obtained from ACWIS report PSCWB186A. FSD will track this number over time looking for a downward trend.

FY 2005	30.84 months
FY 2006	32.49 months
FY 2007	32.27 months
FY 2008 (6/30)	31.17 months

7.2 Require Guardians Ad Litem to be trained in ASFA timelines and agency policies on permanency.

The Department continues to work with Administrative Office of Courts through the Court Improvement Program in an effort to partner with Juvenile Court judges in supporting training for any GAL they appoint to represent children in care. There has been evidence of improved accountability by the Court Judges as some judges are requiring GALs to attend training. In coordination with AOC, statewide training has been provided to Attorneys, Judges, and DHR Staff.

In a continuation of this effort, the Department will be co-facilitating new GAL training at four regional sites in the months of April, June, August and November 2009. The training will cover the ISP process, concurrent planning, and the importance of timely permanency hearings. In addition, with assistance provided by the American Bar Association Center on Children and the Law, the department is partnering in also presenting video conference training in August 2009 for juvenile court judges on the same topic areas, including some focus on the older youth population.

Item 8. Reunification, guardianship and placement with relatives

CFSR Rating: ANI
CFSR Percent: 54%

8.1 Reduce the length of time to achieve reunification with parents or placement with relatives.

<u>Parents</u>	<u>Relatives</u>
For 3 rd QTR, FY 07 - Average LOS = 1 y, 3 m	1y, 1m, 3d
For 3 rd OTR, FY 08 – Average LOS = 1y,3m, 9d	1y, 2m, 3d

Of those children achieving permanency through reunification with parents the Statewide average for the 3rd Quarter 2008 was 1 year, 3 months and 9 days. This compares with 1 year, 3 months for the 3rd Quarter of 2007. The Statewide average for placement with relatives during 3rd quarter 2008 was 1 year 2 month and 3 days. This compares with 3rd

quarter 2007 1 year, 1 month, and 3 days. It appears that reunification achievement has remained steady over 12 months. The Office of Permanency will continue to consult with counties on improving in this area. FSD will track this data by county on a quarterly basis and then calculate a cumulative total for the fiscal year.

With the passage of the Fostering Connections Act, Alabama is considering the option for a kinship care program and is currently in dialogue with Casey Family Programs regarding technical assistance. The Jurisdictional Agreement has been drafted and is in negotiation to begin work in this area in fall 2009. Because such a new program requires legislation, it will be the next legislative session before it can be addressed.

The Fostering Connections Act requires States to assure diligent search of relatives which is something that the Department has made efforts to do early on. In work with the Court Improvement Program staff, forms have been developed and used by the courts to document early in the legal process potential relatives to explore. In the new Alabama Juvenile Justice Act of 2008, state law now provides that a court may order parents to provide a list of relatives as early as the shelter care hearing. The Act provides for an increased focus on absent paternal relatives and therefore, current policy addresses diligent search for and engagement of fathers and paternal family members in addition to those already known. Trainings also address engaging and pursuing paternal relatives.

The Department maintains the Putative Father Registry and policy provides that County offices routinely check the putative father registry to determine if there is someone listed that might be a possible resource for the child. The Office of Permanency has developed a PowerPoint training presentation on the Putative Father Registry and its use in permanency planning. In addition, the Administration has directed news releases to be available through Father's Day in June to heighten awareness and provide direction on how fathers can become involved. Because this registry is not well known, the DHR public relations office has included information about it and the forms needed on the DHR Family Services website as well.

Item 9. Adoption

CFSR Rating: ANI
CFSR Percent: 27%

Adoption Services

Adoption services are provided by the Department of Human Resources through the Office of Permanency on behalf of children in its 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, reporting 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. Adoption services are provided to adult adoptees requesting background information, searches for biological parents, and reunions with biological families. Adoption services also consist of providing supervision of the post adoption services program.

Adoption services are provided to all children in the permanent custody of DHR with a permanent plan of adoption. County DHR Offices statewide currently have responsibility for facilitating the adoptions of children in permanent custody who are to be adopted by their foster parents, with consultants in the Office of Permanency having the responsibility for monitoring the movement and finalization of these adoptions. Placement of children for non-foster parent adoptions is the responsibility of seven (7) Placement Consultants in the Office of Permanency through the Adoption Unit. Most of the children they serve have special needs and require child specific recruitment.

Because of the Office of Permanency's need for increased focus on recruitment and retention efforts, a Recruitment and Retention unit was established with focus on recruitment and retention of both adoptive and foster care resources. There is a Program Supervisor for this unit to serve children and the managing and monitoring of the Wendy's wonderful Kids Grant through the Dave Thomas Foundation, Alabama Post Adoption Connections (APAC) contract for post adoptive services and AdoptUSKids website. She also coordinates the partnerships and effort with Heart Gallery of Alabama and the Alabama Foster and Adoptive Parent Association.

Pilot Project

The Office of Permanency implemented a pilot project that will expedite adoption placements for children with no identified adoptive resource. The focus of the pilot is to enable county departments to assume all adoptive planning responsibility for children with a plan of adoption whether the plan is foster parent adoption or adoption with no identified resources. Participation in the pilot is voluntary based on the county's self assessment as to its ability and preparedness to undertake

the additional responsibility. Counties determined that a consideration for participation was available staff and the timing of roll-out for the Department's new SACWIS data system. The first phase of the pilot consists of four (4) counties: Marshall, Talladega, St Clair, and Tuscaloosa. Training was provided upon request according to the needs of the county. Training, which was provided by Office of Permanency staff, consisted of topics on assessing and matching resources, CPS' s role in permanency, legal consideration, best practice in placements, documentations, TPR, recruitment, preparation of child and family for placement, legacy children, and FPA protocol. The role of the Office of Permanency placement specialist is to provide case and procedure consultation, participation in ISPs, facilitate access to recruited resources, participation on placement review teams and help facilitate in-service training as needed on adoption issues. Since the pilot's inception in the first quarter, three (3) children with a plan of adoption with no identified resource, have been placed in adoptive homes and four (4) other children are now being adopted by their respective foster parents. In June 2009 six (6) additional counties will be added to the project. It is anticipated that all 67 counties will be a part of the project by the end of fiscal year 2010.

AdoptUSKids and Children's Aid Society

The Department continues to work in collaboration with the national AdoptUSKids campaign and has continued a partnership with Children's Aid Society that provides the department access to utilize the services of an individual to assist the department in making immediate contacts with potential foster or adoptive parents. This individual is paid by funds through a contract between Children's Aid Society and the AdoptUSKids campaign and works from her home in an effort to contact families at convenient hours. This has proven very effective in keeping interested families connected and encouraged during the adoption process and to identify areas that need to be addressed regarding recruitment and retention. The Department's post-adoption services program, Alabama Post Adoption Connection (APAC), through a contract with Children's Aid Society, also supports a similar effort. Through collaboration with Children's Aid and Casey Family Programs, an initiative was established in October 2008 to expedite foster parent adoptions. A survey was conducted to determine the barriers that hindered the completion of pending foster parent adoptions. As a result the most prevailing barriers were the construction of the "Background Summary" and the conversion of the foster home study to an adoptive home study. Cases with these specific barriers were referred to the Casey project. At present the project with the Casey foundation, which will end in July 2009, is expected to result in 139 children achieving permanency through foster parent adoption. For those cases that cannot be accommodated by the Casey project, the adoption placement specialist within a given region will monitor monthly the status and barriers of pending foster parent adoptions, address through consultation specific on-going barriers and negotiate the degree of assistance needed to complete the adoptions.

APAC

APAC is a collaborative effort between the Office of Permanency and Children's Aid Society to promote adoption. APAC post-adoption services continue to grow in visibility and use by adoptive families. The State's contract for services was renewed for FY 2008-2009 to provide for additional support for both adoptive families and staff. Currently there are three regional office sites located in Montgomery, Birmingham and Mobile which are the three largest counties. Services were increased in the new contract to include recruitment, training and home studies for prospective families interested in being an adoptive resource for special needs children. As of May 2009, 73 resources were recruited and completed GPS training with 36 approved as resources for children with special needs. Also included in the contract was a provision for providing ongoing services to families which include centralized information and referral with a toll free warm line, a lending library, support groups, scholarships/camperships and adoption recruitment fairs. One full time and one part-time clinical therapist are also available to serve families who may be experiencing crisis with regards to their adoption journey. The increase in the contract provided the opportunity for additional support for families through a staff person assigned to support the Office of Permanency in responding to inquiries received through the State's website and phone line as well as the coordination of an annual adoption conference for approximately 300 adoption staff and providers. The Office of Permanency and APAC also have a strong partnership and collaboration with Heart Gallery of Alabama which is a private non-profit organization that works in arranging professional photographs for waiting children across the state. Coordination with the Heart Gallery provides for the display of these photographs in various locations throughout the state and a website as methods of recruitment. In 2009 Heart Gallery has photographed 58 children and have an additional 17 scheduled so far for June 2009. They have taken 338 portraits since initiated in 2005. In response to the website, Heart Gallery received more than 600 inquires for the children featured. Inquires are shared with the Recruitment Supervisor who in turn provides follow-up.

Alabama Foster/Adoptive Parent Association

The Department continues with the 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. Quarterly Permanency Advisory meetings are held which include the AFAPA board, county staff and staff from the Office of Permanency to discuss trends and strategies as partners in improving practice in the State. The association has 9 Regional Representatives who serve as trained advocates and liaisons with the Department. The association sponsors an annual AFAPA conference and 2 mini conferences to provide opportunities for foster parents to

obtain required continuing education credits. AFAPA has also applied for a mini grant through AdoptUsKids for Foster/Adoptive Respite support which was received and awarded for in the amount of \$5000. Funding is being utilized by AFAPA to help educate and connect families to existing respite services across the State.

Adoption Subsidies

The federal and state adoption subsidy programs continue to be a function within the Office of Permanency. The adoption subsidy program is instrumental in preventing the disruption of adoptions as well as increasing the number of special needs children placed for adoption. As July 31, 2008, there were 1,774 children receiving Federal adoption assistance and 810 receiving State adoption assistance which is an increase from July FY07 of 1,597 Federal and 774 State. In FY08 the maximum amount of Foster Care Maintenance payment was increased slightly and this increase was extended to those receiving Adoption Assistance.

Non-Recurring subsidies are available for eligible families who have finalized adoptions. The subsidy is to cover non-recurring costs associated with the finalization of adoptions. Changes to policy have been made for the Department to pay directly to providers for legal services for finalized adoptions through the Non-Recurring subsidy. This was to help to remove some of the financial barriers that may delay finalization of adoptions.

The Office of Permanency creates opportunities to educate the public and professional staff on the requirements for receiving subsidy and provides training sessions as needed to counties in the State as well as during the AFAPA Conference and the Annual Adoption Conference. The Adoption Subsidy Brochure is available for distribution to staff and stakeholders.

Medicaid services are offered to eligible children placed for adoption under the subsidy program. The Department is meeting the requirement in ASFA to provide health coverage for children who move to another state with state subsidy Medicaid through reciprocating with states who are members of the Association of Administrators of the Interstate Compact for Adoption and Medical Assistance.

In compliance with the Adoptions and Safe Families Act, the Office of Permanency has established policy which requires timely follow-up when approved and/or interested families from another state express interest in children awaiting adoptive placement. There has been an increased effort to register waiting children on the AdoptUSKids website for public viewing which has generated an increase in inquiries from out-of-state resources.

Currently, 67 counties are covered by seven (7) consultants assigned to support the counties around policy and practice development of the adoption process.

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 AdoptUSKids resulting in many out-of-state placements.

Inter-jurisdictional placements require a greater amount of consultant time away from the office. As of the end of FY 2008 State consultants made 19 Out-of-State and 28 In-State placements for the adoption of children with special needs. As of May 2009, 11 Out-of-State and 13 In-State placements were made by consultants indicating that a higher percentage of placements were within the state. Placements are made through the public or private adoption agency working with the

family. When a resource is identified the consultant arranges for a minimum of one pre-placement visit for the child in the state of the resource. If the visit goes well then a placement date is scheduled in which the consultant will travel with the child in making the placement. The Office of Permanency, therefore, has increased efforts to identify and develop in-state resources for placement of waiting children to assist in expediting permanency for these children.

Adoption Consultants remain responsible for non-foster parent adoptions and provide post-placement supervision to these children directly and through county social workers. They are charged with monitoring and directing these placements through the legal process in a timely manner. With the county DHR offices assuming all responsibility for foster parent adoptions, the consultants' role is that of technical assistance and follow-up to track the process and offer guidance and direction in having these completed timely. Increased emphasis has been given to consultation with county staff when the plan becomes adoption and in processing foster parents adoptions more timely.

In addition, the Office of Permanency has an assigned staff position with the responsibility for developing and training adoption policy in an effort to support adoption placements. After surveying the county offices as to training needs, training on the process for Foster Parent Adoptions was identified as the most urgent need. Therefore, in May 2007, the

Office of Permanency began providing regional adoption training on completing foster parent adoptions and as of May 2008 had provided the training statewide. The feedback received has been very positive as county staff find that the information will assist in improved matching and timely achievement of foster parent adoptions. Policy review is ongoing to identify revisions needed to assist in the safe and timely placement of children. As changes are made, these will be disseminated to county staff through quarterly regional meetings and onsite consultation.

Termination of Parental Rights

Alabama continues to experience challenges in the area of timely Termination of Parental Rights for children with the goal of adoption. This was noted in the 2007 Statewide Assessment in preparation for the Alabama's Child and Family Service Review as well as in the findings from the 2007 Alabama's Child and Family Service (onsite) Review. In response to the CFSR through the Program Improvement Plan, steps have been developed to focus efforts on timely filing of TPR petitions and minimizing continuances through improved preparation of the case. The State is currently implementing a new SACWIS system which is interfaced with the Administrative Office of Courts which will aid in accessing court information that is significant as TPR is pursued in cases. In addition the Office of Permanency continues to explore improved and expanded consultation to address permanency earlier in the case. Office of Permanency consultation is being restructured to provide increased and earlier review of children for whom TPR is the plan. This should result in increased guidance and capacity of county staff and help reduce the continuances that have resulted from a need for improved assessment and case preparation prior to TPR.

Court Improvement Program

Other efforts in these areas include continuing to work in partnership in the Court Improvement Program with the Administrative Office of Courts. Through joint training sessions involving the juvenile court judges, court staff, staff from the county and state DHR staff, information and data are shared to help develop strategies that support planning to improve timeliness of cases moving to permanency. The increased use of data by all to monitor and measure outcomes for children is seen as one of the outcomes from holding these sessions.

Timeliness of Achieving Permanency

Timeliness of permanency through adoption continues to be a focus for the Office of Permanency. This is especially true since the AFCARS Data Profile for FY 2007 indicated the percentage of children for which DHR finalized adoptions (within 24 months of entry into foster care) decreased to 12.4% from 20.3% in FY 2006. This data supports the Statewide Assessment and findings of the CFSR that there needs to be additional focus on concurrent planning. In addition, the median length of stay for children being adopted reached 40.3 months which was an increase from previous data. Work in this regard continues and was seen as a priority in developing strategies for the Program Improvement Plan.

Stakeholders involved in helping to develop strategies for the Program Improvement Plan identified and offered resources in considering ways to increase and expedite more timely adoptions. One strategy initiated in October 2008 is currently underway and involves 4 counties (Tuscaloosa, Marshall, St. Clair and Talledega) in which consultant staff are to increase the capacity of county staff to have greater involvement in the recruitment, matching and placement of children with no identified resources. The premise for the project is that the county is already involved in the efforts of the state consultant which results in duplication and county staff should have a more thorough understanding of the needs of their children and the type of adoption resource needed. With the learning and success gained from the pilot the plan is to explore expanding the project to other regions of the state. This would free up consultant time to train and consult around all permanency issues in an effort to build capacity in improving concurrent planning from entry into care and well as to become more active supporting the identification and recruitment of resources. The pilot is considered successful as several children have been matched to adoptive families at the county level which was children previously referred to the State Office for recruitment and placement. Additional counties are being identified for expansion of additional counties, eventually with the goal of all counties doing their own recruitment and placement for all children legal free by the end of FY 2010.

With the implementation of the FACTS system, counties will now have the ability to review and know the available adoptive resource in their area and across the State rather than this information only being available to State Consultants.

Adoption Incentive Funds

In FY07, the Department exceeded its baseline for children with special needs and older children being placed for adoption resulting in the receipt of \$52,000 in Adoption Incentive Funds; however no funds were received in FY 2008. Incentive Funds were used in assisting in policy training and conference attendance for county and State staff as well as computer equipment utilized in the Office of Permanency to enhance recruitment activities.

MEPA

In compliance with the Multi-Ethnic Placement Act and the Inter-Ethnic Provisions, placement of a child is not to be delayed or denied due to race nor are applicants/resources denied placement based upon race. Consultants maintain a log in the child's record of families that are considered for a particular child, noting the reason for not selecting a family. The In-Office Team Review process that has been in place for several years allows the placing consultant to receive input from at least two other peers on the suitability of the potential family to meet the child's needs and to identify the family's strengths and needs, prior to an Adoption Staffing. This staffing which includes (at a minimum) the Review Team members, the child's worker and the potential resource family's worker, is used to provide full discussion of the issues that may impact the success of the placement, so that services can be put in place and specific recommendations made to address needs. With the Review Team and Adoption Staffing, there is greater confidence that a resource that can meet the child's needs has been selected. Training around MEPA compliance was provided to consultant staff via webcast sponsored through the National Resource Center for Adoption.

Adult Adoptees

Approximately 200 adult adoptees are served each year by providing non-identifying background information on their birth families and the reasons for their placement. In many instances, a search for the birth parent is done and reunions facilitated. It is not uncommon for the Department to be appointed as the intermediary by the court. There was a significant increase in the number of requests for these services due to a law allowing adult adoptees to obtain a copy of their original birth certificate and information on file with the Bureau of Health Statistics, Department of Public Health. When adult adoptees find that these files contain only the final decree of adoption, they look to the Office of Adoption to provide information about their birth families. In addition, some limited post adoptive services are now offered to adult adoptees through a referral to APAC the post adoptive service provider. The Office of Permanency is presently exploring the possibility of expanding post adoption services for adult adoptees through the current contract with APAC to provide a continuum of support from pre to post adoption.

Putative Father Registry

The Office of Permanency continues to maintain the Putative Father Registry. When an adoption petition is received, names are checked against the Putative Father Registry and the court 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. As engaging fathers as well as relatives was identified in the Statewide Assessment and the CFSR as areas needing ongoing focus, the Office of Permanency is developing a power point presentation for both county staff and public viewing that provides information of the purpose and utilization of the Putative Father Registry. This presentation will be used during conferences and consideration is being given to providing a link for the public on the DHR website to be able to access the information as a way of increasing education. A review of the current brochure on the Putative Father Registry has been completed in an effort to make it more family friendly and readable for the community and is expected to be available for distribution by June 2009.

Safe and Stable Families/Adoption Promotion and Support

Adoption Promotion and Support Funds are used primarily to support 3 staff positions assigned to provide consultation to counties. Training costs have also been funded through Safe and Stable/Adoption Promotion funds for statewide training provided on completing Foster Parent Adoptions. Additionally, post adoption services are funded through these resources. Alabama's contract with the Alabama Foster and Adoptive Parents Association (AFAPA) are contracted through these funds and include an annual conference addressing adoption issues.

Alabama Post Adoption Connections (APAC) currently provides post adoptive services. In FY 07 the contract was increased and the funds were to be used for hiring additional staff that could support the Adoption program in responding to inquiries as they were received through the website or phone. In addition, the funding increase continued the ability to host an annual Adoption Conference for social workers and providers who provide adoption services to help in supporting professional development and enhanced capacity.

In FY 08 the post adoptive services contract was expanded to include all past post adoptive services as well as additional support for responding to inquiries and the capacity to recruit, train, and approve adoptive resources for children with special needs. Though the first year required the start up of the program it is expected that the contract could result in about 25 new families, specifically approved to serve children with special needs.

For 2007 funds, the Department shows a deficit in expending Safe and Stable Fund up to the allotted 20% Adoption Portion due to an earlier deficit created in FY2004 when the Family Finders Adoption Contract was substantially decreased and the funds not expended during that year. Our current 2007 report of 7.6% for the Adoption portion of PSSF should be our last time to show a deficit. The agency has been attempting to rectify the deficit each year through

increasing efforts to develop programs and supports for utilization of the funds toward other adoption needs. Our efforts seem to put us further behind each year, but we are going to rectify it by focusing our efforts on the 2008 funds.

Some efforts to increase Adoption spending that have been attempted have been blocked due to budget constraints in coming up with the state share for the projects. We continue our efforts to hire recruitment/retention staff. We have increased contract with CAS for APAC to do a recruitment component by approximately \$250,000, and the Adoption staff continue effort to increase statewide training around foster parent adoptions.

The Department's goal for stability and permanence for children with the goal of adoption requires thorough assessment and matching of potential adoptive resources, while making available post adoption support services for the families as needed. The principle or standard for casework practice to meet this goal and reduce delays, requires that permanency in children's living situation shall be promoted in a timely manner through concurrent planning from the point of entry into care to the preparation and placement of children waiting to be adopted. Timely filing of petitions and conducting of hearings for termination of parental rights are also keys to preventing delays for these children when they are unable to return to their family.

DHR will seek permanent living situations for children and work to prevent placement disruptions through the use of strong assessments and provision of supportive services. Though placing children with special needs presents many challenges Alabama's adoption disruption rate has historically been 2% or below. It is expected that the newly implemented SACWIS system will assist in tracking disruptions more accurately in the future.

GOAL: To enable children to achieve stability and permanence in their living situation within reasonable timeframes.

9.1 Increase the number of finalized placements of children placed for adoption each year by 10% each year, FY 05-09.

Alabama has continued to strive to reduce the length of time in care for children being adopted while increasing the number of finalized adoptions. As noted in the chart below, Alabama's finalized adoptions have fluctuated each year.

Finalized Adoptions:

FY02	321
FY03	329
FY04	396
FY05	326
FY06	386
FY07	328
FY08	412

Foster parent adoptions continue to contribute to the total number of finalized adoptions. Most of the children with the goal of adoption without an identified resource are special needs, male and over the age of 9. There is increasing difficulty in securing families for these children, which is in keeping with the national trend. There continues to be many "legacy children" in the system for whom parental rights were terminated many years ago. Permanent plans for these children are being revisited as consultants follow up with counties to assure the best plan for the child is being explored and no other permanent resources are available. The counties through consultation are being encouraged to revisit the child's background through a review of the record to determine if there are any previous connections that can be safely explored as possible resources for these children.

The Department's general recruitment effort, Families 4AL Kids, targeting child specific recruitment activities and AdoptUSKids Answering the Call continue to be utilized and have a large number of potential families for children awaiting placement. With no jurisdictional or racial boundaries, the ability to find the most suitable home for a child is tremendously increased. GPS will continue to be the mechanism for preparing Alabama families to become adoptive families each county has, or can access capacity to deliver this preparatory training. Because dual approval to foster and adopt is possible, there should be increasing numbers of foster parent adoptions consistent with the practice of first placement, being the best and only placement.

The restructuring of the adoption and foster care program through the merging into the Office of Permanency provides a more unified approach to timeliness of achieving all permanency goals, including adoption. By redefining consultant roles to include the building of capacities of county staff, it will better support best practice around permanency, from entry into care to achievement of the permanent plan. Unfortunately, the implementation of the new SACWIS system has resulted

in unreliable data at present to know whether there has been an increase in the finalized adoptions. This will be important for the future due to the changes made in adoption incentives award through the Fostering Connections Act.

9.2 Decrease the length of waiting time between termination of parental rights and placement in an adoptive home (for children presently requiring greater than a year).

For FY07 the average wait for placement in adoptive home from the time of termination was 15.64 months. So far in the first two quarters of FY 08 the average is 15.06% which indicates a downward trend, though continued focus in the area is needed. It should be noted that as the Department improves outcomes for youth who have been in the system for long periods of time it might be likely that the percentage could increase as these children have been waiting longer and may not provide an accurate picture of what the agency is currently able to accomplish for newer cases. Some of the specific efforts that have helped support more timeliness include:

- Merging of the Office of Adoption and Office of Foster Care into the Office of Permanency
- Development and revision of the Foster Parent Adoption Checklist.
- Increased focus on monitoring and assisting counties in finalizing foster parent adoptions through conducting statewide regional training on completing foster parent adoptions.
- Ongoing review and revision of adoption policies to remove barriers impacting timeliness.
- Increased post adoption support services.
- Collaboration and input quarterly with the State Q.A. policy review sub-committee, AFAPA and other stakeholders.
- Collaboration with the Administrative Office of Courts for training of Juvenile Court Judges and GALs as well as DHR attorneys.
- DHR collaboration with the Administrative Office of Courts regarding delays in TPR and ways to streamline the appeals process (expedited appeals).
- Renewal of the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation, that provided the ability to hire a child specific recruiter.
- Increased awareness for adoption through 6 adoption fairs and many displays of the Heart Gallery across the State.
- Increased use of data for monitoring and planning work.
- Collaboration with Casey Family Program and Children's Aid Society in addressing pending foster parent adoptions.

Recruitment efforts are being explored and expanded through the Program Improvement Plan as this will be key to increasing finalized adoptions. The Office of Permanency continues to have a position dedicated to child specific recruitment under the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation who is assigned a caseload of up to 20 children who have lingered in the system and have no identified adoptive resource. This method of recruitment has been successful in achieving the annual goal of identifying potential families for 12 children. New goals have been established in working toward achieving finalization of 6 adoptions annually for children matched through this effort. This effort continues to be successful in identifying and locating resources for children in the Mobile area where the project is based. It is hoped that this can be expanded with the continued success of this grant. The Office of Permanency is also exploring how consultation through all consultants might replicate this success in other areas as well as initiated dialogue with Dave Thomas Foundation in efforts to expand the initiative into other areas.

The Office of Permanency continues to participate in November National Adoption Awareness Month and activities are promoted in all the counties. Annually the State and County Offices are able to encourage the local courts to hold an Adoption Day for the completion of adoptions for the month of November on the same date as the National Adoption Day celebration in Alabama.

A recruitment information packet has been developed that identifies the information that must be submitted to the State to ensure timely inclusion of a child into recruitment activities. As a result of the Statewide Assessment and the CFSR, the need for additional focus in this area was identified. There continues to be a need to address the capacity to respond to the Hispanic culture. Currently there is limited capacity to translated materials into Spanish and the State is exploring effective translation resources. There continues to be effort to explore recruitment of resources to support the training and support of this population.

9.3 Decrease time between adoption placement and adoption finalization.

The legal process of adoption in Alabama includes the Adoptive Home Placement Agreement being entered between the adoptive resource and the Department. The Consent to Adopt is usually issued in Foster Parent Adoptions immediately

while in non-foster parent adoptions there is a 3 month post placement supervision period before the Consent to Adopt is given. The Petition to Adopt can then be filed in the Probate Court, along with a report from the county department. The Court issues an Interlocutory Order pending the post placement report and a dispositional hearing is held and the final decree issued.

In FY 2007 the median length of stay from entry into care to final adoption was 40.3 months. This is an increase from 37.9 month in FY 2006; however, this may be impacted by the increase in placement of children who have been in the system well past the 24 month timeframe. In FY 2007 more than 50% of the children placed for adoption had TPR occur over 12 months before a placement was made. Approximately 16% of children were placed after 36 months of having TPR. However, the Office of Permanency continues to make efforts for children now entering the system to achieve finalization within the 24 months, while working to locate resources for those children who have already passed this timeframe. Due to the implementation of a new SACWIS System (FACTS), accurate data is not yet available.

It is noted that the greatest delays are between the time of entry into care and TPR and from TPR to actual placement. The Office of Permanency is monitoring these trends while strengthening concurrent planning, timely TPR and the number of available placement resources.

9.4 To offer an array of services through Alabama Pre Post Adoption Connections which will meet the needs of adoptive families through the term of the contract of September 30, 2009.

The long range goal is to identify and develop adoptive resources to serve a diverse population of children who enter the system so that children who cannot return to family can achieve timely permanency in an adoptive resource. Through a contract with Alabama Pre and Post Adoptive Services (APAC) the Office of Permanency has been able to recruit additional adoptive resources for children with special needs. As the resources are approved they are able to receive ongoing support through post adoptive services provided under this contract. The goal for delivery of these services is directed toward education, support, advocacy and preservation of the family unit with emphasis on the prevention of abuse/neglect, out-of-home care or dissolution of the adoption.

9.5 An annual Camp for children who are adopted or waiting to be adopted is provided through APAC for approximately 100 children as a means of respite for families and education for campers.

Office of Permanency staff along with APAC staff participated in an annual week long camp experience for children who have been or will be adopted. The location is a scenic and established camp facility for disabled children used for children with other special needs. In addition to mainstream camp activities, the adopted children were able to share informally their foster/adoptive experiences and to hear from an adult who was a foster child, had an adoption disruption and was separated from his sibling. Camp APAC was established after the need for adopted children to have the opportunity to share experiences with those like them was identified as adoptive families used other APAC services. To be inclusive, any child in the adoptive home who is the appropriate age (8-18) is eligible to attend Camp APAC. The 2008 camp was a success and resulted in more than 200 applicants to fill the 100 slots.

9.6 To maintain quality in APAC service delivery.

A representative from the Alabama Post Adoptive Services participates in the monthly unit meetings with the Office of Permanency. In addition, the Program Manager for the Office of Permanency participates in APAC Staff meetings. Through these meetings routine updates as to pre-post adoptive needs and trends across the state are discussed as well as the current status of services available and being provided to families. Program reviews are conducted in each of the three region offices each year. The review examines the number of families served and the number of units of service provided. Surveys are distributed twice a year to consumers and stakeholders to allow feedback on post adoptive services. This information is used to assess program effectiveness. As part of the increase in the current contract, additional support was provided in marketing the need for resources and the support available. The consumer numbers continue to show a slight increase from the previous year. There have been over 30 additional resources approved specifically for adoption of children with special needs as of this report.

9.7 To maintain an ongoing campaign of public awareness of the nature of and availability of Pre-Post-Adoption Services.

There are ongoing efforts to make APAC known throughout the state and to make it an integral part of the work with the Office of Permanency and available in the adoption community. APAC will continue to visit each of the 67 county departments and all Probate Courts in an effort to maintain ongoing contact. APAC social workers participate on the Panel in the ninth GPS meeting upon request. They frequently attend regional board meetings of the Alabama Foster and

Adoptive Parent Association and conduct workshops at the AFAPA Annual Conference. In addition, APAC staff have and are schedule in the future to participate in providing local and statewide training workshops at the Permanency Conference and regional trainings. Brochures and posters have been developed and publicity efforts are broad, comprehensive and continuous. A quarterly newsletter is distributed through APAC to current and potential consumers of post adoptive services which includes contributions from the Office of Permanency.

All staff participate in marketing in addition to the program having a marketing coordinator. The Statewide Consumer Council and Regional Consumer Stakeholder Council members have committed to assist with specific tasks. Team members present workshops and speak at professional meetings. The contacts serve the dual purpose of educating professionals and of establishing contact for mutual exchange of information and referrals.

9.8 To increase the number of individual/families receiving pre-post adoption services. The objective is to increase the number of consumers by a minimum of 10% each year.

In FY08 the total number of consumers served through the individual and family support groups was 3,266 which was a decrease from 3546 served in the previous year. It is believed that the addition of the recruitment, training and home study responsibilities may have contributed to not achieving the goal of 10% increase in consumers as much energy was expended in implementing this new initiative.

9.9 To provide ongoing support to the Alabama Foster and Adoptive Parent Association (AFAPA).

The Alabama Foster and Adoptive Parent Association is now fully recognizable across the state and consists of nine regions which are consistent with those of the County Directors Association and Family Services. Each AFAPA district hosts a minimum of three networking meetings each fiscal year. As part of the Department's contract with AFAPA, the President meets quarterly with the Office of Permanency to discuss trends and practice. APAC's Post Adoption Services Coordinator also meets with AFAPA and attends quarterly AFAPA Executive Board meetings to receive progress reports and to inform members of new developments within the Office of Permanency. The leadership within the organization has remained consistent.

AFAPA sponsors an annual training conference for foster and adoptive parents and DHR staff. In 2008, the AFAPA Annual Conference included an adoption tract with a variety of speakers from the public and private sector. Staff from the Office of Permanency participated in and provided workshops as well.

AFAPA works closely with Alabama Post Adoption Connections (APAC) and Heart Gallery of Alabama in raising public awareness regarding the need for adoptive resources. This ongoing collaboration provides maximum benefit for the Department as well as the other organizations. AFAPA along with APAC and Heart Gallery routinely partner at recruitment events so that potential resources know that a continuum of care is available for persons who adopt children from Alabama's child welfare system.

9.10 Inter Country Adoptions

The Intercountry Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000.

Refer to Title IV-B, subpart 1 paragraphs 13 and 14 to Section 4226:

"Each plan for child welfare services under this subpart shall-

(13) contain a description of the activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services;

(14) provide that the State shall collect and report information on children who are adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, including the number of children, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution." The FACTS system will have the capacity to include data in this regard.

There have not been Intercountry adoption placement disruptions for FY 2008, that resulted in children having to come into DHR custody.

Private child placing agencies, which place children adopted from other countries, are licensed by the State Department of Human Resources. The State Department of Human Resources approves international adoptive studies prior to their

submission to the Immigration and Naturalization Service. Adoption and post-adoption services are provided directly by the child placing agencies licensed by the State Department of Human Resources. Alabama has two private licensed child placing agencies that have received Hague accreditation status. These agencies provide adoption services in Intercountry adoption cases involving the United States and Hague convention countries.

Currently county DHR staff are to notify Program Manager in ICPC of any InterCountry Adoptions disruptions. This method of tracking is proving to be adequate.

9.11 Implement Intercountry Adoptions Act when protocol is received from the U. S. State Department.

This goal has been achieved.

9.12 Maintain contact with APHSA, which will be advising States on how to proceed once the Intercountry Adoptions protocol is developed.

This goal has been achieved.

9.13 Develop policy and training for appropriate staff when protocol is received.

This goal has been achieved.

9.14 Assess the limited tracking system for children adopted from other countries who enter state custody.

Ongoing

Item 10. Other planned living arrangement

CFSR Rating: ANI
CFSR Percent: 50%

10.1 Establish appropriate permanency goals and reduce the use of APPLA as a permanency goal.

June 07: 25% of State FC Population was APPLA
June 08 22.4% of State FC Population was APPLA (PSCWB085A)

The Office of Permanency is tracking the use of APPLA as a permanency goal. FSD recognizes that this goal has been over-used in the past. As of June 2008, there were 5,922 children in care with 1,326 of those children having the goal of APPLA. This constitutes 22.4% of the children which indicates a significant decrease as in June of 2007 there were 6,069 children in care with 1,517 of those children or 25% having the goal of APPLA.

As a step in the Program Improvement Plan additional attention is being given to youth in care with the goal of Another Permanent Planned Living Arrangement (APPLA) as this was noted as an area of needed focus in the CFSR. The review revealed not only that a large percentage of children had the goal of APPLA, but that there were some younger children with the goal as a result of staff arranging for siblings staying in the same home.

A review of data to identify counties where more than 20% of their foster care population has been identified with the goal of APPLA has been conducted with targeted consultation and/or training prioritized by the highest percentage of youth with the goal of APPLA. The reviews have been an extensive effort. To date, 202 cases have been reviewed by consultants. The reviews have focused on the appropriateness of the goal and possible re-evaluation of the plan. The reviews have revealed, in hindsight that in some cases a plan of adoption should have been pursued. Consultants have encouraged county workers to look at alternative plans other than APPLA and to continuously review whether or not another more permanent plan may be more appropriate. Because of budget constraints which have resulted in a travel freeze, the APPLA reviews have been on hold. The consultants stand ready and available to continue the work as they feel it is important.

In addition, the current policy regarding the use of APPLA is being reviewed to determine if additional policy/guidelines on required activities, that must have occurred prior to making the goal APPLA, might help reduce the overuse of this as a goal and improve permanency outcomes.

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

CFSR Determination: Not in Substantial Conformity

Item 11. Proximity of placement

CFSR Rating: Strength
CFSR Percent: 97%

Policy is in place regarding children being placed in close proximity to their home. QA Reviews now have a requirement to look at this issue and to determine, if the placement is out of the county, and is the placement appropriate for the case planning and goals. This is done by enhanced Reviews to identify the reasons for out of county placements. An overwhelming majority of out of county placements reviewed were deemed appropriate for the case planning/goals. These reasons included to reunite with a relative/family, mental health and physical health treatment, etc.

Item 12. Placement with siblings

CFSR Rating: ANI
CFSR Percent: 80%

GOAL: Children will be placed with their siblings unless there is a documented reason in for planning differently as supported by policy.

As of 6/30/2008 61% of siblings placed in out of home care are placed together. Currently there is no reliable way to determine the reasons siblings are separated other than record reviews. Although recruitment efforts for resource homes willing and capable to care for large sibling groups have been made and are on-going, the non-availability of such homes continues to be a barrier.

DHR policy addresses that siblings, regardless of when they come into care, will be placed together in the most family-like, least restrictive setting unless there are certain child specific needs as defined by policy. If siblings are separated, policy dictates that the siblings shall be placed in close proximity to each other unless one of the exceptions previously mentioned applies and there shall be sufficient visiting and phone and mail communication to permit frequent contact among the entire sibling group (at least weekly visits together designed around normalized activities, and daily contact with other siblings), unless such contact is restricted in accordance with policy on visiting and phone and mail communication. Different training offerings support this policy including Concurrent Planning, Foster Parent Adoption, and Casework Decision Making in Foster Parent Adoption trainings. Additionally, all permanency consultants provide guidance and consultation in support of this policy.

One troubling aspect of sibling placement is when younger children are more ready to be adopted than their older sibling. This has challenged workers who often end up not moving any of the children to permanency in an effort to keep the sibs together. Training and consultation support the belief that some children can achieve permanency if separated and that the challenge becomes creative ways to maintain connections for the sib that may remain in care.

Item 13. Visiting with parents and siblings in foster care

CFSR Rating: ANI
CFSR Percent: 56%

13.1 Increase visitation between children in care and family members toward achieving the identified permanency goal.

FSD knows that visitation is critical to supporting connections, but visitation is also a valuable tool to increase the likelihood of reunification with parents or placement with relatives. Policy has been released to include visitation plans in the Individualized Service Plan when working toward a goal of reunification or relative placement. A system is in place to track child contacts between children and parents/relatives. The new SACWIS system will have the capacity to track case worker and child/family visits which will enable state and county staff to track and monitor compliance with Federal Requirements as well as visitation policy. It will also allow supervisors to review that visits are occurring consistent with

the permanency goal.

Item 14. Preserving connections

CFSR Rating: ANI
CFSR Percent: 79%

GOAL: Existing connections will be preserved for children in out of home care.

Policy is in place that states children in out-of-home care have the right to visit with parents, family members and others such as friends, former foster parents and children from previous foster care placements. Among other things, this policy recognizes the need for family attachments, and is intended to promote visits to support and strengthen family attachments and to expedite permanency for each child in care.

Visiting with parents, family members, and friends is promoted for every child in out-of-home care unless visiting (1) places the child's safety at risk, (2) substantially inhibits attainment of the goals of the safety plan or the permanency goal of the ISP, or (3) subjects the child to intimidation regarding investigative statements or court testimony. Visiting is addressed by the child and family planning team, and any restrictions placed on visiting will be specified in the ISP. Visits are viewed as valuable in and of themselves and as strategies in meeting the child's developmental and permanency needs. Consultation and feedback is provided by the Office of Permanency consultants through case reviews and on an as requested/needed basis. Training on visitation is provided through permanency training. A focus of consultation is the need for an organized visitation plan to be included in the ISP with specified dates, timeframes, etc.

Item 15. Relative placement

CFSR Rating: ANI
CFSR Percent: 66%

15.1 Place with relatives whenever safely possible to minimize disruptions in children's lives.

Continued emphasis is placed on this critical area, not only to place children with those people with whom they already have connections, but also to prevent entry into foster care. Policies are being expanded to require parents to identify absent parents and all other viable relatives early in the case so that children will not linger and develop attachments with non-relatives, only to face the trauma of separation at a later date. FSD is also working with the Administrative Office of Courts to gain the assistance of the local juvenile courts in supporting parents to provide a complete list of relatives, including addresses, at the initial hearing when a child is brought into care. This provision is now in state law as of January 1, 2009.

Through collaboration with AOC in the Court Improvement Program, juvenile courts are now requiring families to provide relative contact names at the time of the first hearing through the Relative Resource Identification Form. A relative contact sheet has been developed as a tool to capture names and addresses of relatives from the birth parents while they are in court. Additional efforts to obtain this information earlier in the case are needed and FSD is encouraging initiating the form at the time child protective or foster care services are first provided to the family.

Additionally, the Department is exploring ways to conduct relative searches via, internet programs to support early identification. Policy addresses diligent search to include relatives with an emphasis on giving paternal relatives the same emphasis as maternal relatives. Consultation is provided to emphasize assisting relatives in building capacity to care for the special needs of the child.

Work is continuing on engaging relatives. Tools are being included in out-of-home policy to help with this effort. An additional support in this area is the interest of judges (through the State QA Committee, Policy Sub-Committee) in Safety Plans and looking at enabling relatives, through transfer of custody, to have legal authority for school, health, etc. related issues.

Item 16. Relationship of child in care with parents

CFSR Rating: ANI
CFSR Percent: 55%

GOAL: Relationship between child and parent will be preserved.

Policy is in place that ensures that parents retain a level of routine parenting responsibility sufficient to sustain the parent/child relationship and to support the attainment of the permanency goal, unless restricted by the child and family planning team. Parents are encouraged to be involved with their child through visits including in person, telephone and mail contact. Parents and other family members are encouraged and assisted to participate in the child's school activities, health and mental health service planning and delivery for their child including consent is sought from parents for surgery, emergency medical care, or other necessary medical care. The age appropriate child and his or her family are encouraged to participate with the foster care provider and worker in the development and ongoing maintenance of the child's life book. Parents are encouraged and assisted to participate in planning the management of their child's excess personal income, vacation and for extended trips, clothing and hair styles decisions. Parental consent must be obtained for a child to engage in an activity involving an explicit risk (e.g. hunting, driving, football, etc.). Parents are promptly informed of allegations of abuse or neglect of their child while the child is in out-of-home care and of the disposition of any report and the reasons for the disposition. Parents are involved in the decision to change their child's placement through the ISP process whenever possible. In the rare occasion when there is a need for emergency placement change, the parents are notified immediately and included in the decision making when possible.

Consultation is offered to county staff around helping the parent develop a deeper attachment to the child and building capacity to parent the child's particular needs.

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

CFSR Determination: Not in Substantial Conformity

In the PIP two action steps have been devoted to the implementation of a Practice Model. It is believed that an integrated Practice Model will provide direction and guide decisions on all that is done in child welfare across all program emphases, (e.g. child abuse/neglect assessments, foster care, ongoing services and resource families), all system entities (e.g. training, policy, supervision, community collaboration, etc.) and primarily, the direct work with children and families, etc. This will include promoting the achievement of desired well being outcomes. Although the Practice Model will be comprehensive, the core principles and desired outcomes will be concise, clear statements of belief, that reflect how the Department has chosen to shape its approach to serving families in Alabama.

Another PIP theme that is designed to contribute to practice advancement across all areas of child welfare, is that of strengthening supervision. Supervisors have a significant function when it comes to providing coaching and feedback around practice, policy and documentation. They maintain an important, perhaps infectious, responsibility in promoting an organizational climate and culture that is consistent with the practice model principles and values. In strengthening supervision, it is expected that improved outcomes in safety, permanency and well being will be realized.

In the CSFR Round 2 Final Report, well-being issues that were cited included the following: needs to improve consistency in assessing and meeting the needs of birth parents, consistently involving fathers in the case planning process and improving the frequency and quality of caseworker visits with children and birth parents.

Item 17. Needs/services of child, parents and foster parents

CFSR Rating: ANI
CFSR Percent: 53%

17.1 Develop the skills and tools to assess families' abilities to meet their own children's needs.

A comprehensive family assessment tool has been developed for use by county DHR staff to assess physical, emotional and educational strengths and needs of family members. Staff have been trained on the use of the tool. Child Welfare Consultants while conducting case reviews continue to assess and provide feedback on the use of the tool by county staff during county site visits. Consultants have provided training to individual counties on assessment, when the issue is identified as a need by a Quality Assurance review or by county self-assessment. Currently as consultants review cases to complete the MAT assessment, the recommendation section of the review is used to address issues around the assessment, the ISP, and the planning in the case.

The Office of Child Welfare Training in partnership with the Office of Child Welfare Consultation revised the Underlying Conditions Training to include advanced assessment skills to include input from the supervisor (supervisors attend the training on the third day of this curriculum). An onsite coaching and modeling section was added to evaluate increased

assessment skills and help the trainees incorporate these skills into their practice. Supervisors Training was also updated to include the Underlying Conditions component, in an effort to familiarize or re-introduce supervisors to the tools taught to the workers during that session. This material was piloted in January of 2005.

As needed, the Office of Child Welfare Consultation continued to conduct regional training through 2008 to increase capacity in line supervisors to coach and model the Individualized Service planning to include increased capacity to assess a family's capacity to meet the needs of their children.

17.2 Develop tools to monitor and track the process of assessment and planning with families to meet their own needs.

Family Services in conjunction with county DHR staff in March 2003 developed a supervisory review process to monitor assessment adequacy, service availability and appropriateness, service utilization, documentation, and participation in the ISP process. A minimum number of case reviews by supervisors was set to ensure quality of practice. A minimum requirement for face-to-face contact with children, parents and caregivers was also developed to ensure that caseworkers are able to adequately assess progress in case outcomes. A tracking system was developed by the committee to appropriately capture all pertinent casework components to assist supervisors in giving feedback to line staff. This tool will also assist consultants during site visits assess supervisors' functioning in the case review process. The Supervisory training curriculum, including the OJT component, provides supervisors with the opportunities to use these established guidelines. The Office of Child Welfare Consultation will continue to work with individual supervisors to expand capacity using the training and developed guidelines, as well as increase supervisory capacity to coach and model the assessment and Individualized Service plan process.

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

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

These Minimum Standards were rescinded in May 2009. The work with the National Resource Centers around Supervision will give the Department the direction and guidelines that need to be adopted.

The Multi-dimensional Assessment Tool will continue to be used in aiding worker assess the behavioral needs of children. An assessment using the tool will evaluate the last thirty (30) days of a child's behavior to help in determining the level of service a child may need. MAT assessment will be conducted on all children for whom placement in TFC or moderate residential facilities are sought. MAT assessments will also be conducted every nine (9) months for children in TFC and intensive residential and every six (6) months for children in moderate residential.

17.3 Develop a system to keep social workers and providers apprised of service availability in designated areas.

Current therapeutic foster care, assessment, and other types of residential services have been made available to county staff and providers by the issuance of a Resource Directory. The Office of Resource Management, formerly the Office of Resource Development and Management, and Information Systems have collaborated on an online resource directory which is available on the Department's website. The site became operational in late 2004. Counties continue to be made aware of resources in their regions through the directory and by onsite consultants when consultation is provided on individual cases.

Item 18. Child/family involvement in case planning

CFSR Rating: ANI

CFSR Percent: 66%

No prior goals noted for this item.

Item 19. Worker visits with child

CFSR Rating: ANI
CFSR Percent: 75%

In October 2003 Family Services began to capture In-Person Contacts between workers, children and their parents/relatives. The Department captures caseworker visits using FACTS. Workers are required to register their contacts with children in out-of-home care every month. The types of worker contacts that are captured include Worker In-Person with Child; Worker In-Person with Parent; and Child In-Person with Parent/Relative. Caseworker Action reports were modified to add alerts when the system field was blank in any of these types of worker contacts.

In addition to children in out-of-home care, FACTS captures worker visits with children receiving on-going protective services. The type of on-going protective service cases for which worker contact is required and registered monthly include: Child Protective Services; Child Protective Services Prevention; Court Ordered Supervision; Children In Need Of Supervision; and Children Identified As At Risk. Worker contacts are registered every other month for children identified as Not at Risk.

A monthly summary report is available. The Office of Permanency reviews these reports quarterly to identify counties for which contacts fall below the State average. Targeted support and consultation is then arranged in reviewing with the county barriers to accomplishing contacts, along with strategies designed to address the identified barriers.

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. In April 2007, in response to the Child and Family Services Improvement Act of 2006, ACWIS was modified to capture whether caseworker visits with children occur in the child’s residence. Batch reports were modified to capture the percentage of visits occurring in the child’s residence. Alabama’s baseline for Caseworker Visits was submitted January 3, 2008. Alabama used the sampling plan provided by Children’s Bureau for our FY 2007 baseline data. Measure 1 (visited each month while in care) baseline was submitted at 80%. Measure 2 (visited in home) baseline was submitted at 77%. However, upon notice that children in runaway status must be reported different from the initial instructions Alabama elected to resubmit baseline data for FY 2007; Measure 1 – 74%, Measure 2 -77%. Alabama has established the following, end of the Fiscal Year, benchmarks for improvement in Caseworker Visits:

	<u>Measure 1</u>	<u>Measure 2</u>
2008	76%	79%
2009	80%	81%
2010	85%	86%
2011	90%	90%

Activities that the State believes will facilitate the achieving of the respective benchmarks would include the following:

- Implementation of the Practice Model initiative, as outlined in the state’s Draft PIP;
- Enhancing the ACT curriculum to further emphasize a purposeful, planned approach to caseworker visits, that includes a focus on the significance of engagement, what constitutes a meaningful visit and the importance of visits in strengthening ongoing assessment of safety, permanency and well-being;
- Sharpening the focus given to caseworker visits as a part of the ACT II, Supervisory training curriculum;
- Exploring the value of developing a tool (or refining one used in another state) that caseworkers/supervisors can use in planning and evaluating the qualitative nature of caseworker visits;
- Development of a stand-alone curriculum on caseworker visits that can be piloted, refined and incorporated into the Department’s training modules.
- Exploration of improved use of technology, that has as a goal the improvement of worker capacities to work with children and families in ways that lead to improved outcomes in safety, permanency and/or well being.

As a result of the 2003 CFSR Program Improvement Plan, Family Services established substantive policy on In-Person Worker Contact in all family services program areas. In addition to establishing the frequency of worker visits with children and families addressed below, “meaningful worker visits are expected to provide opportunities for private discussion with the developmentally verbal child. Worker visits are to be of such substance and duration as to promote strong assessment, help children see that their well-being is a priority to the social worker, and ensure the worker’s professional awareness of children’s safety and circumstances.” Departmental policy requires frequent family contact so that individualized service planning can occur. The intent of strengthening contact requirements is that visits will be frequent and meaningful to guide assessment and practice with children and their families. It is believed that children and

families will experience better outcomes from our child welfare system based on clearer requirements for caseworker visits.

- Children in on-going protective service cases must be seen by their social worker at least once a month in the child's residence. In order to ensure child safety, monitor the family's ability to protect children, assess improvements and on-going needs in the home, and make appropriate decisions about case closure, these children must be seen in person. The exception to this requirement is children in on-going protective service cases who have been assessed as not being at risk of harm or maltreatment. This exception group must be seen every other month or as directed by the individualized service plan (ISP).
- Parents/Primary Caregivers and families receiving on-going protective services shall be seen in their homes at least once a month or more often if directed by the ISP. First hand knowledge of the circumstances in the home is critical to an analysis of the safety of the home as well as decision-making related to reasonable efforts, justification for removal reunification with family and safe case closure.
- Children in out-of-home care must be seen by their social worker monthly. When the In-Person Contact requirements were initially issued (April 2003), children had to be seen monthly where they lived. In January 2004 after receiving input from county directors about implementation issues, the In-Person Contact policy was revised to require that "at a minimum, one worker visit per quarter must be made where children live." Worker in-person visits with Children with Serious Emotional and/or Behavioral Disturbance (SEBD) are required monthly in the facility in which the child is placed. There are two exceptions to children being seen monthly: (1) Children in the custody and/or planning responsibility of another agency who are placed in residential settings and payment is made by DHR; and (2) Multi-Needs children in placements where DHR participates in shared funding for the placement but DHR does not have custody and/or planning responsibility.

2008 Update: With the passage of Public Law 109-288, Child and Family Services Improvement Act of 2006, policy is being revised to require that monthly visits with children in the care and custody of the Department must occur in the residence of the Child. Following clarification from the ACF Regional Office regarding the two groups exempted from caseworker visiting policy, the policy revision will be issued by, or in August 2008.

2009 Update: In March 2009, substantive policy revisions were made in the Department's caseworker visiting policies. Revisions were made in Out-of-Home Policies and Procedures and Adoption Policies and Procedures to provide for monthly visits between workers and children to occur in the child's residence/placement; worker to parent or responsible relative/primary caregiver are to occur monthly and in the parent's/relative's home if the permanency goal is reunification; children placed in pre-adoptive placements are to be seen in their home each month.

- Parents/Primary Caregivers of children who have reunification/return to parents as their permanency plan shall be seen by their child's worker where the parents live on a monthly basis. Monthly in-person worker visits in the parent's/primary caregiver's home allows the worker to identify the on-going strengths and needs of the family and to justify either a return home or a continued stay in foster care. If the permanency plan is other than reunification the frequency of worker visits with parents/primary caregivers is established in the ISP process.
- Foster homes or out of home care settings with children placed in the foster home shall be visited in the care setting at least once a month. These visits serve to support the children and their care providers and enable the Department to speak with confidence to the conditions and circumstances in which our children live.
- Visiting policy for Adoptive children and adoptive parents is being changed to reflect the requirements of Public Law 109-288. Counties where the adoptive family lives are responsible for providing post-placement monthly visits to the family and child placed in the adoptive home until the issuance of the final decree of adoption and the child's case is closed.

2009 Update: In March 2009, revisions were made in Adoption Policies and Procedures to require that children placed in pre-adoptive placements be seen every month in the pre-adoptive home until finalization of the adoption.

- Children placed by other states in Alabama through the ICPC must be seen in their home a least once a month by the Alabama caseworker assigned to supervise the ICPC child/home. The ICPC Office provides the other state with the planning responsibility reports on the visits and status of the child.

- Children placed by Alabama in other states through the ICPC are requested to be visited by other states' child welfare staff. Alabama's ICPC Office submits a request to other states asking that monthly visits be made to the child in the home/residence of the child placed in the respective state and that reports be sent back to the ICPC Office on the visits and status of the child.
- Children placed in out-of-state placements are required to be visited by the worker on a monthly basis and there are no differences made between in-state or out-of-state placements. Since these are not ICPC cases, DHR county workers must visit monthly or arrange with the other state for monthly visits.

The Office of Permanency is currently strategizing the use of Safe and Stable Family Funds in the amount of \$840,806 designated to improve caseworker visits. Additional training is being considered that will enhance understanding of how to utilize and conduct caseworker visits more effectively to support assessment and monitoring toward the permanency goal. Funds are also utilized to improve capacity to support permanency through caseworker visits by enhancing technology.

Caseworker grant monies have been utilized to provide forums with state and local staff and providers to address meaningful caseworker contacts, as well as technology to support aspects of work that are impacting timely and meaningful caseworker visits. This includes a County Director's Forum and two supervisor forums to enhance leadership and supervisor capacity to support and provide practices and policies to support meaningful visits. Efforts are underway to secure technology such as video conferencing equipment, electronic scanners, GPS devices and other technology to enhance staff capacity to conduct timely caseworker assessment and meaningful visits.

This continues to be an area of need for monitoring as the Foster Care Contact Information (PSCWZ414) dated June 2008, indicates that the percentage of worker to child monthly contact was 77.5% while the in home contact was at 71.2%. Policy previously directed staff to have monthly contact with children with at least one contact per quarter in the child's home. Policy has been revised directing that monthly contact occur in the residence of the child to keep the worker more involved with the child. *Meaningful case worker visits* policy has also been developed which defines what a meaningful visit should include. Upon receiving in-kind match funding, caseworker visit grant monies became available and were utilized for building capacity for meaningful caseworker visits. These monies were used to provide training for all 67 county directors and future utilization of funds will be for two supervisory conferences for all county supervisors, and a line staff conference focusing on permanency and how caseworker visits promotes achieving timely permanence for children. Additionally we have a behavior analyst contract to support meaningful caseworker visits and new technologies are being explored to increase training capacity and data collection.

Consultation is provided to local staff by Office of Permanency consultants who routinely give feedback regarding the ISP for visitation plans and their outcomes.

Although reliable data is not available because of the recent SACWIS conversion, we have seen a renewed commitment to in-home, quality case worker visits. We believe this is because workers are more understanding of the purpose of the visits and how to use them to achieve timely permanency for the children.

STATUS of Caseworker Visit Data:

The Department has at different times over the course of, and subsequent to, the implementation of FACTS, discussed with Central/Regional ACF staff the reliability issues related to data from FACTS, including a number of conversations related to caseworker visit data.

As of the June 2009 submission of the APSR / CFSP and also as of September 2009, these data issues have not yet been resolved and ACF staff are aware of the matter. Once reliable, valid caseworker visit data is available, it will be submitted to the Atlanta Regional Office.

Please note that although there is an appendix to this report (appendix 13), entitled "Caseworker Visit Data", there will be no data presently provided for the reasons described above.

Item 20. Worker visits with parents

CFSR Rating: ANI

CFSR Percent: 41%

No prior goals noted for this item.

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

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: improved assessment of educational needs of children.

Item 21. Educational needs of child

CFSR Rating: ANI
CFSR Percent: 84%

21.1 Children will receive adequate services to meet their educational needs.

Develop and issue guidelines for an Education/DHR protocol to be used Statewide in establishing better working relationships between the two agencies

The protocol between the two agencies was developed and implemented in September 2003. This protocol resulted from issues that surfaced as the Department implemented its revised protective services policies and procedures. Of particular interest to the educational system at that time was the delineation of roles between the two agencies in response to truancy and educational neglect.

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

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

More effective work takes place with the school system for counties having an education liaison who serves as DHR point of contact for schools. Counties have found it to be useful, when sending invitations, to include a list of questions so input can be given when presence at the ISP meeting may not be possible. Some counties combine the IEP and ISP meetings to facilitate joint planning and involvement of school personnel.

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

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

In 2008, the State QA sub-committee on Policy assisted the Department by providing a renewed emphasis on involving education personnel in improvement of child well-being through education. The committee supported the development of a video for use in training educators regarding the well being issues involving children in custody of DHR, as well as the development of a manual for the use of educators regarding identifying and reporting child abuse and neglect and encouraging the participation of teachers in the ISP process. The chairperson of the committee participated in the Education Mega Conference in August, 2008 and presented information regarding the value of participating in ISPs and in developing working protocols with local school districts and county DHR offices.

Well-Being Outcome 3 Children receive services to meet their physical & mental health needs

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: improved assessment of mental health needs of children.

Item 22. Physical health of child

CFSR Rating: Strength
CFSR Percent: 96%

Health Care Services Plan – See Appendix 14.

Item 23. Mental health of child

CFSR Rating: ANI
CFSR Percent: 83%

Health Care Services Plan – See Appendix 14.

23.1 Develop practice guidelines for assessment of mental health needs, screening for possible mental health treatment and monitoring outcomes

The SEBD unit issued the guidelines in September 2003. SEBD consultants were instrumental in the development of the guidelines along with an advisory committee of county DHR staff and mental health professionals. The guidelines are used by county staff in assessing the emotional, mental health and behavioral needs of children. Case consultation on children with specific needs is a major emphasis of the work of the Child Welfare Consultant Unit. Training has been provided to all regions regarding trauma in early childhood, behavior management plans, and matching services to a child's individual needs.

The Office of Child Welfare consultation has been collaborating with Auburn University for the past four years to provide behavior analysis services for families with children who have challenging behaviors. The First year, August 2005-August 2006, DHR paid for fellowships for two master's level behavior analysis students. Additionally in the second year, August 2006-August 2007, DHR contracted with Auburn University for the supervision and employment of two fellowship graduates, while they paid back their year to year of obligated work to DHR in Montgomery County. They provided a parenting program, "Tools of Choice" for parents, foster parents and adoptive parents to teach skills to build the parent-child relationship and manage difficult behaviors in a positive way. Social work staff also attended the training. In August 2007, DHR expanded the program further by hiring two behavior analysts, one based in Mobile county and one to be based in Jefferson County. A third behavior analyst was hired in November 2007, who is based at the state office. The fellowship program, the practicum program in Lee County and the employment and supervision contract of the 2008 graduate in Montgomery County has continued.

23.2 Develop and implement the use of an assessment tool and tracking system to evaluate outcomes for children in residential treatment settings

The SEBD Unit in conjunction with the Office of Resource Development and Management (ORDM) developed an assessment tool in March 2004 to be used in conducting site visits that provide residential treatment services to children served by the Department.

FACTS is now tracking SEBD children. However as of June 1, 2009 the SEBD reports are not all complete; therefore there is no data to report.

23.3. Provide training to the child welfare staff on assessing mental health needs of children and evaluating the effectiveness of treatment for children with these needs.

Training for child welfare staff has been developed by the National Resource Center to help staff in assessment of emotional or mental disorders and in evaluating the efficacy of treatment. The initial training was offered in June 2004. Several in-house follow-up sessions were conducted. A series of regional training sessions have been provided to county staff in conjunction with local Mental Health Boards. The training was designed to introduce county staff to trauma concepts in working with SEBD children and to facilitate increased partnership between local DHR offices and their local mental health providers. The Office of Child Welfare Consultation provided regional training in the fall of 2006 regarding working with childhood trauma and to increase networking with local mental health organizations.

The department then partnered with the Department of Mental Health to provide four sessions of Trauma that included nationally known speakers. These sessions included 20 DHR staff (counties and state office) and 40 mental health staff. The four sessions were completed in September 2007, but with left over funding an additional session was held in April

2008. Examining ways to best use this expertise was interrupted by implementation of FACTS and assuming the MAT contract. The Department will explore ways to proceed with this work. Department staff will continue to serve on work groups with DMH staff to address areas of mutual concern.

23.4 Develop guidelines for Assessment Congregate or Foster Home settings to adequately assess placement needs to minimize the number of placement disruptions. These guidelines and an instrument have been developed.

To assist counties in assessing placement needs of children, a Multi-dimensional Assessment tool (MAT) has been developed if a child has to be removed from his or her own home. MATs are being conducted for all children considered for entry into Moderate Residential Care or Therapeutic Foster Care (TFC). MATs are further completed for children that are placed in TFC, Moderate and Intensive Residential Care every six months to assess the needs of children for step-down. Children will receive a MAT assessment during their stay in the crisis stabilization program as well as a psychological evaluation, if needed.

Since the implementation of the MAT in December 2006, the number of children in TFC has dropped from over 1,210 to 632 in full comprehensive care and 70 children in "step-down" care. The number of children entering TFC has decreased from over 65 per month to an average of 35.

MAT's are now completed by two units at SDHR in lieu of the Troy University contract which had been in place at the last reporting time. The Office of Resource Development in the Resource Management Division conducts MAT assessments on children in intensive and moderate residential programs. The Family Services Division conducts MAT assessments on children in Therapeutic Foster Care. The current number of children in TFC is 653.

23.5 Maintain a reporting process for in-home mental health services to monitor progress on meeting the mental health needs of children.

The Office of Resource Development has developed a monthly reporting and tracking format to be used by all continuum, permanency and intensive in-home service providers to track for successful permanency discharges. A discharge is considered successful if a child returns to or remains with his/her family, relative, or custodian or is in his or her own independent living arrangement. Cases are tracked for 24 months to determine if long-lasting goals are achieved and maintained.

The process is still in place and copies of the compiled reports are included in the appendices section (see Appendix 7).

23.6. Develop a formalized working relationship between the Department and the Department of Mental Health/Mental Retardation and the Department of Youth Services to share information regarding the care of children received in licensed/certified facilities, ensuring safe and adequate care in the meeting of children's needs.

A previous protocol between DHR, DYS and DMH had been in effect. A more defined protocol between DHR and DMH was initially developed, but not completed. Several Family Services staff regularly serve on work groups and committees with DYS and DMH/MR.

23.7 Join in a collaborative effort with Mental Health and Youth Services to commit funding to develop and maintain new family, school and community services to meet the special needs of children.

The programs were designed to meet the needs of those children who are considered Gap Children, who have traditionally been lacking in services. Through December 2007, site visits continued to be made to the various programs and outcome data was collected. However, due to fiscal constraints, a decision was made that the Department would discontinue its participation effective January 1, 2008.

Child Welfare Consultation Long Range Goals 2005-2009

23.8 To provide strong consistent onsite consultation to all sixty-seven counties to develop and stabilize their infrastructure and maintain a child welfare system that supports best practice. To incorporate standards from the Federal Child and Family Services Reviews and goals from the CFSP and APSR, into practice so that all of Alabama's children and families can experience positive outcomes when involved with the Department.

Provide guidance and assistance to child welfare staff in counties to enable them to assist children and families to achieve positive outcomes by working within the framework of a System of Care. This involves maintenance of casework practice and systems usage at a higher level of performance to incorporate standards of best practice and standards from the Federal Child and Family Services Reviews. A consultant was assigned to each county with each consultant having four to seven counties through 2008. In September 2008 a temporary telephone consultation assignment list was distributed to the counties. A revised list was distributed in April 2009.

Five consultants were previously assigned to Jefferson County due to the county being divided into five regions. In April 2007, the county was divided into three areas, with Bessemer being one area. The rest of the county was divided into two areas, based on program (e.g. CAN/Ongoing CPS and FC/Resources). The Office of Child Welfare Consultation design through September 2008 was for three consultants to be assigned to Jefferson County, working in these areas.) Consultants provided onsite support and guidance in the change process. This includes but is not limited to: assist in developing strong child welfare practice as expressed by the 50 indicators assessed in Quality Assurance Reviews and by the Federal Child and Family Services Reviews; assessment of data, outcomes, and system indicators; engaging counties in self-assessment of their systems; coach and model best practice in the areas of safety, permanency, and well-being to assure best outcomes; teach and train policy and practice; increase counties' capacity in working with foster youth to achieve the skills and education necessary to live productively as adults; provide coaching, modeling, and feedback to increase counties ability to support productive ISP development and family engagement; and support counties in organizational and strategic planning.

Through September 2008 the OCWC Unit provided case consultation, training, and other assistance through onsite consultation to ensure that the level of practice and performance was sustained. It also had the responsibility to support counties in making placement of children in least restrictive placements and concurring with more restrictive placements. All counties continue to receive support in these areas through telephone and e-mail. Limited onsite consultation is currently being provided. The Office of Child Welfare Consultation has completed the following steps:

- Reduced residential placements through consultant support and planning at the county level
- Tracked and supported counties to step children down to less restrictive placements or return to their own home

The Office of Child Welfare Consultation continues to work with the Resource Unit to ensure ongoing work in these areas. As consultants are reviewing cases through the MAT assessment process, recommendations are made through the review tool.

23.9 To provide consultation to strengthen practice and improve resources to achieve better outcomes for children who have serious emotional and behavior disturbances that impair their ability to function in home, school, and community.

The Office of Child Welfare Consultation provides consultation to counties regarding practice guidelines; increased capacity in counties to serve these children; gate keeping procedures for placement in restrictive settings; quality assurance monitoring; closer collaboration with treatment programs.

23.10 Assure training on mental health issues of children with SEBD to increase capacity in consultant staff who will provide training, coaching, and modeling to county staff to increase their capacity to serve these children and improve outcomes.

OCWC staff completed training for county staff 2006. OCWC staff partnered with Mental Health Department staff in approximately thirty sessions in the Department of Mental Health catchment areas. In addition, see 23.11 & 23.12. Another session of regional training regarding childhood trauma was completed in the fall of 2006. In 2007 this training was repeated as needed for county staff across the state.

23.11 Work with the Office of Resource Management, to ensure SEBD children are included in the service array mix development.

OCWC partnered with the Office of Resource Management to contract with Auburn University for a practicum site for Behavior Analysis students at Lee County DHR and supervision for two Behavior Analysts a Montgomery County DHR. The behavior analysts provide a parenting program with an in-home component, which focuses on teaching parents how to build positive relationships and support positive behaviors. They also provide functional behavioral assessments and individual behavior management plans. The Office of Child Welfare consultation has been working With Auburn University for the past three years on a pilot project to provide behavior analysis services for families with children who have challenging behaviors. The First year, August 2005-August 2006, DHR paid for fellowships for two master's level

behavior analysis students. Additionally in the second year, August 2006-August 2007, DHR contracted with Auburn University for the supervision and employment of two fellowship graduates, while they paid back their year to year of obligated work to DHR in Montgomery County. They provided a parenting program, "Tools of Choice" for parents, foster parents and adoptive parents to teach skills to build the parent-child relationship and manage difficult behaviors in a positive way. Social work staff also attended the training. In August 2007, DHR expanded the program further by hiring two behavior analysts, one based in Mobile County and one based in Jefferson County. A third behavior analyst was hired in November 2007, who is based at the state office. The fellowship program, the practicum program in Lee County and the employment and supervision contract of the 2008 graduate in Montgomery County has continued.

23.12 Develop joint regional training between DHR and DMH/MR to address mental health assessment, diagnosis, and treatment of SEBD children.

The department partnered with the Department of Mental Health to provide four sessions of Trauma that included nationally known speakers. These sessions included 20 DHR staff (counties and state office) and 40 mental health staff. The four sessions were completed in September 2007, but with left over funding an additional session was held in April 2008. Examining ways to best use this expertise will be an important part of moving forward with this initiative. Department staff continue to serve on work groups with DMH staff to address areas of mutual concern. This objective has been completed.

23.13 Increase the ability of counties to provide effective behavior management plans with the families they serve, by increased access to expertise, training, and consultation. See 23.11

23.14 Increase county capacity to serve SEBD children by incorporating training in behavior management with children into the ACT training curriculums and specialized training.

OCWC participated in workgroups and partnered with Office of Child Welfare Training staff to revise the Underlying Conditions curriculum. A session on SEBD Children and Behavior Management was incorporated in the Underlying Conditions curriculum and this training was piloted in February 2005. See the updated information on 23.12 from 2007 that details work with the department of Mental Health in the area of SEBD children.

Systemic Factor: Statewide Information System

Item 24 State is operating a statewide information system

CFSR Determination: Substantial Conformity

In January 2009, Alabama's SACWIS was implanted statewide. In August 2009, a pre-SACWIS review is scheduled which will begin the process toward compliance.

24.1 To implement an automated SACWIS system capable of meeting Federal and State reporting requirements, as well as compliance with the RC Consent Decree.

This goal is no longer applicable.

24.2 To support development and implementation of an automated SACWIS system (FACTS) capable of meeting Federal and State reporting requirements

This goal was accomplished in January 2009 with the implementation of FACTS.

24.3 Provide program input and support to the Project Team as it develops a simple, accessible, user friendly, worker-driven system to handle all aspects of case management.

This goal is no longer applicable.

24.4 Provide a simple, accessible, user friendly, worker-driven system to handle all aspects of case management. See 24.2.

24.5 Provide consultation and technical assistance for legacy child welfare systems.

This goal is no longer applicable.

24.6 Revise the ACWIS and FSS Systems Users manuals to reflect current system functionality.

This goal is no longer applicable.

24.7 Support the Office of Quality Assurance in their efforts of quality review of family and children's services to ensure consistency with federal review process.

The office continues to provide County Data Profiles and Quarterly and Annual Statewide QA reports as well as maintain the database of measurement mechanisms for State QA case reviews.

Ongoing

24.8 Support all other Family Services offices, as well as county staff, in their self-assessment process by gathering, compiling, analyzing and reporting on county specific and/or Statewide permanency, safety, and well being data.

Establishment of county data thresholds and a statewide report card for safety and permanency data needs as well as child and system performance outcome measures. Ongoing - Note: due to data reliability issues with FACTS implementation, the issuing of report cards is temporarily suspended.

24.9 Maintain a database on child deaths due to maltreatment and if services have been provided to the family within the past 12 months.

In conjunction with the Office of Child Protective Services data on child deaths is collected through County Child Death Reviews. An ACCESS database has been developed and is being maintained which provides a history back to 1997 of child deaths. Ongoing

24.10 Complete and implement the automation of the ICPC system. The new automated system will allow tracking and statistical data collection. The current system in place is old and does not allow for tracking and data collection. Substantial work has been done on the new automated system.

This goal is no longer applicable.

24.11 Continue to work with CIS.

This goal is no longer applicable.

24.12 Work with FACTS mentors regarding implementation of new system.

This goal is no longer applicable in terms of implementation of new system.

24.13 Utilize data once system is in place to assist in overall program management.

Family Services continues to utilize statistical reports to assist in county and statewide management of data. Additional reports have been developed since the implementation of FACTS to further support program management. A focus on identifying data quality issues and efforts to support counties will continue. Ongoing

24.14 Develop an integrated client information system that will easily access appropriate client, resource, program, and financial data 24 hours per day, seven days per week.

This goal was accomplished in January 2009 with the implementation of FACTS.

24.15 Provide for non-redundant data entry.

Redundant data entry has been reduced substantially since the implementation of FACTS however, there remain a few areas across modules which have been identified as duplicate data entry and these areas are being reviewed for change. Ongoing

24.16 Substantially reduce reliance on paper-based files.

Since the implementation of FACTS the reliance on paper-based files has been reduced. Due to such a large amount of paper files to be scanned into FACTS this process will continue to be a work in progress. Ongoing

24.17 Generate case-specific forms, reports, letters, standardized management reports, and provide ad hoc reporting capability.

The majority of case-specific forms, reports, letters and standardized management reports are located in FACTS. Ad hoc report capability remains a work in progress as they are currently in Phase 1 of the development of the data mart. Ongoing

24.18 Provide interfaces with other information systems (e.g., TANF, Medicaid, Child Support Enforcement, etc.)

This goal was accomplished in January 2009 with the implementation of FACTS.

24.19 Support decision making through the availability of standardized policies and procedures.

See 24.8

24.20 Support quality assurance and outcome monitoring and evaluation activities.

See 24.7

24.21 Provide full case management capability to track service plans, actions, outcomes, and associated costs.

The ability to track service plans, actions, outcomes and associated costs was achieved with the implementation of FACTS, however there continues to be room for improvement. Ongoing

24.22 Provide the information needed to analyze caseload/expenditure trends & to project needed resources, both staff & financial, at the county/state levels.

Via development of management statistical reports the ability to analyze trends and resources will be an ongoing tool utilized at both the county and state levels. Ongoing

24.23 Comply with the R.C. Consent Decree and provide system flexibility to adjust to new requirements (e.g. welfare reform). This goal is no longer applicable.

24.24 Assist County and State staff with interpretation of ACWIS and FSS Users Manuals. This goal is no longer applicable.

24.25 Provide a one point contact source for all requests to modify the child welfare information systems.

This goal is no longer applicable.

24.26 Support the Office of Quality Assurance in their efforts of quality review of family and children's services to ensure consistency with federal review process and meet the requirements of the R.C. Consent Decree.

This goal was modified; see 24.7

Systemic Factor: Case Review System

CFSR Determination: Not In Substantial Conformity

In the CFSR Round 2 Final Report, case review issues that were cited included the following: improved consistency related to involving birth parents in case plan development, holding permanency hearings in a timely manner, filing for TPR in accordance with ASFA and improvements related to notification of foster parents, preadoptive parents and relative caregivers of hearings/legal proceedings and the right to be heard in those hearings/proceedings.

Item 25. Process ensuring written case plan is developed jointly with child's parents

CFSR Rating: ANI

No prior goals noted for this item.

Item 26. Periodic administrative / judicial review

CFSR Rating: Strength

No prior goals noted for this item.

Item 27. Process ensuring permanency hearings

CFSR Rating: ANI

27.1 Make Permanency Hearings more productive and outcome focused.

Work continues with the Court Improvement Program to develop strategies to improve outcomes in this area. The information FSD has received from our stakeholder meetings and consultation with counties is that a better understanding is needed by workers, attorneys, and judges that these hearings must evaluate progress toward the permanency goals. Parties must be accountable to demonstrate efforts to achieve goals and clearly identified timelines must be stated. Consultants are providing information concerning specific jurisdictions where permanency hearings are not held in a timely manner or where petitions to terminate parental rights are not scheduled or heard in a timely manner. The use of Permanency Profiles has helped increase outcome focused work. A teleconference is being held in August 2009 at which juvenile court judges, GALs and County DHR Staff have been invited. One of the topics of this teleconference includes the quality of permanency hearings. Joint team meetings involving local juvenile court judges and DHR staff have been held with approximately 32 counties to develop planning around the caseflow management of dependency cases. Ten more counties with similar teams have been invited to participate in a Caseflow Management Workshop in September 2009. These have proven successful in building relationships and opening up communication. Other recommendations from our stakeholder meetings include a strategy to advocate for Court Liaisons to be identified in each county to improve working relationships between the Department and the Juvenile Court. In counties where liaisons are available there has been noted improvement in communication and relationships between DHR and the court. Efforts are currently underway to provide standardization around court reports for permanency hearings as well as court orders with the goal of making permanency hearings more meaningful.

Item 28. Process ensuring TPR proceedings

CFSR Rating: ANI

No prior goals noted for this item.

Item 29. Process ensuring notification of / right to be heard in legal proceedings

CFSR Rating: ANI

No prior goals noted for this item.

Systemic Factor: Quality Assurance System

CFSR Determination: Substantial Conformity

Item 30. Implementation of standards ensuring provision of quality services 2007 CFSR: Strength

CFSR Rating: Strength

No prior goals noted for this item.

Item 31. Statewide operation of a quality assurance system

CFSR Rating: Strength

2005-2009 Report

The QA system monitors, evaluates and provides feedback to the Department on the performance of the overall system of care and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support social workers, supervisors and management at every level within the Department, as well as support the development, implementation and refinement of the service delivery system. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to county departments for the implementation and effects of corrective actions when needed.

Quality assurance provides more than an audit function. In addition to examining and assessing the Department's Best Practice Indicators, QA identifies areas of need and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved.

The QA system also functions as the state's Citizen Review Panels. The State QA Committee oversees the entire function for the state making recommendations on a statewide basis. The local QA Committees work with the individual counties doing quality service reviews, stakeholder interviews, and making recommendations for improvement of the county child welfare system.

Twice a year, county departments complete a Bi-Annual report which looks at information from case reviews, data and a self-assessment of the county's strengths and needs. Biannual reporting allows each county the opportunity to look at a greater amount of data and more time to identify trends and wider system issues. A self-assessment process is built into the biannual QA report, which can assist counties in conducting an internal examination of practice and system performance. The county QA reports provide data and narrative that aids in making determinations of the status of a number of indicators relative to the state onsite reviews and can also provide guidance in terms of cases selected for the quality service reviews. A State onsite review (which consists of data review, quality service reviews, record reviews, stakeholder interviews a Permanency Assessment, a Safety Assessment, and any other means of examining outcomes/system performance), in conjunction with the review of county information (from the county QA report and/or other internal information) and the quality service reviews (and any other activities) conducted by the county QA committee, provide the basis for the determinations that are made concerning the functioning of the county's service delivery system, its strengths, as well as the areas needing improvement and recommendations for the necessary corrective actions.

State QA staff work with individual counties, providing technical assistance and consultation in a variety of areas, including: training department staff and QA committee members; consulting on committee membership, functions and activities; assisting in enhancing QA functions in counties; consultation with other staff in Family Services in regard to county/state progress in practice/systemic areas identified during onsite reviews as needing improvement, participation in special studies, and in monitoring the County Improvement Plan which results from onsite reviews as well as self assessment and other areas as needed. Quality Assurance Consultants time is invested in preparing counties for, assisting in the conducting of; state onsite reviews, completing reports on findings and recommendations, and in supporting counties in developing and monitoring their County Improvement Plans.

Critical to the Department's QA functions are county QA committees that work in partnership with County Departments and serve as local Citizen Review Panels. These committees consist of community and agency representatives who meet regularly and review cases to evaluate the quality of services delivered, the outcomes for children and families, and stakeholder and family satisfaction. These committees provide feedback to the counties as well as complete a predetermined number of quality service reviews depending on the size of the county.

The Office of Quality Assurance also provides regular support to the State Quality Assurance Committee, which is composed of representatives of various statewide agencies, organizations and ordinary citizens interested in improving outcomes for families and children. This committee serves as the chief Citizen Review Panel as well as supports and reviews the data and information collected by the local committees.

Bi-Annually and annually a Statewide QA report is completed which includes individual county data for each of the 67 counties. Among the data tracked and reported is information on children who enter foster care in the State for the first time in a given year in order to determine more accurately such indicators as the length of time children spend in foster care, the number of moves they experience while in-care, re-entry rates into care after discharge and the achievement of permanency for children exiting foster care. These data are tracked longitudinally, over a period of years, similar to the cohort groups of children reviewed in the Federal Child and Family Services Reviews. The Office of Data Analysis (serving in the lead role, in conjunction with the Department's Information Systems Division and with consultation from the Office of Quality Assurance), develops the quarterly data reports and provides them to County Departments, State Office staff and to community stakeholders.

The Office of Quality Assurance provides each local office and QA Committee with a copy of the *Quality Assurance Guide*. This guide serves as a procedures manual for initiating and maintaining all components of county and state quality assurance functions and systems. The *Quality Assurance Guide* provides practical guidance to State and county QA staff and is often requested by other states that are assessing their own QA system.

Annually, the Office of Quality Assurance offers training seminars for county QA coordinators to assist them in carrying out QA functions, including data collection and analysis, recruitment, retention, and preparation of community QA committee members as well as any issue which will improve the QA system. The Office of Data Analysis has also developed a database and reporting process that tracks child deaths in the State due to maltreatment. Currently, the Office of Data Analysis is providing the Department's administration with a report of child deaths due to maltreatment in each month in which a child death review occurs. A county child death review team (which includes in its membership individuals internal and external to the Department) is asked to review child deaths with prior/current Department involvement, and submit their findings/recommendations to the Department. The local QA committee and the QA consultant serve as member of this team and their findings are referred to the state QA committee's Child Death Review Committee for final review and reporting of trends, needed changes and the Citizen's Review Panel Annual Report.

A three year review schedule is in place to ensure counties are reviewed at least once every three years. This schedule includes all 67 counties, plus the Bessemer Office in Jefferson County. Currently, the review schedule has been temporarily suspended due to the implementation of the new computer tracking system. The plan is to re-institute the State QA Review schedule for FY 2010. The large county offices, Jefferson, Mobile, and Madison are reviewed using a model which includes quality service reviews of approximately 46 cases to give them a better view of practice in the counties comprising one third of the out of home population.

31.1 Examine/assess/monitor/evaluate the components of the Department's system of care.

Ongoing – see narrative above.

31.2 Provide feedback and recommendations to the Department on the status of practice and outcomes experienced by children and families, as well as the Department's system performance, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of the children and families being served by the Department.

After each on-site review, a written report is provided to the county which identifies the strengths, needs, and makes recommendations as to the status of practice and outcomes experienced by children and families, as well as the Department's system performance, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of the children and families being served by the Department.

31.3 Support social workers, supervisors and management at every level within the Department, as well as support the development, implementation and refinement of the service delivery system. Ongoing

31.4 Confirm strengths, identify successful strategies, and recommend ways in which effective practice and/or system performance can be replicated or strengthened. Ongoing

31.5 Identify needs and recommend corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements.

After each on-site review, a written report is provided to the county which identifies the strengths, needs, and makes recommendations as to the status of practice and outcomes experienced by children and families, as well as the Department's system performance, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of the children and families being served by the Department.

31.6 Help identify (and at times, provide) necessary training, consultation and technical assistance needed by DHR staff. Ongoing

31.7 Review for the implementation and effects of corrective actions taken. 2005 APSR – modified, see 2008 goal listed below.

Review for the implementation and effects of County Improvement Plans. 2008 APSR

Ongoing

County Improvement Plans (CIP) continue to be monitored and updated in all 67 counties of the state. Copies of each CIP are attached to the counties Bi-Annual Report and are reviewed by the QA Consultant assigned to the county.

31.8 Provide a permanent structure for independent, objective evaluations of the quality of services and outcomes for children and families. 2005 APSR modified, see 2008 goal listed below.

Provide a permanent structure for objective evaluations of the quality of services and outcomes for children and families, to sustain effective child welfare practice in all 67 counties. 2008 APSR.

A three year on-site review schedule is in place which allows for continued monitoring of quality services and outcomes for children and families. In addition, Bi-Annual reports are prepared by the counties which address the Best Practice Indicators and local QA Committees review cases and provide counties with information about practice and make recommendations to help improve practice. See earlier note on temporary suspension of the QA review schedule.

31.9 Support the Citizen Review Panel function in all 67 counties and with the State QA Committee.

State QA Consultants have been assigned to each county in the state to provide information and support. In addition, each State QA sub-committee has been assigned a State QA Consultant.

31.10 Continue to improve data analysis capacity in SDHR and County Departments, by maintaining statistical analysis software, providing training and technical assistance and ensuring a capacity to be responsive to prevailing trends and critical issues, initiate/assist in conducting special studies, etc. 2005 APSR - modified, see 2008 goal listed below.

In collaboration with The Office of Data Analysis, continue to support improved data analysis capacity in SDHR and County Departments. 2008 APSR

Ongoing

31.11 In collaboration with the Office of Data Management Support, issue quarterly reports of QA indicators, including aggregate child safety and permanency data, and an annual report at the end of each fiscal year. 2005 APSR - modified, see 2008 goal listed below.

In collaboration with the Office of Data Analysis, issue quarterly and annual reports of QA indicators, including aggregate child safety and permanency data. 2008 APSR

Ongoing - Note: due to data reliability issues with FACTS implementation, this function has been temporarily suspended.

- 31.12 Provide ongoing consultation/technical assistance to county departments/QA committees relative to maintaining and enhancing QA functions and capacities. 2005 APSR - modified, see 2008 goal listed below.**

Provide ongoing consultation/technical assistance to county departments/QA committees relative to maintaining and enhancing QA functions and capacities, as well as support counties in development and monitoring of their County Improvement Plans. 2008 APSR

State QA Consultants are assigned to each county to provide counties with consultation and support to ensure QA functions are operating and maintained.

- 31.13 In collaboration with other Family Services offices/staff, work with counties, county QA committees and other SDHR staff in implementing a follow-up process to onsite county reviews that details how areas needing attention will be addressed. 2005 APSR - modified, see 2008 goal listed below.**

In collaboration with The Office of Child Welfare Consultation, work with counties, county QA committees and other SDHR staff in implementing the County Improvement Plan process. This process supports each county in developing a plan based on an on-site review and/or self assessment to address any area needing improvement based on *Best Practice Indicators*. 2008 APSR

State QA Consultants assist counties in the development of their County Improvement Plans.

- 31.14 Finalize a process of providing information (relative to SDHR issues) to the Department's administration and program divisions, which ensures consistent implementation and a means of demonstrating how issues that have been identified during county onsite reviews have been addressed. 2005 APSR - modified, see 2008 goal listed below.**

The County Improvement Plan process is the system for providing information to the Department's administration and program divisions, to ensure consistent implementation of steps to accomplish improvement and a means of demonstrating issues that have been identified during county onsite reviews are being addressed. 2008 APSR

See 31.13

- 31.15 In conjunction with other SDHR staff and the Center for Information Systems staff, establish a database of measurement mechanisms for both state QA reviews and county QA committee case reviews. 2005 APSR - modified, see 2008 goal listed below.**

In conjunction with the Office of Data Analysis, establish a database of measurement mechanisms for both state QA reviews and county QA committee case reviews. 2008 APSR

Ongoing

A database has been established and data entry completed from state onsite reviews began in 2000. The entry of data from county QA committee reviews started April 1, 2008 and work continues on quantifying data gained from stakeholder interviews and family satisfaction.

- 31.16 In collaboration with other Family Services offices, SDHR and county/state QA committees, continue to enhance capacities around conducting county / statewide special studies, reporting on findings / recommendations and instituting feedback mechanisms whereby the Department is reporting back on the level of progress relative to implementation, achievement of desired outcomes and system performance / change. 2005 APSR - modified, see 2008 goal listed below**

The Office of Quality Assurance, in collaboration with county/state QA committees, continues to enhance capacities to conduct county/Statewide special studies, reporting on findings/recommendations and improving feedback mechanisms whereby the Department is reporting back on the level of progress

**relative to implementation, achievement of desired outcomes and system performance/change.
2008 APSR**

The Office of Quality Assurance has strengthened the feedback process with local committees and continues to work to improve the feedback loop. The State QA Committee has begun an annual meeting with all local committees and the state committee to improve communication, coordination, and over all function of the committees in their QA and Citizen Review Panel roles.

Ongoing.

- 31.17 Continue to focus on ways of promoting the networking among, and skill building of, county QA committees. 2005 APSR - modified, see 2008 goal listed below**

Continue to focus on ways of promoting networking, and skill building of county QA committees, by conducting regular, (generally, biannually) meetings for county QA coordinators. These meetings include training components as well as emphases on input on issues, provision of information, networking opportunities, and increasing capacity for adjunct reviewers. 2008 APSR

This has not occurred due to the implementation of FACTS but will resume at a later date.

- 31.18 Through ongoing adjunct reviewer training, development and experience build a Statewide capacity among state/county staff (perhaps including QA committee membership as well) to serve on state onsite review teams as adjunct reviewers. 2005 APSR - modified, see 2008 goal listed below**

Through ongoing adjunct reviewer training, enhanced capacity and experience, the Office of Quality Assurance has developed a statewide capacity among state/county staff to serve on state onsite review teams as adjunct reviewers. 2008 APSR

Ongoing

In February of 2007 an adjunct reviewer pool was established that focused specifically on utilizing (DHR) County QA Coordinators and building their capacities as reviewers. These adjunct reviewers have been a part of each on-site review since that time. The adjunct reviewers have increased the Office of Quality Assurance's capacity to complete reviews as well as increased capacity in local QA coordinators to better understand issues and the review process. Adjunct Reviewer training is conducted as needed in order to maintain an adequate pool of reviewers.

- 31.19 Finalize revisions to the protocol (instrument used in conducting quality service reviews), which will also include a training guide and perhaps other working papers. 2008 APSR**

Ongoing

The Office of Quality Assurance has completed work on updating *Best Practice Indicators*, new assessment instruments, and worksheets to update ratings. The final work on finalizing and updating the protocol has not been completed, as we are making adjustments to the Addendum to assist in collecting data for the CFSR Program Improvement Plan (PIP). Attempts to assure the correct information to measure progress on the PIP has taken time and energy away from finalizing the protocol.

- 31.20 Maintain the QA Guide, in terms of providing necessary updates, additions and revisions.**

Updates are added as needed. With the implementation of FACTS, a thorough review and update of the Guide will occur by December 2009.

- 31.21 Serve as a liaison with the state QA Committee through supporting their functions, provision of information, etc.**

Ongoing

The State QA Committee has revitalized leadership and has made many improvements in function. The sub-committees are serving their functions in a much more proactive and positive manner. The sub-committees have

provided valuable information and development assistance with developing Alabama's Program Improvement Plan from the CFSR. The Committee continues to look at various issues regarding Child Welfare Practice and to provide valuable information regarding system improvement.

31.22 Improve capacity of state QA Consultants to provide support to counties and to local committees by increasing consulting skills and abilities

Ongoing.

31.23 Improve Citizen Review Panel function of the State QA Committee. The committee has improved this function by completing their annual report as well as improving coordination with local committees.

Ongoing

31.24 Improve the dissemination of the qualitative information gathered from on-site reviews. A system for sending this information on a yearly basis to all local and state committees has been drafted.

Ongoing

31.25 Improve the quality of information received from local committees. QA Consultants continue to assist counties in improving the ratings of protocol items from local committees. Improving these ratings will improve the validity of information received which will give the state a better picture of its system of care.

Ongoing

Systemic Factor: Training

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, case review issues that were cited included the following: the need to address significant delays in the provision of initial staff training, workers being assigned caseloads prior to receiving training and not having mandated requirements for the ongoing training of staff.

Item 32. Initial staff development and training program for staff

CFSR Rating: ANI

32.1 In the next five years (2005-2009) the principal goal will be to maintain up-to-date training that reflects current trends in best practice.

The Office of Child Welfare training has made tremendous progress toward becoming a self-sufficient training center. Currently OCWT is able to conduct curriculum re-design that meet the needs of DHR, through utilizing methods that could include activities such as the following: conducting research, organizing workgroups and partnering with other agencies.

32.2 Continue to look at alternative methods of training.

Experiential training based on the adult learning model: Information -> Model -> Practice -> Feedback, will continue to be the major form of training provided by the Office of Child Welfare Training. Whereas it is understood that the true "training" takes place in the field, FSD will continue to look for ways to enhance/support the skills learned in the training room. The On-the-Job Training (OJT) component in ACT I, has been replaced by a new Professional Development Plan (PDP) activity. Each participant is given a Professional Development Plan Guidebook that guides the participants through the process of understanding some of their strengths and needs. Additionally, as they are participating in ACT, new tests (pre, post and interviewing tests) give the participant and their supervisor feedback on the skill level of each participant to help guide the development of their PDP.

The PDP gives the supervisor a chance to learn the baseline skills of the child welfare workers and gives a starting point for the supervisor/worker relationship by providing feedback opportunities throughout ACT and even beyond, when the classroom training has ended. An OJT component was added in the new Supervisors Training that continues to develop the role of the supervisor as coach/mentor/trainer for the workers in their units.

Additionally, OCWT partnered with Jefferson County DHR and finalized an agreement which allowed Jefferson County's new child welfare workers the opportunity to complete Jefferson County's New Worker Training as an alternative to ACT I training. This training is policy-driven and is very similar to the ACT I curriculum provided by OCWT. It provides skill based training designed for new child welfare employees. The training consists of four weeks of classroom training and four on-the-job-training (OJT) weeks. The OJT weeks are designed with specific practice activities modeled by trainers to allow for implementation of skills learned in training. OCWT administers the pre/post tests as done in ACT I participants are provided their scores. Participants are also encouraged to complete their Professional Development Plan (PDP). OCWT will continue to monitor this approach and off/provide feedback and assistance where needed.

The number of Jefferson County New Worker Training (JCNWT) sessions for 2006-2008 were:

2006	2
2007	8
2008	6

From 2006 to 2008, a total of 189 Jefferson County staff participated in this training. This information is based on attendance records maintained by the Office of Field Administration.

OCWT will continue to evaluate other forms of training to support the core trainings provided by ACT, ACT II, and GPS. Some forms, such as videotapes and PowerPoint presentations have been used in the past to augment some of the training. This can be very effective at supplementing the skills based training that is done in ACT with policy and procedures that can be put into a PowerPoint presentation that workers can access anytime back in the office.

32.3 Continue to work with other offices regarding the consistency of the delivery of messages to the county staff.

As FSD continues to refine and work toward successful outcomes with families- trends, skills, and procedures change over time. It is important that OCWT remains up-to-date on the most current best practice methods. As these methods are developed, it is equally important that staff learn together so that the messages that the Office of Child Welfare Training is promoting are the same messages from the other offices in FSD. As work groups are developed to refine/update the training, the different offices will be included so that they can give feedback and be present to hear the updates. FSD will continue to also invite other State Office personnel to the trainings that OCWT offers. In addition, OCWT will continue to partner with our other offices in the delivery of other trainings (such as policy, procedure, consultation, etc.).

32.4 Refine the automation of statistics for training.

The Office of Child Welfare Training will continue to refine the automation of training by using the Pathlore program (or similar program if a better program becomes available in the future) to organize the trainings offered throughout the year as well as keep track of who is completing the trainings.

OBJECTIVES FOR FY 2007

Because the Office of Child Welfare Training has continued to fluctuate in the numbers of trainers available, it has had to prioritize the training that is offered to child welfare workers and supervisors of the 67 counties. OCWT offers 9 training sessions, and with 5 full-time trainers who also research and write curriculum, the objectives for providing training are as follows: **NOTE: 2009 Update – as of June 1, 2009 there are 3 full-time trainers in OCWT.**

32.5 Continue to support the new workers by providing ACT I within three months of their employment.

While Alabama is under a hiring freeze, with exceptions granted since February, 2009, 128 new social workers have been hired. Forty-four of these staff were hired in Jefferson County, the largest county in Alabama. New staff are trained in-house in Jefferson County through a comprehensive program that includes ACT. Statewide, therefore, 84 staff have been hired outside of Jefferson County. We have begun a series of ACT Trainings again as of June, 2009 to meet their needs. There are currently three full-time trainers and a supervisor. Other child welfare trainers have been supporting Alabama's SACWIS implementation, and plans for their future training roles are being confirmed.

32.6 Refine the delivery of training to minimize the cost while maximizing the learning experience for the participants.

OCWT is currently exploring other options for delivering some of the content of ACT I including looking at a blended (distance learning combined with classroom) design.

In mid 2009, DHR issued a request for proposals in an effort to implement a “curriculum style” approach to training in 2010. This blended learning approach will attempt to use technology to assist staff in developing/enhancing their skills in their office at their own computer. Classroom and OJT will still be included. If a system is purchased, it should be operational in early 2010 as a pilot program. It is anticipated that a full and consistent curriculum will be developed and refined from 2011-2014.

Also, plans are underway to enhance the current ACT I curriculum by including:

- ICWA policy and other tribal information
- Meaningful Caseworker Visits With Families and Children

The number of ACT I sessions from 2001-2008 were:

2001	16
2002	24
2003	13
2004	11
2005	10
2006	14
2007	13
2008	6

Item 33. Ongoing staff development and training program for staff

CFSR Rating: ANI

Total ACT II sessions for 2002-Present:

	<u>CPS</u>	<u>Sexual Abuse</u>	<u>Underlying</u>	<u>CPP</u>	<u>Supervisors</u>	<u>Sub Abuse</u>
2002	11	6	11	N/A	2	11
2003	6	5	5	6	4	11
2004	4	2	0	6	7	5
2005	3	3	3	5	3	4
2006	1	1	3	2	3	4
2007	1	0	1	2	0	3
2008	2	1	0	8	2	2

Whenever possible OCWT has been able to give the counties more flexibility in their choices for training by having a “hybrid” system of regional trainings, and centralized trainings.

It is important that DHR is not only able to support staff with training that meets their needs to be competent to perform best practice, but also DHR needs to be able to offer training in a timely manner that provides for the flexibility of staff to be able to attend. OCWT feels that by adjusting the system in the way discussed above, it has been able to do this.

Examples of this concept include:

- In April 2009, OCWT and Baldwin County partnered to deliver Concurrent Permanency Planning to the county staff. This partnership included one OCWT trainer and a Program Manager from Baldwin County.
- Also, in March-April 2009, an OCWT trainer partnered with a Program Supervisor in Madison County to offer training on Engaging, Information Gathering and Reunification.
- During the Directors Forum, in May 2009, OCWT shared with the group information pertaining to the Supervisors Training and included suggestions on how county directors could support it.

33.1 Continue to offer ACT II sessions that relate to the needs within the counties.

ACT II trainings are geared toward more specialized, advanced learning. As issues have developed in the counties, such as crystal meth, new supervisors, speedy permanence of children, OCWT has been able to offer trainings that help the county staff deal more effectively with these issues. Because there are so many new supervisors in the counties, OCWT plans to provide more of the new Supervisors Training to help give supervisors the tools needed to help coach and mentor the child welfare workers toward positive outcomes with their families. Concurrent Permanency Planning (CPP) training is another significant ACT II session offered to all county child welfare staff. Permanency is always a priority for DHR and the CPP training offered by OCWT enhances their understanding of concurrent planning concepts and practices and expands their knowledge and skills necessary to expedite permanency for children. As well, OCWT will be providing more of these sessions for workers and supervisors.

Item 34. Foster / adoptive parent / facility staff training program

CFSR Rating: Strength

No prior goals noted for this item.

Systemic Factor: Service Array

CFSR Determination: Substantial Conformity

Item 35 Service array

CFSR Rating: Strength

Therapeutic Foster Care

Therapeutic Foster Care has continued to grow during the past several years. All 67 counties have access to a variety of providers and are able to match children to TFC families according to the needs of the child. There are currently 18 Licensed Child Placing Agencies and 1 county DHR departments in Alabama operating therapeutic foster care programs. These programs have approximately 926 foster homes, which are able to provide a therapeutic setting for children requiring a more structured environment than traditional foster care. The department, along with the therapeutic providers, has identified within the contractual agreement the core services that are to be provided on an individual need basis. As of fiscal year 2006, numbers of slots were awarded to programs regionally based upon the needs identified in each region following the Request for Proposals (RFP) process identified in the Alabama Bid Law. Beginning in October 2008, TFC slots are to be awarded on a Statewide basis rather than on a regional basis. Children are not denied services, if needed, whether a slot is available or not. Counties with the approval of their Office of Child Welfare Consultant can reimburse providers who do not have the availability of a contract slot through the use of local county flexible funds. Beginning this contract period, all children must have a behavioral assessment by the use of the Multi-dimensional Assessment Tool (MAT) before they can enter a TFC placement. All children in TFC placements will be evaluated every six months to determine if step-down to a lower level of care is appropriate.

The Office of Resource Management maintains the oversight of the Therapeutic Foster Care programs by making annual site visits at each program location throughout the State. If programs are not meeting the requirements established by the Department, corrective action plans must be developed. The *Therapeutic Foster Care Manual*, was updated in June 2008. All TFC programs must provide in-home work with biological family to encourage quicker step-down and/or return to family as a part of the core services in their FY 2006 contract.

A step-down protocol was implemented Statewide in December 2004. The protocol allows for a child to step-down within a TFC program with reduced services and rates. The protocol was available for all TFC agencies in the first quarter FY 05. A tool to evaluate for step-down (the Multi-dimensional Assessment Tool based on the Child Assessment for Needs and Strengths) is being used Statewide. The MAT will be used in the future for some residential placements, as well.

The Online Residential Placement Directory will also be maintained by that office. The Online Resource Directory provides information about the types of placement services offered at each facility. The types of residential placement services offered by residential providers currently include Basic Residential Care, Moderate Residential Care, Intensive Residential Care, Mothers and Infants Programs, Transitional and Independent Living Programs, and Crisis Stabilization facilities. A specialized service for males who are sexual predators or who are sexually reactive was developed during the past couple of years. The sexual rehabilitative program offers the same treatment and education for both groups. The sexual predator group lives on campus in single occupancy rooms, while the children with sexually reactive behaviors live in specialized treatment foster homes. In FY 07, the Department began contracting with providers in six (6) counties -

Jefferson, Montgomery, Madison, Mobile, Cullman and Lee – to provide continuum services. Continuum providers provide an array of services from intensive in-home services to services that children who have been assessed to need moderate residential care. Similar services, called permanency programs, provide intensive in-home services to families where children are currently in out-of-home care. The intent of these programs is to either achieve re-unification more expeditiously or to move children to other permanent living arrangements. These services are offered in Etowah, Calhoun, Jefferson, Morgan, Madison, DeKalb, Cherokee, Marshall and Jackson Counties, with Mobile to be added in FY 08. Specialized services for females with self-injurious behaviors are to be provided at a group home with attached foster host homes in Montgomery County. The slots are for Statewide usage.

Residential Licensing

The licensing of child care facilities, including child-placing agencies, shelters, group homes and child care institutions is managed by the Residential Licensing Unit within the Office of Resource Management. The Office of Resource Management works jointly with Family Services in identifying needed resources, approving program narratives for licensing and approving the program narratives for contractual agreements. Resource Management will also serve as the programmatic arm for issuing Requests for Proposals for a variety of child welfare and family services, including offering technical support to county staff in developing contracts for specific county needs. Resource Management will also assist in maintaining connections with the Alabama Association of Child Care Agencies (AACCA) by attending meetings.

Seriously Emotionally and/or Behaviorally (SEBD) Children

The guidelines, developed in 2003 are available for counties to assist in identifying and addressing mental health needs of children from the point of entry into the system. Many children with severe impairment in functioning are being maintained in the community with extensive services. Data regarding this population of children is now captured on FACTS.

Multiple Needs Children

The department continues to participate in serving Multiple Needs Children. This category of child was defined legislatively by 12-15-1(19) and 12-15-71(h), Alabama Code 1975. The legislation provides a system for planning for children who may require the services of two or more agencies in order to better coordinate services. The Department of Youth Services, the Department of Education, the Department of Mental Health/Mental Retardation and the Department of Human Resources share in funding for these children. Additionally, money is received from the Tobacco Settlement, which is split between the state and county multiple needs teams. Local teams have very limited funding but may pay for in-home services or short term treatment. Usually requests for more extensive treatment or placements have been sent to the state team. With additional staffing capacity in the Multiple Needs Child Office, there is a greater level of oversight and monitoring for children's length of stay and closer review of the attainment of progress. This has enhanced the work that the Department has pursued regarding the assessment of the appropriateness of placement and the stepping down of children into less restrictive settings when indicated.

Continuum of Care

The department's Office of Resource Management with input from county departments continues to assess the need for and coordinate initiatives to expand the continuum in out-of-home care. Guidelines are now available for all sixty-seven counties to access Enhanced Foster Care (EFC) for Large Sibling Groups, however there has been in the past a lack of clarity in the guidelines, which has impeded the development of this service. Kinshare, in partnership with TANF, is currently underway Statewide. Assessment programs, which have been in place for the past three years, will be phased out in FY 08. Crisis stabilization programs will take the place of assessment programs. Children may remain in these programs while a MAT assessment and psychological evaluation are being completed. An Online Resource Directory for Placement Services has also been located on the Department's website, and it will continue to be updated for the most current information, including the type of the service offered at the residential facility. Resource Management staff will continue to meet quarterly with county Resource Development staff in the nine regions of the State to discuss resource needs and to brainstorm on crafting of services on a county or region basis and will have a more prominent presence in each county to help develop resources to meet individual county needs. As needs are determined, Resource Management will coordinate with the Office of Child Welfare Consultation on supporting counties meet their individual resource needs. Resource Management will also monitor Quality Assurance reports to identify counties with significant needs in the area of resource development for targeted work. A pilot of continuum of care services to assist in returning children home or moving to other permanent living arrangements began with Youth Villages in Etowah, Calhoun, Madison and Morgan counties. Approximately 50% of the children in the pilot have returned home or have been placed with relatives. Continuum and permanency programs are now available Statewide, with the implementation of FOCUS in FY08. FOCUS programs offering re-unification and preservation services are available in all 67 counties. Permanency programs offering a longer term preservation or re-unification service is also available in Lauderdale, Limestone, Morgan, Madison, St. Clair, Jackson, Marshall, DeKalb, Cherokee, Etowah, Calhoun, Jefferson and Talladega counties. Continuum of care programs offering preservation, re-unification and out-of-care, when needed, is available in Mobile, Montgomery, Lee, Cullman, Madison and Jefferson counties.

Multi-Systemic Therapy

The Multi-Systemic Therapy program has been provided in several counties (Madison, Morgan, Etowah, Cherokee, Limestone, Lauderdale, Cullman, St. Clair, DeKalb, Jackson and Calhoun) for the past years. The program has been successful in maintaining children in their own homes by providing intensive therapy to the whole family in the home setting. The current numbers indicate that the family is intact 80% of the time one year post-discharge from the MST program. The service is currently provided in those areas by Youth Villages and Seraaj Family Homes of Alabama. The Request for Proposals for re-unification and preservation services for FY '09 did not specify the type of model to be used in service provision, as long as the positive outcomes remain at 80%.

Enhanced Foster Care

Enhanced Foster Care for Large Sibling Groups is now available to all 67 counties. This initiative provides for specialized training for foster parents in the parenting of large siblings groups and a difficulty of care payment. CPAs choosing to provide the service are able to do so on a Statewide basis at this time. The service is paid by vendor agreement in the individual counties participating in EFC.

Treatment Group Homes

Three treatment group homes are available for the Jefferson County area. Hillcrest, a residential treatment center, developed a group home for boys and girls to provide a step-down to a more normalized, community based setting for youth transitioning from a very restrictive setting. There is continued discussion with the Department of Mental Health in planning for those children with an IQ of 50-70 in substitute care.

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

Family Services implemented a method by which children exiting the DHR system to DYS can be tracked. A new code was implemented November 2005. For FY 06 one child exited foster care to DYS. For FY07 three children exited to DYS. For FY08 five children exited to DYS and for the time frame of October 08 – June 1, 2009, two more children exited to DYS. The population is generally defined as children who have committed a delinquent act, or who are in violation of CHINS (Child In Need of Supervision) probationary status. This transfer of custody is not simply an administrative procedure, but rather is done only after a hearing in which all due process rights are protected.

Item 36. Accessibility of service array

CFSR Rating: ANI

No prior goals noted for this item.

Item 37. Individualization of services

CFSR Rating: Strength

Title IV-B 2, Promoting Safe and Stable Families

FAMILY PRESERVATION

Family Outcome-centered Unification Services (FOCUS) contracts
Family Service Center contracts

FAMILY SUPPORT

Family Service Center contracts

FAMILY REUNIFICATION

Family Outcome-centered Unification Services (FOCUS) contracts

Title IV-B(2) fund expenditures for 2010-2014

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

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

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

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

Adoption Support and Promotion: Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families including: adoption supervision; adoption home studies; staff, family and child travel; adoption recruitment; promotion; awareness; counseling; advertising; and legal services.

Systemic Factor: Agency Responsiveness to the Community

CFSR Determination: Substantial Conformity

Item 38. Ongoing consultation with community stakeholders

CFSR Rating: Strength

Consultation with Community Stakeholders through Quality Assurance

The Alabama Department of Human Resources has implemented an ongoing process for community consultation through its quality assurance operations. This occurs in two ways. First, each County Department of Human Resources supports a community quality assurance committee that routinely reviews cases handled by the Department, using a standard review protocol, and makes recommendations back to the Department. These committees consist of community representatives from various backgrounds, which could include citizens, public and private agency representatives, advocates, foster parents, educators and university staff, and others. Over the course of time, the committees are able to make recommendations to the Department reflecting concerns that go beyond case-specific issues, such as needs for services, additional resources, procedural changes and so forth. The Department takes the consultation that these volunteers provide seriously and uses them to make needed adjustments where appropriate. Currently, there are community quality assurance committees operating in all 67 counties in the State plus a 68th committee in the Bessemer region of Jefferson County.

Second, the Office of Quality Assurance at the State Department of Human Resources (SDHR) routinely conducts reviews of County Departments for the purpose of evaluating the quality of services delivered and outcomes achieved by children and families. In addition to reviewing cases onsite, evaluating aggregate data on the status of child welfare services in the counties and interviewing DHR staff, the onsite reviews include interviews with community stakeholders to evaluate systemic functioning in key areas. The community stakeholders who are interviewed in each county typically include: juvenile court judges; juvenile probation officers; representatives of other public agencies such as mental health, providers (therapists, etc.), and education; foster families; members of the county's quality assurance committee; which are partially funded by the State's IV-B Part 2 allocation; attorneys and Guardians Ad Litem (GAL); law enforcement and staff of Child Advocacy Centers; and others in the community who can provide a perspective on the Department's functioning and needs. See comments under item 31, regarding temporary suspension of the QA review schedule.

The information obtained from the onsite reviews is used not only to guide recommendations for resource development and practice improvements in specific counties, but to identify Statewide needs and establish priorities for Departmental planning. From June 1, 2008 – May 31, 2009, the Office of Quality Assurance has conducted 8 full onsite reviews. Based on these reviews, listed below are a few examples of how this ongoing consultation process has influenced decision-making within the Department and has led to improvements in the Department's capacity to serve children and families.

- The need for improvements/refinements in case planning skills around the Individualized Service Planning Process continues to be identified in the counties reviewed. The Family Services Division continues with its emphasis on strengthening its basic training curriculum for staff and is focusing on achieving greater consistency in its county consultation process to help counties address the case planning issues more effectively.
- The need to strengthen/refine, within the case planning process, the assessment of children and families, including their underlying needs, was cited as a priority need in a number of the counties reviewed
- Permanency issues continue to be considered as priority needs based on the collective findings from onsite reviews. The Family Services Division has several initiatives in place

currently to address and support permanency issues. These include (1) offering a concurrent permanency planning curriculum to staff who provide foster care services in the Department; (2) continuing to assess permanency issues during onsite reviews and where possible, having specific staff devoted to conducting a permanency assessment as a separate function of the onsite review; (3) providing automated reports to all 67 counties with permanency data located on a central report; and (4) conducting county reviews, by the Office of Permanency and on an as requested basis, of permanency issues and making recommendations if needed.

In recognition of the vital role that stakeholders provide through participating in program planning discussions and providing input for various program decisions/directives, the State Quality Assurance Committee has maintained the work of subcommittees. Subcommittees allow a greater in-depth focus on particular areas of work where stakeholder participation is particularly critical. These steps significantly strengthen the range and depth of participation of community stakeholders.

Other Ongoing Involvement/Consultation in Planning

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 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. 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, the policy is then sent out for review and comment to county directors/child welfare supervisors, select community stakeholders and others. 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 utilizes a number of groups and individuals in planning. 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).

The Office of Permanency has included faith-based groups, the Alabama Foster and Adoptive Parent Association, adoptive parents, and the President of the Alabama Adoption Coalition, foster care youth currently or previously in out of home care system and other consumers among its stakeholders.

Court Collaboration

The Family Services Division has a strong relationship with the Administrative Office of Courts, especially with the staff of the Court Improvement Program, designed to improve the processing of dependency cases so that abused and neglected children may be placed in safe and permanent homes as quickly as possible. DHR representation is common on committees, work groups, and court-sponsored projects. Likewise, staff at AOC frequently partner with State DHR to train, develop policies and procedures, or devise long-range plans for implementation of state and federal child welfare legislation. The relationship between State DHR and AOC has been vital to successful training and operationalizing of best practice in Alabama. Collaboration took place on developing a strategic plan to strengthen issuance of timely orders. DHR Legal Office staff and AOC staff worked together in finalizing and implementing the newly released Alabama Juvenile Justice Act of 2008. Cross training (involving both agencies) to familiarize court staff with the importance of permanency issues has continued. Key staff from DHR have participated in, and/or presented at, workshops organized and sponsored by the staff of the Court Improvement Program to address the new Alabama Juvenile Justice Act of 2008, case flow management of dependency cases, ways to improve the caseload of dependency and termination of parental rights cases and help children achieve permanency more quickly and other topic areas impacting permanency. This collaboration continues with DHR partnering in training for all juvenile court judges regarding activities in the Draft PIP and the emphasis on achieving timely permanency for children.

Alabama Post Adoption Connections

The Department's post adoption services program, Alabama Post Adoption Connections (APAC), utilizes a Statewide Consumer Council consisting of adoptive parents and children that supports all aspects of the resource center including planning, feedback on the quality, appropriateness, and accessibility of services, liaison with other adoptive families and publicity. Community Stakeholder Councils in each of the three regions include professional therapists, DHR workers, school representatives, and representatives of religious and civic organizations reflective of the community's diverse citizenry. Their roles include participating in needs assessments, identifying resources, planning, determining outcome

indicators and publicity.

Alabama Foster and Adoptive Parent Association

Collaboration continues with the Alabama Foster and Adoptive Parent Association to ensure that they maintain current information on adoption issues on an ongoing basis. A representative from the Office of Permanency participates in the Association's quarterly meetings, shares pertinent information and addresses issues that arise. In addition, the Office of Permanency chairs the Permanency Advisory Committee which includes representatives from AFAPA as well as, State and Local DHR staff to discuss areas of concern have been identified and work continues to improve communication and responsiveness to each other. The Office of Permanency Recruitment and Retention Specialist routinely collaborates with the Association for foster care in recruitment efforts and resolving conflicts between the Department and providers.

Alabama Adoption Coalition

The Office of Permanency represents the Department on the Alabama Adoption Coalition, an association of licensed child placing agencies throughout the state. The Coalitions focus is education, advocacy and promotion of adoptions.

Permanency Advisory Committee

An initiative was begun in June 2001 called Project Respect. In April 2005, this initiative was renamed Permanency Advisory Committee. This is a committee of approximately twenty-five members made up of foster parent representatives and a limited number of county and state staff; the purpose includes to build the relationship between DHR staff and foster parents. Areas of concern have been identified and work continues to improve communication and responsiveness to each other. Quarterly meetings are held to prioritize areas of concern and strategize solutions together. County Foster Parent Advisory Councils meet with County Directors to identify issues of local concern and strategize ways to improve established relationships.

Conflict Resolution Team

The Conflict Resolution Process (formerly known as State Grievance Process) is a formalized method to resolve conflicts and improve communication both locally and at the state level. DHR developed a Respite Program for foster parents in order to provide a needed opportunity to revitalize their energy and to avoid burnout and disrupted placements. It is expected that these combined efforts will aid in retention of our much needed foster homes.

Commission on Girls and Women in the Criminal Justice System

A FSD staff member represents the DHR Commissioner on the "Commission on Girls and Women in the Criminal Justice System." The Commission was formed to examine how communities could better serve this population as they return to their homes. The Commission has established recommendations and is now meeting to determine ways in which these strategies can be implemented.

Multiple Needs

This blending of funding among the four agencies has created an opportunity for youth to access created services in their community aimed at keeping children in the least restrictive environments. Targeted youth typically are those who do not meet specific eligibility criteria and often fall into the "gaps" of service design. The Multiple-Needs Office continues to collect annual outcome data and tracks several key indicators to measure utilization, referral source, and successful functioning in the community. This collaboration continues to address the needs of children who might remain underserved without this collaboration for planning and funding among the agencies.

TANF Funds

The Department of Human Resources, through the Family Assistance and Child Support Enforcement Divisions, partners with the Department of Child Abuse and Neglect Prevention/Children's Trust Fund (CTF) to provide TANF funds for the Alabama Fatherhood Initiative. This initiative funds twenty local projects to serve non-custodial fathers and encourage fathers to enhance their job skills, education, parenting knowledge, and involvement with their children, as well as comply with child support obligations

Children's Trust Fund

The Children's Trust Fund is now named the Department of Child Abuse Prevention. Staff from there have had a role in various aspects of Round 2 of the CFSR process in Alabama. They have also met with representatives from the ACF Region IV, Regional Office, during the annual visit to the Department that occurred in May of both 2008 and 2009. Recently, a representative from DHR, along with one from the Department of Child Abuse Prevention discussed having a meeting to consider re-instituting meetings of the Child Welfare Collaboration Initiative, which would include staff from both Departments, as well as the Administrative Office of Court. A tentative meeting date has been set for September 2009. It should also be noted that the new Director of the Department of Child Abuse Prevention is a past Chairperson, and current member, of DHR's State QA Committee.

Children's Justice Task Force

The Office of Child Protective Services has worked closely with the multidisciplinary team members of the Children's Justice Task Force on the assessment of needs to improve the child protective services system as well as collaborative planning projects. The Office of CPS maintains communication with the Alabama Department of Public Health and the Alabama Department of Mental Health.

Alabama's Comprehensive Assessment Process Project (CAP)

In 2008 the Department received one of the five discretionary grants awarded by the Children's Bureau to evaluate an effective comprehensive family assessment model. This is a 5-year research project with the goal of producing better outcomes for children by enhancing the comprehensive family assessment model. The Department has partnered with ACTION for Child Protection to develop and test Alabama's Comprehensive Assessment Process Project (CAP). The University of Maryland, Ruth Young Center is providing the research component on this project. The three (3) pilot sites for this project include: Mobile, Baldwin and Escambia counties. Current work involves the development of the model and educating the pilot sites. The researchers are gathering baseline data. The next year will be devoted to fully implementing the model.

Indian Child Welfare

The Indian Child Welfare Policy and Procedures was released August 2007. This is a substantive policy that provides counties with a knowledge base for working with Native Americans. While counties may continue to contact the Office of Child Welfare Policy or the Child Welfare Consultant, counties now have policy that directs their work with Indian children and families. One revision was made in 2008 that involved the ICWA. At the time that a child is taken into out of home care, the issue of whether the child has any Native American ancestry is addressed. The Department provides copies of policy revisions to the Tribe in the area of Indian Child Welfare and Child Protective Services. When county departments have a child and family who may come under ICWA, the Tribe may be consulted. Even if the child is not a member of the Tribe, assistance may be provided by the Tribe in locating and working with other tribes.

1. The ethnicity of children is captured on the system for CA/N reports (ASSIST) and foster care children (ACWIS). There are sixteen (16) American Indian children in out-of-home care in the state. The Department has contracted with a service provider to complete the SACWIS project. ICWA requirements for Alabama's SACWIS have been finalized. When completed, SACWIS will capture 13 ICWA requirements. **Update 2009:** In January 2009 FACTS became operational in all counties. ICWA requirements are being captured by FACTS. For April 2009, there were 14 American Indian children in care.
2. The Department must notify the Indian child's parent(s) or Indian custodian and the tribe of pending legal proceedings involving foster care or termination of parental care. Notification is by registered mail with return receipt requested. DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. A tribe may decline to intervene if the tribe agrees with the Department's plan for a child. **Update 2009:** The notification of tribes continues. This will be carried forward.
3. There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child's extended family; foster homes licensed, approved or specified by the child's tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child's extended family; other members of the Indian child's tribe; or other Indian families. **Update 2009:** this continues to be the practice and this will be carried forward to 2010 – 2014.
4. Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as "making active attempts to assist in alleviating the problem that causes the need for removal." Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered. **Update 2009:** Continued in policy and carried forward in 2010 – 2014.
5. The Tribal Court for the Poarch Band of Creek Indians (PBCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PBCI Tribal Court or any other tribal court of an Indian child not living or domiciled on the tribal reservation has a right to intervene at any point in the state court proceedings for both foster care placements and termination of parental rights proceedings. State courts are responsible for transferring jurisdiction to the Tribal Court, absent good cause or absent the objection of either parent. **Update 2009:** Continued in policy and carried forward to 2010 – 2014.

6. In meetings with the PBCI, the only federally recognized tribe in Alabama, it has been established that the Tribe maintains records on children in their custody or children and families to whom the Tribe provides services. Reports of child abuse/neglect that occur on the Reservation are investigated by the Tribal caseworker. For those children for whom the Tribe has custody or is working with, the Tribe maintains a case review system. The Tribe does not have a Title IV-E agreement and does not receive IV-E funds. There are some cases in which the county Department and the Tribe work jointly with a child and family, e.g., an incident occurred off the reservation, but the child resides on the reservation. In these cases both the Tribe and the county Department maintains records and the Department is required to do an ISP on any open case. Since the Director of PBCI's Social Service Program is a former DHR county director, the practice and policies of the Department are known to the Tribe. Additionally, DHR provides copies of its policies (not just ICWA policy) to the Tribe. The Department's efforts to involve the Tribe in developing our policy and our efforts to join with the Tribe to provide services to Indian Children are seen as positive. **Update 2009:** In this reporting period there have been case situations in which incidents occurred off the reservation but involved residents of the reservations. Efforts were coordinated between the Tribe and the County Department, as well as the SDHR. This process is current policy and will be carried forward to 2010 – 2014.

7. The Department considers all children as "Alabama's Children" without regard to race or culture. The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. During 2007, the Department facilitated meetings between PBCI and the Alabama Medicaid Agency to obtain Medicaid Rehab Funding for a youth placed at a residential facility. However, Alabama Medicaid informed the Tribe that Medicaid did not cover the costs of the child at the residential facility. Discussions with the Tribe regarding the needs of youth continue as needed. **Update 2009:** The Department continues the policies and practices described. Changes in Independent Living Services also apply to Indian youth. This will be carried forward to 2010 – 2014.

Disaster Plans

The following are the methods whereby DHR will respond to disasters:

1. To identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster, DHR will implement these steps:
 - Identify the affected areas of the state. Designate a liaison from the local county department to be point of contact for inquiry by foster care providers who are displaced or adversely affected by disaster. The appointed liaison will conduct on site visits to determine if there are any displaced children or families.
 - The liaison will determine whether any staff members are affected by the disaster and which staff members may be available for making contact with providers (foster homes, shelters, group homes, residential facilities).
 - The liaison will maintain contact with Emergency Management Service.
 - It is the liaison's responsibility to provide shelter staff with a contact should the following circumstances come to their attention:
 - a. children in the custody of state of Alabama
 - b. foster parent from state of Alabama
 - c. children in the custody of another state
 - d. foster parent from other state
 - e. any children without parent or legal guardian
 - f. any reports of child abuse and neglect related to children receiving shelter services
2. To respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases, DHR will implement these steps.
 - When appointed liaison visit shelters established by Red Cross or Emergency Management Services, they will assess whether there are any children and families needing child welfare services. They will be responsible for referring those children and families for appropriate services.

- Because Alabama is a coastal state, the need to assess displaced children from other states in the region is recognized. Contact will be established with other states that may have been affected by the natural disaster.

3. To remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster, DHR will implement this step.

- The Department recognizes that the effect the disaster has had upon Department staff must be assessed very soon after the disaster occurred. The staff liaison appoints someone to maintain contact with staff members and assess what services they may need. This includes assessing any stress reactions staff may have and obtaining help for them to work through their feelings. Staff who may have been personally affected by the disaster, but are working with the victims of the disaster, may have stress reactions and may need help to work through their feelings.

NOTE: The Minimum Standards for Foster Family Homes addresses a section on emergency plans which include emergency procedures.

4. To preserve essential program records, coordinate services, and share information with States, DHR has implemented.

- Each county has a disaster recovery plan in place that addresses how they preserve the records. Disaster recovery plans are required to be updated once a year.

NOTE: The Alabama Emergency Management Agency has the overall responsibility for coordinating preparedness activities in the state, while the Alabama Department of Public Health (ADPH) has the responsibility for emergency preparedness in the state that relates to medical matters. Public Health provides education to help people prevent disease and injury. They work with businesses, organizations and individuals on preparedness and prevention activities. ADPH publishes a booklet on emergency preparedness and maintains a web site.

It should also be noted that in April 2009, the “Shelter and Mass Care Support Strategy Plan” was signed by Governor Bob Riley, along with a number of representatives from State or County (governmental and non-governmental) agencies. This plan articulated the following vision, and established goals designed to achieve the stated vision:

A statewide sheltering and mass care effort that engages all levels of government and the nonprofit and private sectors, so that when a disaster threatens or strikes the State of Alabama we collectively meet the sheltering needs of Alabama disaster victims and, as directed by the Governor, victims of other states.

Additionally, the Department of Human Resources continues to maintain a “Continuity of Operations Plan”, that provides an operational framework for state and county offices in terms of response preparedness in times of emergency or disaster.

Item 39. Develops annual reports in consultation with community stakeholders

CFSR Rating: **Strength**
No prior goals noted for this item.

Item 40. Coordination of services

CFSR Rating: **Strength**
No prior goals noted for this item.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention

CFSR Determination: **Not in Substantial Conformity**

In the CFSR Round 2 Final Report, issues that were cited included the following: the need to improve efforts to expand the racial/ethnic/cultural makeup of the foster families and adoptive approved by the agency to reflect the ethnic and racial diversity of the foster care population; and, the quality of some current homes was cited as a concern.

Item 41. Implementation of standards for family foster homes/child care institutions

CFSR Rating: **Strength**

No prior goals noted for this item.

Item 42. Application of standards to all approved homes / institutions

CFSR Rating: **Strength**

No prior goals noted for this item.

Item 43. Compliance with Federal requirements for criminal background clearance

CFSR Rating: **Strength**

No prior goals noted for this item.

Item 44. Process for ensuring diligent recruitment of potential foster/adoptive homes

CFSR Rating: **ANI**

44.1 Increase the number of approved foster homes by 10% by FY 2008. As of FY 2004 there were 1,981 DHR-approved homes. Our goal is to increase this to 2,179 by FY 2008.

Foster Family Homes

Infrastructure changes in FY 2007 included promoting the Recruitment Retention Specialist to Program Supervisor of the "Resource Recruitment and Retention" unit within the Office of Permanency. This unit includes partnerships with the AdoptUsKids RRT, the Children's Aid Society Recruitment Team Specialist and Recruitment Coordinator as well as the Wendy's Wonderful Kids project. Each of the 67 County Departments have identified at least one staff person to be the primary contact for receiving referrals of families in their county who are interested in becoming foster and/or adoptive parents. After initial response by a member of the Recruitment Response Team (RRT) an orientation packet is provided to interested families, the family's information is provided to the county Department for follow-up. At this time there are no agency policies or procedures that provide for how and when the follow-up by counties is to be carried out. This is an area identified in our Program Improvement Plan and work on these policies has already begun. At this time, follow-up may include a follow-up phone call, setting up a pre-screening interview and then inviting the family to an orientation for GPS and then an invitation to participate in GPS. The SDHR Resource Recruitment & Retention Supervisor is a trained GPS co-leader and Deciding Together facilitator and is available as a source of information and technical assistance to the county resource staff who have this responsibility. The Recruitment Response Coordinator and Recruitment Response Team Specialist with APAC/CAS are both trained GPS co-leaders. As an approved foster/adoptive parent the Coordinator is a trained parent co-leader and the Specialist is a staff co-leader.

Information about how to become a foster family appears on the agency's website. There is an orientation packet used. The packet is dual-purpose (foster care and adoption) and is provided to every family who makes an inquiry to the SDHR about becoming a foster or adoptive family. Links to the Alabama DHR web site pages that provide information about adopting and fostering are also on the web sites of our many recruitment partners (CAS/APAC, Heart Gallery, *Montgomery Advertiser* – "Thursday's Child", WAFF/WSFA – "Kids to Love", WTVY – "Wednesday's Child" and AFAPA). The information on the web site includes a *Frequently Asked Questions (FAQ)* Document that was developed in collaboration with the RRT when that contract was first initiated by

AdoptUsKids. AdoptUsKids T/TA coordinator at that time helped our office by having the FAQ and the informational packet translated into Spanish language.

Information about becoming a foster parent is also included in the State's Foster/Adoptive Parent Association's quarterly publication, "Connections."

For fiscal year 2005, the total 2,050 (107 provisionally approved) and for fiscal year 2006, the total was 2,071 (156 provisionally approved). For Fiscal Year 2007 DHR had 2,166 Boarding, Related, Free and TF homes. Of these 147 were provisionally approved. Once provisionally approved, a family has six months to complete the requirements for final foster family home approval.

The chart below reflects the changes in the number of foster homes and the racial makeup of these homes over the last five years.

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>June 2008</u>
Total Approved Foster Family Homes	1981	2050	2071	2166	2103
African American	964	915	922	969	926
Caucasian	892	1101	1113	1159	1134
American Indian	2	2	2	2	2
Hispanic	1	5	5	4	6
Unknown	3	3	2	0	0
Asian	0	0	0	0	1
Multi-racial	19	24	27	31	35

The vast majority of our therapeutic homes are approved by child placing agencies and are not included in this summary. The chart below shows a demographic breakout of the children in care, according to race:

CHILDREN IN OUT OF HOME CARE					
	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>JUNE 2008</u>
Caucasian	48%	49%	49%	51%	49.9%
African American	50%	49%	50%	48%	48.2%
American Indian	2.6% (all other)	2.5% (all other)	3.0% (all other)	4.0 % (all other)	4.3% (all other)
Hispanic					
Unknown					
TOTAL CHILDREN	5663	5947	5907	6,073	5,922

The number of children in out-of-home placement over age 14 over for fiscal year 2006 basically remained the same as prior years. As of April 30, 2005, there were 2,412 children in care over age 14. In October 2005 there were 2,539 youth 14 or older in out-of-home care. Fifty-three percent were living in a family-like (less-restrictive) setting. In September of 2006, the number of youth 14 and older in out-of-home care dropped over 4%. However, the percentage of children living in a family-like setting dropped to 51.3%. For the same period the number of youth living in transitional or independent living settings increased from 27 to 49. For fiscal year 2007 there were 2,556 youth 14 and older in out of home care. This is a less than 1% increase from the previous year. As of June 2008 there were 2,491 children 14 or older in foster care (per the PSCWB089B report) of these youth, 49.6% were living in family-like settings. The number is youth living in either a transitional or independent living setting was 37. Placement of teens in lesser restrictive placements continues to be difficult, and a higher proportion of

them are currently in more restrictive settings such as group homes and institutions. Recruitment for foster and adoptive homes for teens has been identified as another need.

44.2 Implement the Recruitment/Retention plan

Recruitment initiatives and methods:

DHR has sole responsibility for recruitment and training of its own foster/adoptive homes. Without a fully developed media strategy, from April 2005 until March 2006 there was an average of 136 inquiries per month for foster and adoptive resources as well as inquiries for adult foster care. Thus far in FY 2009, there has been an average of 192 new inquiries per month.

For Fiscal Year FY 2008 and through March 2009 the number of inquiries* were:

<u>MONTH</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
October	109	187	223
November	189	168	192
December	184	**224	195
January	222	185	**245
February	170	163	170
March	176	156	189
April	206	187	174
May	228	171	150
June	207	141	
July	203	167	
August	145	155	
September	188	215	
Average/Month	185	176.6	192.2

*Does not include child-specific inquiries

** Increases during December 2007 and January 2009 are most likely attributable to the fact that we designated the RRT Specialist and our toll-free call-in number as a contact point for Alabama families who inquired through the Dave Thomas Foundation for Adoption's *Home for the Holiday* special.

Except for Adult Foster Care all inquiries are to be followed by the RRT leader or the Recruitment team specialist both discussed earlier in this report. Adult foster home inquiries are forwarded to the Adult Protective Services consultant. Again, for FY 2008 there has been no fully-developed media/marketing strategy. As stated previously, information is provided through the DHR website and State/County offices conduct a variety of foster care awareness activities, particularly in May, but also all year long. In November 2006, Alabama SDHR and several county departments participated in National Adoption Day for the first time. Also, a more organized emphasis has been placed on National Foster Care Awareness Month and National Adoption month activities on both the state and county levels. Counties once again participated in National Adoption Month (and National Adoption Day) activities in 2007 and in 2008. Plans are already underway for the November 2009 NAM activities.

An Adoption Opportunity Grant proposal for Diligent Recruitment of Resource Families was submitted in May 2008 but was not selected for funding. It is expected that with the assistance of the National Resource Center for Recruitment & Retention of Foster & Adoptive Parents (NRCRRAP) we will be able to implement a number of the strategies included in the Diligent Recruitment AOG proposal. These include conducting market segmentation research on our existing successful foster/adoptive families and utilizing this data to develop a meaningful recruitment plan that can be implemented at the county level. These are goals and strategies that are included in the Program Improvement Plan.

Families who are interested in learning more about becoming a foster and/or adoptive family make inquiries through calling a toll-free hotline (1-866-4AL-Kids/1-866-425-5437) or submitting an inquiry form through the DHR website (www.dhr.alabama.gov).

A dual-purpose recruitment orientation packet was developed and is revised as needed. When families make an inquiry, the packet is provided to them along with county-specific contact information. The family's name and contact information is also provided to the designated resource staff person or supervisor in the family's county of residence. This packet has been translated into the Spanish language through T/TA from AdoptUsKids.

General Recruitment Methods:

- Via website, with online inquiries available for both potential foster and adoptive parents.
- Via toll-free recruitment hotline, answered by Recruitment & Retention specialist. Available for both foster and adoptive parents. All inquiries except Adult Foster Care are responded to by Office of Permanency Recruitment Team Member.
- 67 County DHR offices have at least one designated staff person in Child Welfare to be a contact for SDHR to make referrals for potential foster and adoptive parents and to conduct local recruitment efforts. DHR is participating in the AdoptUSKids “Answering the Call” initiative. Children’s Aid Society in Birmingham has signed a contract with AdoptUSKids to operate the Recruitment Response Team for the project. Because of the success of the RRT model, Alabama DHR has increased CAS/APAC contract over the last two fiscal years to provide two additional staff to serve on the Recruitment Response Team. The recruitment designees in the 67 county offices will also be a part of the RRT.

Response plan for inquiries including:**Telephone response system**

The toll-free number is 1-866-4-All-Kids. Calls are answered by the Recruitment Response Specialist during regular business hours (except during breaks, holidays or leave). After hours and when the Specialist is not available to answer calls the caller is routed to a voice mail box. Messages are responded to by the Recruitment/Retention Specialist when she returns to the office. When she is unavailable for extended periods of time the RRT Leader, Coordinator or the Program Supervisor retrieve messages and respond as indicated.

Orientation Plan, including materials given to parents

While still separate units, both the Offices of Foster Care and Adoption participated in development of an orientation packet. There is a dual-purpose printed orientation packet. Basic information is also available on SDHR website: www.dhr.alabama.gov. As a part of the RRT for “Answering the Call” the orientation packet was revised. Additional handouts that contain information about “other ways to help” were added to the packet. A Frequently Asked Questions (FAQ) document about the requirements for approval as a foster parent, adoptive parent, or both has been developed and is now in the packet and available in .pdf form on the DHR web site. As additional recruitment partners are added, their information is added to the packet.

Pre-Service Training program

Group Preparation and Selection (GPS) is required of all foster and adoptive parents in Alabama. This is a ten week, 30 hour pre-service process that familiarizes interested foster or adoptive parents with the agency, the types of children needing homes, and allows the applicant to make an informed decision of their capacity to care for this population. Most of the 67 County offices currently have the capacity (have both a staff and foster/adoptive parent co-leader) to conduct pre-service training themselves. Other counties are in the process of getting staff and foster/adoptive parents trained as co-leaders). Small rural neighboring counties are partnering to do joint pre-service training. Two to four times a year, the Program Supervisor polls county departments to obtain their GPS schedule for the coming quarter and a corporate GPS schedule is generated and shared with all 67 county departments. This aids in the partnership process between counties who may not have enough waiting families to warrant a class or cannot currently do a class themselves because of lack of a co-leader. A pre-adoptive services project was included in the CAS/APAC contract for the previous and current fiscal years. Through this project the Recruitment Response Coordinator conducts pre-screening of families interested in adopting. The purpose of this pre-screening is to determine if the family is willing and/or able to consider special needs adoption and to gauge their interested in providing foster care services. If the family is interested in Special Needs Adoptions and does not want to foster, APAC is working with the family in GPS and/or Deciding Together and completion of home study.

Home Study/Assessment Process

Home Studies and Assessment will be done utilizing the Family Consultation portion of the GPS process.

Foster and/or adoption approval requirements and process

The Minimum Standards for Foster Family Homes and the “Application and Home Study Section” of the Adoption Policy Manual are in place for use by county staff and child placing agencies. A large number of our foster family homes are also approved as adoptive resources. In an effort to reduce duplication, the Medical and Financial forms for both the Foster and Adoptive Applicants have been combined. The two separate application forms (foster family home and adoptive family) were combined into one multi-use form. Currently foster homes and adoptive homes are approved; however, the Recruitment & Retention work group that worked on this portion of

the Program Improvement Plan has asked that consideration be given to having a single home study and having a “resource family” approval type.

Involvement of community in recruitment

The State of Alabama Department of Human Resources has 67 county offices in addition to a State Office in Montgomery. The county offices organize and implement recruitment activities in their local communities through churches, service/civic organizations and public festivals (i.e., arts and craft shows, county/regional fairs, etc.). Counties utilize printed material from a foster care and/or adoption orientation packet as handouts during these presentations. Brochures and posters are available from General Services. Foster Care Month posters and supplies as well as National Adoption Month kits are made available to county departments from national organizations (National Foster Care Month steering committee, Dave Thomas Foundation for Adoption and others). In 2008 a Recruitment and Retention workgroup was convened. The group included county DHR representation (small, medium and large counties) as well as a county director co-facilitator. A number of private child placing agencies also had representation on this work group. The group met several times and came up with a list of “what works” and “what doesn’t work” in the area of recruitment, training, approving and retaining foster/adoptive families. The work of this group is very evident in the proposed goals and implementation strategies that were included in our R2 Program Improvement Plan.

Involvement of resource parents in recruitment

The 2004 recruitment/retention plan for foster/adoptive parents in Alabama was developed with the assistance of the Recruitment and Retention Task Force. Those who are a part of the response team for the *Answering the Call* campaign are involved in the on-going implementation and revision of this plan. The 2008 Recruitment & Retention workgroup referred to in the previous paragraph included foster and adoptive parents from AFAPA. The RRT Coordinator is also a part of this group and served as the group’s stakeholder co-lead. The Leader of Alabama’s Recruitment Response Team is a foster/adoptive parent. Of course, Group Preparation and Selection requires that a social worker/foster-adoptive parent co-leader model be used for the classroom instruction portion. The director of Heart Gallery Alabama (HGA), who is a great recruitment partner, is also an adoptive parent as are a number of the board members for HGA.

Alabama Foster & Adoptive Parent Association was identified as a partner in the Adoption Opportunity Grant Proposal mentioned earlier in this document. Representatives from AFAPA have also participated in PIP development and have asked to be a partner in the foster parent mentor program. The Foster Parent Mentor Program was a huge piece of the OSCRR (On-going Support & Coordination of Recruitment & Retention) model included in the Adoption Opportunity Grant Proposal. Even though the Diligent Recruitment AOG proposal was not selected for funding, developing a foster parent mentoring program (as a retention strategy) is included in our R2 Program Improvement Plan.

AFAPA also supports the child-specific recruitment efforts of the Office of Permanency by including several “waiting child” features in their quarterly newsletter.

Public relations and media relations strategies

Activities Include:

- A link to the Heart Gallery of Alabama Website which features professional photos as well as audio interviews of waiting children. In early 2009 Heart Gallery Alabama was awarded a grant that will now make it possible for them to include video interviews and B-roll footage of waiting children on their web sites. Heart Gallery will also be able to provide video donuts to television and cable companies who are willing to partner with Alabama DHR in child-specific recruitment efforts. Heart Gallery Alabama will retain photo credit in these features. It is possible that the video footage will be available to placement staff on DVD’s so that they may utilize their laptops or a DVD player to show videos to interested potential adoptive families.
- DHR website features information about how to become a foster/adoptive family. The site has included more specific information from time-to-time specific to foster care (during May) and adoption (during November).

Alabama DHR utilizes a number of child-specific recruitment venues. In addition to feature photos, voices and/or bios of children waiting for adoption, these media partners also share information about how to become a foster/adoptive parent and provide contact information for DHR, including our web site and toll free number. Existing (on-going) and new partnerships include:

- Kids to Love – a weekly Sunday night feature on the NBC affiliate in Madison County (Huntsville and surrounding Tennessee Valley viewing area). This is also re-played on Monday morning; During FY 2008, this feature expanded to WSFA – NBC Montgomery.
- Wednesday's child – a weekly noon-time feature on a live talk show on the CBS affiliate in Houston County (Dothan and surrounding Wiregrass viewing area)
- Thursday's Child – Partnership with the *Montgomery Advertiser* –includes print articles in each Thursday edition of their publication.
- APAC Impact – The quarterly publication of Alabama Post Adoption Connection. Four to six “waiting child” features are included each quarter.
- Waiting Child Notebooks – APAC regional staff maintain notebooks that feature photos and bios of our waiting children. Notebooks are shared with potential foster and/or adoptive families at GPS panel 9 meetings, parent support groups and other training venues.

Specific Activities for Statewide Recruitment During May as National Foster Care Month:

SDHR coordinates with the Governor's Office in planning events to recognize May as Foster Care Month through hosting a press event at the State Capitol (typically a proclamation signing event). County DHR offices also hold Blue Ribbon rallies in their local cities and towns. Counties throughout the state also conduct a variety of appreciation events for their foster parents and obtain local media coverage of the events. A number of counties also have local interest stories about foster parenting in their local and regional newspapers.

Staff allocation and job specifications for recruitment, licensing and parent training functions

The Office of Permanency will continue with a full-time staff person designated to recruitment and retention efforts.

As has been mentioned earlier DHR is providing office, computer and phone support to the Recruitment Response Team specialist who has been hired through a contract between Children's Aid Society and DHR. The Recruitment Response Coordinator, hired by Children's Aid Society/APAC works out of her home to allow more flexibility in time of day she is available to work with her families. The part-time RRT Leader, funded by the contract between CAS and AdoptUsKids, works out of the Montgomery-area APAC office.

The Office of Child Welfare Training has training staff who conduct leader training for Group Preparation and Selection. The county offices have designated staff that performs various functions in recruitment, licensing and parent training. SDHR will continue to assess county capacity in this area.

Beyond the Department of Human Resources there are numerous child placing agencies in Alabama who recruit and train families for traditional and therapeutic foster care as well as adoption.

Staff training plan

During PIP development meetings, the recruitment workgroup identified the need to revise the GPS co-leader training curriculum and implementation guide. The revisions are around adding a critical thinking component to increase staff capacity around utilization of GPS meetings and observations as an assessment tool and not simply a task toward meeting approval standards.

Recruitment evaluation process and reports

In the past, counties and child placing agencies registered new resources in Alabama's Child Welfare Information System (ACWIS). Inquiries, responses and referrals to/through the SDHR Recruitment/ Retention team are entered into the AdoptUSKids RRT database. Subject Matter Experts (SMEs) from the Office of Permanency participated in the design of the provider module of the FACTS system and anticipate being able to track families progress toward approval and placement through this new system. This will help the Department better evaluate activities and plan additional strategies for the future.

As of the end of FY 2007 we are less than 1% away from meeting the stated goal above (44.1). The goal as stated in the 2004 plan document was to have 2,179 approved foster family homes by the end of FY 2008. The last statewide data available for FY 2008 is data from March 2008. It indicates we have 2103 which is an increase of 86.2% which is 76 homes short of the total goal for FY 2008. However, please note this data is from June 2008 and does not include the last three months of FY 2008.

Since the merger of the Offices of Foster Care and Adoption into a single Office of Permanency, there has been an increase in attention given to recruitment and retention of foster homes with a joint effort on both foster homes and approved adoptive families. The assessment of the “diligent recruitment of foster and adoptive homes”

indicator for the Federal Review has helped identify several things that may help in this area. Some strategies identified in the state's PIP include:

- Conduct market research and utilizing information ascertained from that research develop recruitment plans and strategies.
- Develop policies and procedures for preparing, assessing and approving prospective foster/adoptive families.
- In partnership with the state's foster/adoptive parent association, develop and pilot a foster parent mentoring program.

44.3 Be prepared to respond to the AdoptUSKids Campaign in a timely manner including arranging training for applicants.

In FY 2007 and 2008, the Office of Permanency was able to continue additional support staff through an existing contract to house a Recruitment Response Specialist in the State DHR office. This Children's Aid Society/APAC employee responds to inquiries from potential foster and adoptive families.

These inquiries come to our office through web inquiry, hotline telephone calls and e-mail. There is also a "contact us" link on the State DHR web site. Children's Aid Society/APAC is the grantee for an AdoptUsKids RRT grant. They utilize these funds to employ a part-time Recruitment Response Team Leader. The full-time Recruitment Response Specialist responds to families interested in becoming foster/adoptive families for our children. The part-time employee responds to Alabama families who begin their inquiry into foster care or adoption with the national RRT in Maryland. The RRT specialist responds to families who inquire at the State level either through the toll-free recruitment hotline or the DHR web site. Funding from AdoptUSKids to Children's Aid Society for the Recruitment Response Team Leader (part-time employee) will end in September 2009. Transition planning has begun and Children's Aid Society will be continuing this position with other funds.

To aid in retention of families that are in the inquiry status, we expanded the roles of the recruitment response team members this year. During the first year of the RRT contract there was a requirement to make periodic contact with waiting families until such time that they get approved, receive a placement or ask us to stop making contact. Initially, these follow-up contacts were made only with families who inquired through the Baltimore RRT. Currently, all Alabama families who inquire with DHR get some degree of follow-up contact by a member of the state-level RRT. The intervals for this follow-up are 4 weeks from date of initial inquiry then again in four weeks and then in six months and after this six month follow-up (unless the family requests on-going follow-up) their RRT file is closed. Previously county departments were providing the only follow-up to families except for those that came through the National RRT. For fiscal year 2007 the State office responded to 2,227 families interested in either fostering/or adopting. These breaks out as follows:

Interested in Fostering:	539
Interested in Adopting:	1,145
Interested in Both:	275
No Preference Stated or Recorded:	268

A breakout in this manner is no longer available. We now use the AdoptUsKids RRT database to track initial inquiries and follow-up and there are not data categories available for tracking if initial inquiry was for foster care or adoption or both/no preference.

The Department has continued to partner with the CAS/APAC RRT and contact is made with the families that inquire within the RRT established timeframes. AdoptUsKids has a contract in place with Children's Aid Society (CAS). The previous part-time RRT leader was promoted this year to serve as a full time Recruitment Response Coordinator. She continues to work out of her home and she has an expanded role in making follow-up contact with families post initial inquiry and helping support them through the processes of preparation, assessment and home study. CAS did hire a replacement for the part-time position (this is the RRT leader mentioned previously in this section). The Recruitment Response Coordinator works out of her home to allow for more flexibility in her hours so that families who require typical after hours contact can receive the follow-up they need. State DHR provides mail and office supply support to this project. The Recruitment Response coordinator is a

foster/adoptive family who is currently approved to foster and who has adopted four children (ranging in age from newborn to 17 year old). The part-time RRT leader is also an approved foster parent.

Although the RRT is very timely in its initial response to potential families who inquire about fostering or adopting, timelines of preparation and assessment of potential foster and adoptive families continues to be an issue. The pre-adoptive services added to the APAC contract in FY 2008 provided more timely preparation and home study services to families interested in special needs adoption. In the R2 PIP, developing policies that address issues related to the preparation, assessment and home studies has been included as strategies targeted at improving the timeliness with which families working with our county departments experience the preparation, assessment and approval process.

44.4 Alabama will have a family-friendly and efficient response system at the state and county levels.

Although data is not available to provide exact timeframes, it is estimated that the RRT leader's average length of time for first-time response is somewhere between 24 and 30 hours (from time she receives referral from National RRT). The volume of inquiries responded to by the Recruitment Specialist (mentioned earlier) is much higher than that of the RRT. It is expected that families whose initial contact is through the hotline, web site or e-mail will receive a response within seven to ten days. Once they receive their initial response by phone or e-mail (according to the family's stated preference) they are also mailed an orientation packet of information that contains name, address and phone number of their specific county contact person. At the time of response to the family, the Recruitment Specialist also makes a referral to the applicable county Department for local follow-up. The follow-up provided by county departments is in addition to follow-up made by members of the state-level RRT.

Policies are being developed (and this strategy is included in the R2 PIP) that will outline expectations around time frames for follow-up contact with the county, length of time until GPS begins, length of time for completing home study, etc.

44.5 Increase the number of approved Hispanic foster homes from less than 1% of our approved homes to 5% of approved traditional foster homes by FY 2008. SEE 44.6

44.6 Targeted recruitment of Hispanic homes utilizing resources developed by AdoptUSKids "Answering the Call Campaign."

Through the AdoptUSKids Recruitment Response Team, FSD has been able to engage with some Hispanic Families. From 7/1/07 through 5/30/2008 an additional 16 families with Spanish as their preferred language contacted us about becoming foster/adoptive families. From 10/1/2007 through 09/30/08 1,469 families were registered in the RRT data base. Of these, six families indicated a preference for Spanish language materials and contact. In addition to the Spanish Language adoption guide and other "Answering the Call" materials supplied by AdoptUSKids, Alabama DHR has had our FAQ and general information packet translated into Spanish Language. Although no data is available, members of the RRT indicate that citizenship and/or legal status is typically a barrier to proceeding for most of the Hispanic/Latino families that contact our agency about becoming foster/adoptive families.

FSD is unable to identify which families inquiring through the DHR web site might be Hispanic because the form field for "race/ethnicity" was removed from the inquiry form (as well as the *Application to Foster/Adopt* form) as a recommendation from the Children's Bureau following a MEPA compliance review.

- Jefferson Co., Alabama's largest county, conducts a preparation training class (GPS) with the assistance of an interpreter for Hispanic families, as needed.
- Services from the Foreign Translator Service under contract with the Department are utilized in responding to families throughout the recruitment and preparation process.
- County Departments look to faith and community-based organizations that may be of assistance in reaching out as well as responding to members of the Hispanic Community who may be interested in fostering/adopting in Alabama.
- FSD has a supply of the Spanish-translated publication, "Family Pocket Guide," that is distributed to Spanish-speaking families that inquire about possibly fostering and/or adopting through our agency.
- AdoptUSKids has a Spanish website and a Spanish toll free number.

- The Ad Council has had a nationwide intensive media campaign with a public service announcement targeting the need for Hispanic foster and adoptive families. All state and county DHR staff have been made aware of this need and know how to respond to inquiries.
- State DHR Office of Communications has translated our initial recruitment orientation packet into Spanish language. A consultant from the AdoptUsKids National Resource Center was asked to compare the English and Spanish language versions of these documents for accuracy of translation. The Department now has a Spanish-language packet that it can provide families whose preferred language is Spanish.
- The Special Latino Study conducted by the State Quality Assurance Team reported the following counties had foster care providers identified as Hispanic:

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

However, according to the PSCWB230A report, (Characteristics of Foster Family Homes), the number of appropriate foster family homes (including related and provisionally-approved homes) identified as Hispanic:

FY 2004	1
FY 2005	5
FY 2006	5
FY 2007	4 *
FY2008	6**

*Although the summary data indicates 4 FFH who are Hispanic, the breakout of data on Foster Mothers & Foster Fathers indicates we have 10 Hispanic Foster Fathers. The reason for the difference in the summary data and the detail data is unclear at this time.

**Although the summary data for June 2008 indicates we have 6 FFH who are Hispanic, the breakout data on mothers & fathers indicates we have 12 Hispanic foster fathers and 9 Hispanic foster mothers. The reason for the difference in the summary data and the detail data continues to be unclear.

44.7 Increase the number of approved foster homes willing to accept teenagers.

DHR currently does not have a report indicating the number of foster homes willing to accept teens. Once the FACTS (Alabama's new SACWIS system) roll-out is complete, the Department will have ad-hoc report capabilities through which we should be able to better identify the homes willing/able to accept placement of teenagers. Until then, the monthly Independent Living Report is reviewed to determine how many youth are placed in less or more restrictive settings. The previously-set Department goal was to increase the number of teens living in family settings to 58% by FY 2008.

FISCAL YEAR	PERCENT OF YOUTH LIVING IN FAMILY-TYPE SETTINGS (Foster Family Homes, Related Foster Homes, Therapeutic Foster Homes)
2005	53%
2006	51.8%
2007	52.9 %
2008	49.6 %

According to the PSCWB089B dated 9/28/07 there were 2,556 children in care age 14 or older. 52.9% were living in family-type settings. This includes 921 children living in related homes, foster family boarding homes, foster family related homes. Another 432 are living in therapeutic foster homes. In May 2008 the FSD submitted an Adoption Opportunity Grant Proposal for Diligent Recruitment of Resource Families. The grant proposal was not selected for funding. It is our hope that market segmentation data obtained through our work with the NRCRRFAP will help us identify strategies for inclusion in our recruitment plan that will lead to successful recruitment of families willing/able to parent teens.

44.8 Expand the use of the Positive Youth Development curriculum and make this training available to all foster parents caring for or considering parenting teens.

Make this curriculum available for currently approved foster families and those just completing GPS. This will help those experienced homes feel more confident and willing to try to parent teens. It may also encourage new foster parents to consider teens. This is a targeted recruitment approach utilizing an existing pool of resources.

Portions of the Positive Youth Development curriculum were incorporated into the "Interdependent Living" curriculum, and serve as an ongoing training resource. All appropriate county staff were trained as of April 2004. Independent Living Program Consultants provide training for foster parents at their conferences or association meetings during that same year. This consists of condensed or excerpted training sessions from the full curriculum. It does not appear that components of the Positive Youth Development curriculum have been included in the preparation and assessment process for foster/adoptive parents (GPS or Deciding Together).

In 2008, discussions about the use of this curriculum (or something similar) resumed as DHR developed the Draft PIP.

44.9 Increase the number of approved foster homes willing to care for medically fragile foster children.

FSD currently does not have a data base of approved, medically fragile homes, so it is not possible to immediately measure an increase in this number (please see Objective 1 for this goal).

44.10 Modify the ACWIS system to include a category of Medically Fragile foster home.

The FACTS (Family, Adult & Children Tracking System) was rolled out to pilot counties in August, 2008 and is now fully implemented. According to staff working on this project, "Medically Fragile" will not be listed as a provider type as originally thought. After much discussion it was decided that we would show "Medically Fragile Care Experience" in the Specific Skill/Background box on the Resource Directory (Services Provided tab). We will also have a training type of "Child Specific Medically Fragile Training". As currently designed counties will be able to search based on the service taxonomy. That is set up based on license types, contract types, & payment (contract, PO, etc.). Medically fragile is more of an add-on like enhanced foster care, etc. Workers will be able to see the special skills when they view the potential provider. For example, if they know they want a foster family home they will search for available foster family homes & they will be able to look (on the search screen) at those available to see if any of them have provided medically fragile care in the past. That same field will say if the person is a medical professional so even if they have not cared for medically fragile foster kids in the past they may be a good candidate for caring for the particular child being placed.

44.11 Complete a programming request to obtain a quarterly report of Medically Fragile homes by county. This objective is no longer relevant. Please see content provided under 44.10 above.

44.12 Work with county offices and medical communities, i.e. hospitals, universities, etc. to recruit Medically Fragile Foster Homes.

County departments work with medical personnel and agencies within their own communities to do child-specific recruitment for children with special health-care needs that can not be met by any of their current approved foster families. In some cases nurses or other health-care professionals who care for children while hospitalized have made contact with the State's Recruitment Response Team about caring for children in foster care of whom they are aware. When this happens, the RRT provides this contact information to the applicable county departments (the county who has custody of the child as well as the county of residence for the prospective provider).

One of the AFAPA board members is a registered nurse and works with the board of education in her area. She is also available to help in identifying providers for children with special health-care needs.

44.13 To decrease the number of foster family homes that close by 5% from 2004 to 2008. See 44.14 – 44.16

44.14 Programming Request completed to accurately report homes that close and the reasons they close.

This objective has been completed.

Although a tracking system was set up to capture information on closure of foster homes, there were problems with the resulting data. Staff from the Foster Care Unit worked with systems staff to correct these problems so that reliable data is available for program planning purposes. The PSCWB275A (Reason Approved Foster Family Homes Closed) report started running on a monthly basis as of April 2006. A large percentage of homes are closed for reason type 01 – provider request. It is hoped that reports generated by FACTS will be able to give more specific detail about the nature of the provider’s request. The report currently includes the following reason types:

- 01 – Provider Request
- 02 – Moved out of County
- 03 – Death of Provider
- 04 – Revoked

DATE	REASON TYPE				
	01	02	03	04	TOTAL
Sept 2005 (before report corrected)	1	1	0	0	2
Sept 2006	889	26	3	83	1001
Sept 2007	747*	20	3	97	867
June 2008 (last available statewide data)	660	21	11	92	784

For FY 2006, 889 homes were closed at the request of the provider. For FY 2007, this number dropped to 747, which was almost a 16% decrease. The last statewide data available through ACWIS is cumulative and is for June 2008. As of the end of June 2008, 660 foster homes closed at the request of the provider. This accounts for a 25.75% decrease over the last two fiscal years. Of these 660 families, 201 are families approved by licensed child-placing agencies, not DHR county departments.

Reason for Closure Codes in the provider module is being expanded. However, we have met with some challenges for immediate revision of the Home Closure Report referred to above. It cannot have more than four columns. The report, therefore, will reports home closure reasons as follows:

1. Provider Request: will include provider requests, applications withdrawn, desired child/children not available; provider wishes to transfer to another agency;
2. Adoption: Adoption finalized; Received child/children from another source through adoption; provider request – adopted children;
3. Family Circumstances: Death of Provider; Marital problems; medical issues; pregnancy; relocation – moved out of county;
4. Approval/License/Permit Issues: Non-compliant with licensing/certification regulations; Non-compliant with policy/ procedures; Court-ordered closure; Violation of Standards; Application Rejected; Violation of licensing agreement; Finances insufficient.

44.15 Continue to survey foster parents who exit to assess why they leave the program.

Surveys of families who exit the system have not been done by the FSD State office since Fall, 2003. Subject Matter Experts (SMEs) from the Office of Permanency understand that the new FACTS system will allow us to pull custom reports so that we will have the information needed in order to survey families who exit the system.

A DSW student from the University of Alabama worked with the recruitment sub-committee of the State QA Committee on a survey of foster parents. Details about the survey are not yet available.

No additional exit surveys have been conducted. It is hoped that since FACTS is completely rolled out and DHR has enhancement capacity (which is currently reserved for the program developer) we will be able to get a report of detail of the families whose homes are closed and be able to use this for survey purposes. The only way we could have previously done this was with a specially programming request from ACWIS which has not been possible because of the work on the new FACTS system.

44.16 Develop retention strategies based on exit surveys and other identified issues in conjunction with county directors & staff as well as foster parent stakeholders.

In previous years training and technical assistance has been provided by the AdoptUsKids National Resource Center in an effort to better prepare county resource staff to recruit, respond and retain families wanting to parent children in Alabama's foster care system.

Because surveys have not been completed as referenced above, no retention strategies have been identified based on survey data. The Out of Home Care policy released by the FSD during this year does contain a section on "supports to foster families" and contains policies that were developed as a result of the passage of the "Foster Parents Bill of Rights" in 2005.

It is also the intention that the steps in the PIP that address time frames for tasks encountered by "waiting families" will improve our retention rate of families who have inquired about being a foster and/or adoptive parent but who are not yet approved or have not received a placement.

Since no surveys have been done on families who exit with a reason of "provider request", no additional retention strategies have been developed. This is certainly appropriate for inclusion in the 2010-2014 plan.

44.17 Develop a plan for all foster care workers to attend GPS in order for them to hear the same message that foster parents are hearing concerning partnerships, roles, etc. Foster parents and stakeholders have expressed that one source of conflict between foster parents and staff is the difference in expectations.

Although State DHR has not issued instructions or a plan for all staff with foster care responsibilities to attend the ten-week GPS classes along side foster/adoptive families a number of county departments do require some sort of GPS orientation or training for their child welfare staff. Some counties do this through participation in the ten-week program, some by having their staff attend the two week co-leader training session and others through participation in a two-hour GPS overview that is available.

Although no strategies were ever implemented that included all staff with foster care responsibilities attending GPS, it is anticipated that the practice model will address some of the issues that affect retention of foster/adoptive families.

Item 45. Process in place for effective use of cross jurisdictional resources

CFSR Rating: ANI

45.1 The major goal for the ICPC office for the next five years is to process 100% of all ICPC referrals for placement within three (3) days from the date of receipt in the ICPC office. 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.

Continue to monitor workflow of staff and continue to monitor file room to increase efficiency of transfer of case records.

ICPC Manager monitors workflow through assignment of cases on a daily basis and monitors the alert system of previously assigned cases to ensure timely processing of cases. The Manager also provides consultation on cases with individual staff as needed along with regular unit meetings to discuss barriers, strengths, and needs. The addition of two clerical staff aids in timely processing and distribution of case files. This staff will be used to assist in processing cases with the new automated FACTS system.

45.2 The Department of Human Resources will implement FACTS, the Statewide Automated Child Welfare Implementation System, effective August 11, 2008 for the State DHR office and three pilot counties. Pilot training is scheduled for July 21 through August 8. Staff will be working closely with mentors on the FACTS project as issues arise with the new system.

FACTS has now been implemented statewide. ICPC staff confer (on an as needed basis) with the mentors to resolve issues related to new system.

45.3 Continue to provide ICPC training and case consultation to county staff. Due to travel restraints, increased use of consultation by phone and e-mail will be provided.

As fiscal restraints are reduced, a reassessment of regionalized training will be considered. Collaborate with child welfare consultants to identify support/training opportunities to counties.

ICPC staff continues to collaborate with child welfare consultants regarding training issues. ICPC Program Manager continues to provide training to county ICPC staff via phone on an as needed basis.

45.4 Maintain interagency collaboration with American Public Human Services Association (APHSA) and other states.

Continue to request permission for attendance at the Annual ICPC Conference.

One of the ICPC Foster Care specialist attended the 55th Annual Conference of the Association of Administrators of the Interstate compact on the Placement of Children, April 17-21, 2009, in San Antonio, Texas. States are still in the process of ratifying the new compact. Many states still have different issues about the new compact and discussions centered on these issues. Eight states have enacted the new compact; thirty five states must ratify the compact for it to become law. A review of the Safe and Timely Interstate Placement of Foster children Act of 2006 (Public Law 109-239), Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248) and Fostering Connections to Success and Increasing Adoptions Act of 2006 (Public Law 110-351) was presented by the Administration of Children and Families.

45.5 Implement Intercountry Adoptions Act when protocol is received from the U. S. State Department.

This goal has been achieved.

Yearly Report – Office of Policy

Evaluation of Long Range Policy Goals 2005-2009

To develop and maintain comprehensive, clear, concise child welfare policy and procedures which facilitate and support best practice for families served by the Department while complying with federal and state mandates. Develop a process whereby all policies can be reviewed on a regular basis.

1. In the next five years (2005-2009) the principal goal will be to maintain policies with up to date revisions.

2009 Update: In this reporting period from July 2008 to June 2009, a substantive policy on the use of Supplemental Security benefits for children in care was negotiated with the Social Security Administration and released in November 2008; the Grievance Policy for foster parents was renamed and re-released in November 2008; a substantive revision was made to the Adoption Policies and Procedures in February 2009 to incorporate federal requirements around caseworker visits, and the adoption tax credit, as well as strengthening the requirement for timely finalization of foster parent adoptions; Out of Home Policies and Procedures were revised in February 2009 to incorporate the requirement that monthly caseworker visits are to be in the child's physical placement along with other miscellaneous revisions; and one revision was made to Child Protective Services Policies and Procedures in April 2009. Goal carried forward.

2. Automation of Policy

2009 Update: When established in 2005, this goal was considered likely to evolve around the automation and technology available to the Department as a whole. Policies were initially placed on a locally shared drive in each of the sixty-seven counties and ASDHR. We then moved to having policies on-line, intra-departmentally, and accessible to all counties and ASDHR. In 2009, we have advanced to having all policies available to counties and ASDHR in one on-line program which makes available to counties and ASDHR all current policies, current administrative letters and memoranda, forms and instructions. As a result of Family Services' initiation of having policies available in an automated version, the entire Department now has its policies available on the same on-line program which can be accessed by other departmental program areas. This goal has been achieved.

3. Develop a system that will meet the counties' need for policies to be better organized with easy and quick access.

2009 Update: In 2005 through work with the National Resource Center on Organizational Improvement, a framework for developing and publishing policies was agreed upon by county directors and State Family Services Division. We moved from the “topical” policies into programmatic policy, e.g. adoption, protective services, with each programmatic policy containing several “topical” sections. This has been advantageous in locating policies both in soft and hard copies. There are some program areas, e.g. ICPC, ICWA, which have a topical policy published specific to the area which allows for counties and state staff to easily access the policy. Counties have had a positive response to the organization of policies. This goal has been achieved.

4. Update and maintain the Alabama Administrative Code

2009 Update: Maintenance of the Alabama Administrative Code has typically been the duty of the Office of Child Welfare Policy. In the past five years that duty was re-assigned outside of the Office of Child Welfare Policy but has recently been re-assigned to the Office of Child Welfare Policy as a result of the restructuring of the Policy, Planning and Research Office. Attempts were made by the Policy, Planning and Research Office to involve each program manager in developing the Administrative Code for their respective programs; however, this did not come to fruition. Presently, this responsibility is with the Office of Child Welfare Policy and is expected to remain so. Goal carried forward to 2010 – 2014 CFSP.

5. Evaluate Effectiveness of Policies

2009 Update: Achieving this goal is problematic. Realistically, this cannot be expected to be implemented. Policies are, however, evaluated as problems arise and revisions made accordingly.

6. Training of Policies

2009 Update: The Train the Trainer model was attempted but that was unsuccessful, as training of line staff failed to occur. The concept of pairing training staff with program staff to train policies was not implemented. The training of policies has been incorporated into the Office of Training to the extent possible.

Evaluation of Policy Objectives 2005-2009

Objectives were established for completion of the following policies during the 2005-2009 Plan

Plaintiff’s Access: This is a policy developed while the Department was under the R. C. Consent Decree. The policy failed to achieve agreement from the Department attorneys. Following the release from the consent decree in January 2007, this policy was no longer applicable.

Transfer of Cases: This is a former R. C. policy which addresses the transfer of cases from county to county. There is a need to revise the policy to incorporate the automated transfer of cases using the FACTS and to incorporate this policy into Service Case Record Policy and Procedures. This has not been accomplished and will be carried forward into 2010-2014.

Service Case Record: This policy was released in January 2005 and addressed the value of maintaining information and documentation that justifies services provided and actions taken by the Department. A revision is needed to incorporate the above Transfer of Cases Policy into this policy. This objective will be carried forward into 2010-2014.

Transitional and Independent Living Program and Placement Requirements: This policy was developed and released in December 2006 in response to a state statute that provides that there be in existence transitional living facilities which gives opportunities for eligible persons in foster care, 16 years to 21 years of age, to practice independent living skills in a variety of residential settings with varying degrees of care and supervision.

Indian Child Welfare Policies and Procedures (ICWA): The policy was released August 2007. One revision was made in October 2007 that directs that a child’s Native American ancestry be addressed when the child enters care.

Out of Home Policies and Procedures: This is Alabama’s policies and procedures governing foster care children. It was released in November, 2007. A number of smaller, stand alone policies were incorporated into the Out-of-Home Policies and Procedures including Permanency/Concurrent Planning, HIPAA, Activities and Life Events, Medically Fragile Children, Placing Children in Close Proximity, Placing Siblings Together, Smooth Transition Into Adulthood, Visiting Policies, Telephone and Mail Policies, Caseworker Visits, Safe Haven Children, and Independent Living Services. There

have been two revisions to the Out of Home Policies and Procedures. At this writing all federal regulations have been incorporated into the policy.

Minimum Standards for Foster Family Homes: In this five year period, there have been three revisions to the Minimum Standards for Foster Family Homes. In June 2006 the financial statement for prospective foster family homes and prospective adoptive homes was combined into one form. In October 2006 the application for prospective foster family homes and prospective adoptive homes was combined into one form. In October 2007 Public law 109-248, Adam Walsh Child Protection and Safety Act of 2006 was incorporated into the standards to provide for child abuse/neglect registries to be checked for the past five years in any state that the prospective foster/adoptive family has lived.

Child Protective Services Policies and Procedures (CPS): In this five year period there have been nine revisions made to the CPS Policies. In 2009 one revision was made which added allegations of the allegations of Shaken Baby Syndrome, Positive Test for Alcohol At Birth/Fetal Alcohol Syndrome, Positive Test For Drugs At Birth/Drug Withdrawal, and Other Threat of Serious Harm/Domestic Violence. Revisions to CPS policy will remain an objective for 2010 - 2014 because of the fluidity of the program.

Approval of Foster Family Homes Policies: In 2007, work was initiated on policies and procedures for the approval of foster family homes. This policy will provide county departments with direction on the procedural requirements for approving foster family homes. This has been included as an action step in the 2009 Program Improvement Plan. During 2008-2009 considerable refinement of the proposed policy has been done and the proposed policy has been reviewed by county and state staff. This will be carried forward in the 2010 - 2014 CFSP.

On-going Protective Services Policy and Procedures: While the department has historically relied upon the policies regarding child abuse investigations to provide general guidance in working with on-going protective service cases, Family Services has recognized the need for formalized policies and procedures for working with children and families to safely maintain children in their own homes. In 2007, draft policies for in-home child protective services began. Research of other states policies in this area shows a dearth of formalized policies and procedures in work with on-going protective service cases. Draft policy has been sent for review within the Department. This will be carried forward in the 2010 – 2014 CFSP.

Financial Policies and Procedures: This policy has not been initiated. The development of financial policies related to the implementation of all family service programs is a recommendation from the work performed in 2005 by the National Resource Center for Organizational Improvement. It will involve coordination between several offices and divisions in the Department, as well as other agencies. This will be carried forward in the 2010 – 2014 CFSP.

Yearly Report - Office of Child Welfare Eligibility (OCWE)

Child Welfare Eligibility Goals for 2005-2009

GOAL

After the IV-E Foster Care Secondary Eligibility Review was conducted in July 2006, OCWE was determined to be in substantial compliance with Federal requirements, so OCWE continued to fine tune the goals already set to sustain meeting the requirements of the Federal Review. The next review is scheduled for the week of August 24-28, 2009. This will be a primary review and 80 cases will be examined.

As part of preparation activities for the July 2006 and future federal IV-E Review, juvenile court judges were notified of the Review and notation was made of the accomplishments (particularly in terms of increased federal funding) as a result of their efforts in conjunction with the IV-E PIP. Including an interface with the AOC data system in the current SACWIS now known as the FACTS, is a further step toward continuous improvement. FACTS went live in August 2008 at several pilot sites including Crenshaw, Lee and Montgomery counties, and State Department of Human Resources. FACTS went live in all counties in January 2009. In this planning, other improvements (such as scanning of documents to provide electronic access) were discussed. The addition of Judges' initials to one of the permanency reports (effective August 06) enhanced the usefulness of this tracking tool. Training of new judges regarding these issues was completed in 2007. Although there has been significant improvement in wording in court orders, consistent timeliness of hearings is still of concern. Another strategy that has been identified and has proven to be successful is to target specific geographic areas and, in conjunction with county departments, to talk individually with judges regarding issues in their locale. AOC Training for Guardians Ad Litem is addressing timeframes for permanency.

A review was completed in June 2008 of all approved foster family home records and child-placing agency staffs to ensure the safety requirements were met. The records were reviewed for criminal history check which includes suitability letters and/or a hard copy of the results from ABI and FBI; results from Child Abuse/Neglect Central Registry clearances and a copy of the current foster family home approval form.

A discovery was made during the 2006 Federal Review that the Department was losing a large sum of federal funding because it neglected to recoup retro benefits in cases approved later than the month of entry and previously denied IV-E eligible children. As a result of this discovery, the Department implemented a retro-claiming project in December 2007. This project has generated nearly 1.8 million dollars in federal funds at the end of December 2008.

Yearly Report - Office of Financial Resource Management

OFRM Long Range Goals 2005 – 2009

1. Goal

Provide Medicaid Rehab and STAC Training as needed – (Ongoing but revised for the next five years. STAC training is no longer offered because of the conversion to the FACTS system).

Medicaid Rehab and STAC training has been provided on an as needed basis for individual county offices. Work has been completed and is currently in the county review process for updated Vendor Certification Policy. OFRM staff developed material on Medicaid Rehab Services and participated in ISP pilot training. Work has been completed on Core Services Fact Sheet for county staff to use when authorizing Medicaid Rehab services and is planned to be presented in the upcoming Flex Fund Training for county staff.

The department has recently moved to a Service Coordination Core Online Training program for Family Services and Adult Protective Services staff. This program has been authorized by the Medicaid Agency and consists of a testing component. OFRM has presented Refresher TCM Training to staff in approximately ten counties.

2. Goal

Help ensure that eligible children are certified for Medicaid. - (Ongoing)

OFRM staff works a kick-out report each month for children who are not found to be Medicaid eligible when the TCM billing file is being submitted. For children who have been entered into the system with a system assigned temporary SSN, the Medicaid system is checked to see if the child has an existing Medicaid number. If one is found the worker is requested to update the DHR systems with the correct information. If a child is not found on the Medicaid system, we check to see if the county worker has filed the IV-E application. If not, an e-mail is sent to the worker asking about the IV-E process and with the IV-E eligibility workers. If the child is not expected to be eligible for IV-E, a request is made to ensure that a SOBRA Medicaid application is submitted for the child.

3. Goal

Develop strategies to streamline work processes in counties. (Achieved)

OFRM has participated in work groups with State and County staff to identify county needs and update the Comprehensive Family Assessment which includes data needed for the Medicaid Rehab Assessment and the Individualized Case Plan which is used to authorize needed Medicaid Rehab services and to identify goals and needs for TCM services. An In-house Billing Guide has been developed and is ready for distribution to county staff to use for Medicaid Eligibility, Medicaid Rehab Services and TCM Services.

VIII. Child and Family Service Plan – Goals for Child Welfare

2010 – 2014

The established benchmarks and 5 year goals are based on either data from SACWIS system or the QA database. Where QA data is used, the benchmark percentages are taken from the “rolling year” of 04/01/08 – 03/31/09.

Across the goals of the CFSP, the PIP will have an important role, and although all PIP steps are not identified, many of them are specified in the content that follows. Additionally, it is hoped that the distribution of a revamped **Practice Model** to county and state DHR staff, along with the work of the **Supervision Work Group** that has been formed, will ultimately have a positive impact on all of the outcome and systemic areas that define the work of child welfare.

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

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

CFSR Rating:	Strength		
CFSR Percent:	90%		
Data Benchmark:	95% (1.1)	94% (1.2)	
5 Year Goal:	97.5% (1.1)	95.5% (1.2)	

1.1 Increase the number of child abuse reports completed i.e., investigated, recorded and approved by the supervisor within the ninety (90) day policy timeframe.

2008 95% (as of June 2008)

FY 2010	0.5%
FY 2011	0.5%
FY 2012	0.5%
FY 2013	0.5%
FY 2014	0.5%

Total 2.5%

The most recent statewide Safety Threshold data is for FY 2008 (October –June). This is due to FACTS implementation, which was completed in four rollouts of counties. This data indicates the statewide average of CAN Assessments completed within the 90 day time frame was 95% and will be used as the baseline measure for FY 2010-2104 The same data collection method as the previous five years will be used to track yearly progress.

1.2 Increase the percentage of face to face contacts with children in CAN reports within the policy timeframe

FY 2008 94% (as of June 2008)

FY 2010	0.0%
FY 2011	0.0%
FY 2012	0.5%
FY 2013	0.5%
FY 2014	0.5%

Total 1.5%

Since the data for measuring this objective is measured quarterly, the latest statewide data is for the first three quarters of FY 2008 (October-June). This is due to the implementation of the SACWIS system. The FY 2008 data indicates face-to-face contacts were made within policy timeframes in 94% of the reports received. The baseline of 94% will be used to measure this objective for FY 2010-2014.

The threshold information suggests that the majority of the 67 counties meet this objective of face- to -face contacts with policy time frames. It is also evident that in smaller counties, the inability to locate one or two children can greatly impact the data for this threshold.

Item 2. Repeat Maltreatment

CFSR Rating:	Strength			
CFSR Percent:	100%			
Data Benchmark:	2.9%	(2.1)	4.3%	(2.2)
5 Year Goal:	2%	(2.1)	4%	(2.2)

2.1 For children previously known to the Department due to child abuse or neglect reports within the past 12 months, decrease the number of child fatalities due to maltreatment (.9% across 5 years).

2008 – 2.9%

FY 2010	0%
FY 2011	0%
FY 2012	0.3%
FY 2013	0.3%
FY 2014	0.3%
Total	0.9%

This objective will continue to be monitored. The FACTS Report, QA Indicator-Child Safety status as of October 1 of each year, will be used to measure this objective. The baseline for this objective is based on the most recent statewide data for each fiscal year. However the FY 2008 is only available through June. Using this information the baseline established for FY 2010-2014 is 2.9%. Although no child death due to abuse of a child who has had previous contact with the Department is acceptable, in measuring this objective, room must for errors such as data reporting and inaccurate information. The overall goal for the next five years is to reduce the percentage of children previously known to the Department due to child abuse or neglect within the past 12 months to 2%.

The PIP has in place strategies to improve the quality of caseworker visits. One of the benefits of these strategies is that by improving caseworker visits, it is anticipated the number of child fatalities will decrease for the number of children known to the Department due to child abuse or neglect within the past twelve months.

2.2 Decrease the number of children being subjected to repeat maltreatment within the past 12 months (decrease by 0.3% for FY 2010-2014).

2008 – 4.3%

FY 2010	0%
FY 2011	0%
FY 2012	0%
FY 2013	0%
FY 2014	0.3%
Total	0.3%

The QA Indicator Report was selected to monitor this objective. The baseline for this objective is 4.3% of the children with previous dispositions of indicated were subject to repeat maltreatment within a 12 month period. This percentage is based on the last statewide data available prior to FACTS implementation. As counties began the use of FACTS in August 2008, the data report used for statewide measures of this objective was unavailable. This resulted in the inability to track repeat maltreatment for the last quarter of 2008, as well as for the first three quarters of FY 2009. From the latest available statewide data, which was July 2008, repeat maltreatment decreased to 4.3%. This was a slight decrease over the previous year.

An issue thought to be impacting the rate of repeat maltreatment was related to the method of linking cases in the previous automated computer system, ASSIST. During the development of the FACTS (SACWIS System), there has been specific planning to insure the system has the capacity to ensure accurate searches for individuals already in the State Central Registry and the ability to easily link and merge case information pertaining to families. The system became fully operational statewide in January 2009. It is still too early to determine the impact FACTS is having on more accurate

tracking of repeat maltreatment. This objective will continue to be tracked closely by the Office of Child Protective Services and/or the Office of Child Welfare Consultation. This objective may also be impacted through strategies identified in the PIP to improve quality of caseworker visits with families.

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

CFSR Determination:

Not in Substantial Conformity

Goal: Enhance the ability of families and communities in Alabama to create safe, stable and nurturing environments that promote healthy child development and enable families to resolve crises and connect with necessary and appropriate services in order to remain safely together in their homes whenever possible.

In the CFSR Round 2 Final Report, issues that were cited included the following: the need to better assess for safety, the level of placement prevention services that are needed and the adequacy of placement prevention services and safety plans.

Item 3. Services to family to protect children in home and prevent removal

CFSR Rating: ANI
CFSR Percent: 78%
QA Benchmark: 36%
5 Year Goal: 45%

The percentages for improvement are noted below:

FY 2010	1%
FY 2011	1%
FY 2012	2%
FY 2013	2%
FY 2014	3%
Total	9%

Work will begin with the approval of the PIP on improving the quality of caseworker visits. It is believed that this objective may also improve as a result of these strategies.

Although not included in the above data, additional analysis is provided by each county Quality Assurance Committee reviewing cases and rating the family preservation through the use of appropriate services.

3.1 Increase the capacity of staff to adequately assess and address all risks of harm to children living in their own homes or in out-of-home placements and improve the effectiveness of family preservation services to protect children in their own home.

In October 2006, the Department developed a pilot Continuum Family Preservation Program in six counties with the goal of keeping children safe in their own home. While the referrals are primarily from in-home protective services cases, the same service providers continue to work with the families should a child be placed in foster care and attempt to reunify the family. The Department has recognized the need to provide additional funding for front-end services. The Continuum Program is currently available in Lee, Madison, Jefferson, Cullman, Mobile and Montgomery Counties. Preliminary opinions on these programs were positive; although five of the sites were to receive additional slots, due to budget constraints, this did not occur. In FY 2009, the Continuum Preservation Program continued to operate in the original six counties. There are one hundred thirty slots for this contracted service. Continuums are financed with State dollars with the expectation that providers bill for Medicaid Rehabilitation Services, when possible. Unfortunately due to budget constraints, the program could not be expanded to other counties in FY 2009. Continuums have a cumulative success rate of 84% at the time the families are discharged.

In attempting to analyze why the Department's rating on family preservation fluctuates significantly and is continuously evaluated as an area needing improvement, the Department made some adjustments to the onsite QA review process, by adding a safety assessment as a component of the onsite review. This assessment reviews issues such as: the reasons children entered foster care; if necessary services were provided to maintain children in their home; if safety assessments were adequate; how intake reports of abuse/neglect/prevention assessments are handled; and the adequacy of safety plans. Typically this assessment is conducted by the Office of CPS, an Office of Child Welfare Consultant, or other SDHR consultant with CPS experience. The inclusion of this approach was piloted in 2007 and became a permanent part of the onsite review process, beginning in January 2008. Before the Safety Assessment was added to the on site reviews, CAN Assessments reviewed were limited to those cases that were reviewed for Ongoing CPS services that had had a report of maltreatment during the period under review. The Safety Assessment includes a random pull of cases, which is based on the number of reports received annually; reviewing reports that were "screened out" at Intake; reviewing CANs where there was repeat maltreatment and a review of the data from the cases where due process has been completed. The addition of the Safety Assessment in the QA reviews has provided a broader view of the safety issues that exist in the counties.

3.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

3.3 PIP – PRACTICE MODEL, ACTION STEP – 1.4 – Implement a stand-alone, training module as it relates to application of the Practice Model to safety with an emphasis on accurately assessing safety and timely determination and provision of placement prevention (reunification) services based on those assessments.

3.4 Maintain previously established integrated and coordinated family service center sites that vary in intensity to meet the needs of children and families for family support and preservation services under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act.

3.5 Maintain intensive family preservation services and family reunification services, and expand as need dictates and funding allows, under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act. Allow preservation and reunification providers to remain in the cases for longer periods of time to allow for greater treatment/crisis stabilization within the family.

- Fund service delivery, with expansion as need dictates and funding allows, in the intensive family preservation and family reunification programs (Family Options/FOCUS) currently funded in all sixty-seven counties throughout the state.
- Maintain monthly statistical reports on families and children served.
- Each program submits monthly reports to the Program Manager of the Office of Resource Development in the Resource Management Division which contains the following: child/family served; DHR case number; county of origin; referral date; placement at the time of referral; current placement; discharge date, if discharged; length of service in days; discharge successful or unsuccessful; and placement post-discharge 3, 6, 12 and 24 months. These statistics are then compiled into a Statewide report.

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

It will be evident that this objective has been achieved if existing programs continue to be funded and programs are expanded as need dictates and funding allows.

3.6 Through the provision of family support services under Promoting Safe and Stable Families, improve child safety for children in families served.

- Improve the number of children that safely remain with their families or another identified relative or significant person by continuing to provide services to families through Family Service Centers and FOCUS programs.

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

3.7 Through the provision of intensive family preservation services, time-limited family reunification services, and home visitation services under Promoting Safe and Stable Families, increase the numbers of children served by intensive family preservation and home visitation services enabled to live safely with their families.

An emphasis will be placed on achieving positive outcomes for the children that are being served intensive family preservation and home visitation services.

- Document progress toward goals established by families in their work with providers related to child safety as rated by families at regular intervals or at the end of the Family Options/FOCUS intervention..
- Maintain numbers of families safely remaining together at 3 months, to no less than 80%, at 6 months, to no less than 80%, at 9 months, to no less than 80%, at 12 months, to no less than 80%, and at 24 months no less than 80% after intensive family preservation (Family Options/FOCUS) intervention or at the same rates remaining together after the permanency/re-unification intervention has been completed.

Families Remaining Together Post FOCUS Preservation/Re-unification Services Intervention

Beginning January 2008, a new reporting format was implemented to compare all types of in-home services providers, including Continuums (for both prevention and re-unification – see Appendix 5), Permanency Services (for re-unification – see Appendix 6) and Intensive In-Home Services (for prevention – see Appendix 7).

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

See also goals, 4.8 – 4.12.

Item 4. Risk of harm to children

CFSR Rating:	ANI
CFSR Percent:	84%
QA Baseline:	90%
5 Year Goal:	93%

FY 2010	.5%
FY 2011	.5%
FY 2012	.5%
FY 2013	.5%
FY 2014	1%

Total	3%
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4.1 Increase the staff's capacity to develop and monitor safety plans for effectiveness in managing identified risk of harm.

- 4.2 **PIP – PRACTICE MODEL, ACTION STEP – 1.4** – Implement a stand-alone, training module as it relates to application of the Practice Model to safety with an emphasis on accurately assessing safety and timely determination and provision of placement prevention (reunification) services based on those assessments.
- 4.3 **PIP – PRACTICE MODEL, ACTION STEP – 1.5**
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.
- 4.4 Examine current policies regarding assessment / use of provisional foster homes and relative homes to determine if revisions are needed to those policies.
- 4.5 Collaborate with and/or support community partners, in the development and implementation of a pilot project related to a continuum of care for children, age birth to 3 years of age, that utilizes the existing service delivery system in providing care for / supports to young children and their caregivers.
- 4.6 Examine the results of the pilot project and explore the prospects of implementing a model approach to serving families of children, age birth to 3 years of age.
- 4.7 Explore options / avenues regarding a community education approach to informing the public on available services to address safety issues (e.g. placement prevention, family centered services, etc.).
- 4.8 **PIP – TRAINING, ACTION STEP – 1.1**
Implement agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency.
- 4.9 **PIP – TRAINING, ACTION STEP – 1.4**
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training.
- 4.10 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors.
- 4.11 **PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module.
- 4.12 **PIP – SUPERVISION, ACTION STEP – 1.4**
Implement (supervision) work group recommendations (strategic plan) in a systematic way and in accordance with the identified timeline.

Child Abuse Prevention and Treatment Act (CAPTA) Goals for 2010 – 2014:

The primary plan for CAPTA funds for the next five years continues to be to support the due process requirement of CAPTA by administering the administrative record review process. The limited remaining funds will be used to support a position in the Central Registry for Child Abuse and Neglect, training and other resources for SDHR and County Departments in order to strengthen the child protective services program.

The administrative record review program is a joint partnership between the county departments and the state office. State office administrative record reviewers and the County Director or designee review the case record and any information submitted by the alleged perpetrator to determine if the record supports a finding of abuse or neglect. The alleged perpetrators are given written notice of their right to an administrative record review. They are informed the review process will be completed by a DHR independent panel, which are not directly involved in the case and have authority to overturn the decision of the worker/supervisor if the record does not support the finding of abuse or neglect. This program improves the child protective services system by establishing procedures for appealing and responding to appeals of substantiated reports of abuse and neglect. It was implemented June 1, 1999.

CAPTA funds for FY 2010 will continue to be used to assist in the financial demands of administering the administrative record review process. This will improve the child protective services system by establishing procedures for appealing and responding to appeals of substantiated reports of abuse and neglect (CAPTA, Sect.106 (a) (2) (B9) (I)). CAPTA funds will be used to continue to staff three state level administrative record reviewers.

These reviews will improve the child protective services system in the intake, assessment screening, and investigation of reports of abuse and neglect, as well as, case management and delivery of services provided to children and their families. The amount of CAPTA funds budgeted for FY 2010 to support the administrative record review program is approximately \$241,130.

In addition to the job duties of the administrative record reviews, staff in this unit is involved in the team approach to assisting counties in improving their child protective services program. They work closely with other consultants by providing support and helping to identify strengths and needs of the counties' CPS program.

The State Central Registry on Child Abuse and Neglect is used widely by potential employers, who work with children, to screen applicants for employment and for the screening of foster and adoptive parents. During the time period of October 2008 through April 2009, 16,248 authorized requests have been received. Of these reports, 249 were substantiated. Due to the high volume of requests, it is necessary for a full-time program specialist to review the substantiated child abuse/neglect reports and respond to the requests. This is a critical position that requires balancing child safety with liability issues. It is proposed that CAPTA funds continue to be used to fund this program specialist position. The projected cost of this position for FY 2010 is \$80,123. This service increases the safety of children by possibly preventing child abuse. The child protective services system is strengthened by improving the delivery of services provided to children and their families.

The Department continues to recognize that supervision is the foundation of good social work practice. Efforts are underway to begin working toward increasing the capacity in line supervisors to assist their staff in making sound decisions around safety planning; case planning and using the comprehensive assessment to improve case practice and case outcomes. Technical assistance has been provided by the National Resource Center for Child Protective Services and approval for additional assistance from NRCCPS will be sought.

Work has continued on increasing the capacity of line supervisors. The Department and three other states, Wisconsin, Louisiana and South Dakota, contracted with ACTION for Child Protection to develop a comprehensive and intensive learning program directed at individual mastery of safety concepts essential to effective safety decision making. The development of this training curriculum has been completed. Each of the four states will meet individually with ACTION for Child Protection to review the training curriculum and begin developing an implementation plan. Alabama's meeting was for May 18-19, 2009. Next steps will be to use technical assistance from the National Resource Center on Child Protective Services to develop an implementation plan. The tentative implementation plan is for all four states involved in this project to have ACTION train two workers from each state who will then begin the implementing the program within their states. The projected FY 2010 budget costs for this project is \$25,800.

In order to support work already identified in the PIP, the Office of CPS is developing Child Safety Skill Building Seminars for workers and supervisors. These seminars will be offered to aid CPS staff in increasing capacity in developing and monitoring safety plans; documentation of safety plans and progress made by families and crafting in home services to all children to safely remain in their own homes. An additional component will be training on current Safety Assessment Policy. The FY 2010 budget costs for this project is \$6,334.

The Parenting Assistance Line provides assistance and support to parents and caregivers of children from birth to 12, through a confidential toll free number. This is a collaborative project with Alabama's First Lady, the University of Alabama Child Development Research Center; Wal-Mart; the Alabama Department of Human Resources; the Alabama Department of Mental Health/Mental Retardation and the Alabama Children's Trust Fund (the Department of Child Abuse and Neglect Prevention) The cost of this project is \$50,000.

CAPTA funds will be allotted for state program staff to attend HHS sponsored meetings and other child abuse specific conferences or meetings. These trainings will improve the child protective services system by developing, strengthening and facilitating training opportunities for individuals overseeing and providing services to children and their families. Two thousand dollars (\$2000) has been budgeted for this project.

**CAPTA BUDGET
FY 2010**

Administrative Record Review Staff	\$241,130
Program Specialist, Central Registry on Child Abuse/Neglect	\$ 80,123
Child Safety Skill Building Seminars	\$ 6,334
Supervisors as Safety Experts Implementation Plan	\$ 25,800
Parenting Assistance Line	\$ 50,000
Meetings and Training State Program Staff	\$ 2,000
TOTAL	\$405,387

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

CFSR Determination:	Not in Substantial Conformity	
Timeliness and permanency of reunification:	Met National Standard of 122.6+	(124.2)
Timeliness of adoptions:	Did not meet National Standard of 106.4	(56)
Permanency for children in FC for extended time periods:	Did not meet National Standard of 121.7+	(107.6)
Placement stability:	Met National Standard of 101.5	(111)

Goals: Children entering out of home care will achieve timely permanency and have access to permanent connections, supports and services to maintain stability in their current living situations.

In the CFSR Round 2 Final Report, permanency issues that were cited included the following: addressing placement stability, establishing appropriate permanency goals in a timely manner, improving the practice of concurrent planning, the need for a better understanding of the state statute regarding TPR and adoption, the need to explore relative resources (particularly paternal relatives) and to establish paternity in a timely manner, the need to reduce the frequency with which APPLA is used as a permanency plan and the need to improve service delivery to older youth.

Item 5. Foster care re-entries

CFSR Rating: Strength
CFSR Percent: 91%
QA Benchmark: Maintain national standard of higher than 101.5 (QA does not measure this item and it has remained a strength over Rounds 1 & 2 of the CFSR process).

- 5.1 The Office of Permanency will continue to monitor through the use of data trends in the number foster care entries and identify policy and/or practice that support a reduction in the number of foster care re-entries experience by children.**
- 5.2 PIP – PRACTICE MODEL, ACTION STEP – 2.6
Provide tools and establish statewide expectations as to the use of permanency roundtables a in each county.**
- 5.3 PIP – TRAINING, ACTION STEP – 1.1
Implement agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency.**
- 5.4 PIP – TRAINING, ACTION STEP – 1.4
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training.**

- 5.5 PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors.
- 5.6 PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module.
- 5.7 PIP – SUPERVISION, ACTION STEP – 1.4**
Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline.

Item 6. Stability of foster care placements

CFSR Rating: ANI
CFSR Percent: 78%
QA Benchmark: 78%
5 Year Goal: 85%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	2%
FY 2014	2%
Total	7%

6.1 Reduce the number of moves children experience while in care.

Increase stability in foster care placements modifying or developing training and supports that will help ensure children do not experience multiple moves while in care.

6.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

6.3 PIP – PRACTICE MODEL, ACTION STEP – 2.6
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.

See also 5.3 – 5.7

Item 7. Permanency goal for child

CFSR Rating: ANI
CFSR Percent: 60%
QA Benchmark: 22%
5 Year Goal: 37%

FY 2010	2%
FY 2011	3%
FY 2012	3%
FY 2013	3%
FY 2014	4%
Total	15%

- 7.1 Reduce the length of time a child remains in out of home care.
- 7.2 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Concurrent Permanency Planning (CPP) Training for future (new) workers.
- 7.3 **PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training for current staff who have not attended this module.
- 7.4 **PIP – PRACTICE MODEL, ACTION STEP – 2.6**
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.
- 7.5 **PIP – COURT COLLABORATION, ACTION STEP – 3.2**
Conduct training (for GALs and parents’ attorneys). Collaborate with Administrative Office of Courts in developing and providing training.
- 7.6 **PIP – COURT COLLABORATION, ACTION STEP – 1.1 – 1.3**
Retrieve data on the timeliness of permanency hearings in Lauderdale, Tuscaloosa, Marshall and Mobile counties, identify contributing factors and challenges to the timely completion of permanency hearings and implement follow-up plans in these four counties to address the challenges identified.
- 7.7 **PIP – COURT COLLABORATION, ACTION STEP 5**
Implement distance learning plan for Juvenile and Family Court Judges, DHR Staff, DHR Attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc.
- 7.8 **PIP – COURT COLLABORATION, ACTION STEP 6**
Implement DHR policy and local (court/DHR) protocols that address notification of foster parents, preadoptive parents, and relative caregivers of court hearings, proceedings and right to be heard in those hearings and proceedings.
- 7.9 Strengthen approaches to the accurate and timely assessment / addressing of parental capacities, as one of the components of concurrent permanency planning with families.

See also 5.2 - 5.7

Item 8. Reunification, guardianship and placement with relatives

CFSR Rating: ANI
CFSR Percent: 54%
QA Benchmark: 5%
5 Year Goal: 30%

FY 2010	4%
FY 2011	5%
FY 2012	5%
FY 2013	5%
FY 2014	6%

Total 25%

- 8.1 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Concurrent Permanency Planning (CPP) Training for future (new) workers.

- 8.2 **PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training for current staff who have not attended this module.
- 8.3 **PIP – PRACTICE MODEL, ACTION STEP – 2.6:**
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.
- 8.4 Strengthen attention to the early search for / assessment of relatives and relative placement options, to include paternal relatives.
- 8.5 Explore the development of training resources for relative caregivers in regard to skill building, understanding of legal ramifications of court decisions, etc.
- 8.6 Explore the state option of kinship care program (of the Fostering Connections Act) through collaboration with the Casey Foundation.

See also goals 7.5 – 7.8

Item 9. Adoption

CFSR Rating: ANI
CFSR Percent: 27%
QA Benchmark: 11%
5 Year Goal: 20%

FY 2010	1%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	9%

- 9.1 Reduce the number children legally free and awaiting adoption finalization 3% each year, FY 2010-2014.
- 9.2 Decrease the length of waiting time between termination of parental rights and finalization of adoption by 3% each year.
- 9.3 The long range goal is to identify and develop adoptive resources to serve a diverse population of children who enter the system so that children who cannot return to family can achieve timely permanency in an adoptive resource.
- 9.4 To offer an array of quality services through Alabama Pre-Post Adoption Connections which will meet the needs of adoptive families.
- 9.5 To sponsor an annual Camp for children who are adopted or waiting to be adopted through APAC for approximately 100 children as a means of respite for families and education for campers.
- 9.6 To maintain an ongoing campaign of public awareness of the nature of and availability of Pre-Post-Adoption Services.
- 9.7 To provide ongoing support to the Alabama Foster and Adoptive Parent Association (AFAPA).
- 9.8 **PIP – COURT COLLABORATION, ACTION STEP – 7**
Distribute a law article to clarify the issues around TPR and relative caregivers.
- 9.9 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and

reporting mechanisms for completion of Concurrent Permanency Planning (CPP) Training for future (new) workers and Supervisor Training for future (new) supervisors..

9.10 PIP – TRAINING, ACTION STEP – 2.2

Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training and Supervisor training for current staff who have not attended these modules.

9.11 PIP – PRACTICE MODEL, ACTION STEP – 2.6

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.

9.12 PIP – COURT COLLABORATION, ACTION STEP – 1

Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties.

9.13 PIP – COURT COLLABORATION, ACTION STEP – 2

Expand the dependency caseflow management training to 5 additional counties in September 2009.

9.14 PIP – COURT COLLABORATION, ACTION STEP – 5

Implement distance learning plan for Juvenile and Family Court Judges, DHR staff, DHR attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc. This is planned for August 2009.

9.15 Inter Country Adoptions

Track and report 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 Intercountry adoption cases involving the United States and Hague convention countries. See 5.3/5.6

Safe and Stable Families/Adoption Promotion and Support – See p. 46

Adoption Incentive Funds – 5 Year Goals:

Our plan is to expand current post adoptive resources and increase recruitment, training and development of adoptive resources for waiting children with special needs. This will be done in order to increase the ability of children to achieve permanency through adoption. Plans would include: 1.) Increase post adoptive service in FY 2010 by expanding current contract with Children’s Aid Society who currently provides post adoptive services in/to the larger and surrounding counties. This will include services for adult adoptee in the expansion; 2.) Increase awareness and recruitment through funding initiatives with Alabama Heart Gallery who has partnered with Alabama in photographing waiting children and maintaining a website to see and hear from waiting children; 3.) Increase capacity for the delivery of/accessibility to the Group Preparation and Selection Process (GPS); 4.) Continue partnership agreement with AdoptUsKids through annual fees; 5.) Purchase equipment that would enhance staff ability to manage the work needed to conduct day to day tasks more efficiently; and, 6.) Provide opportunities for adoption staff to attend adoption specific workshops, trainings and conferences to increase knowledge and capacity to prepare, match and place waiting children.

Item 10. Other planned living arrangement

CFSR Rating:	ANI
CFSR Percent:	50%
QA Benchmark:	44%
5 Year Goal:	75%

FY 2010	4%
FY 2011	6%
FY 2012	6%
FY 2013	7%
FY 2014	8%
Total	31%

10.1 Establish appropriate permanency goals and reduce the use of APPLA as a permanency goal.

10.2 PIP – OLDER YOUTH, ACTION STEP – 1.3

Implement plan of action (regarding identifying and meeting needs of older youth).

10.3 PIP – OLDER YOUTH, ACTION STEP – 2

Train staff, caregivers and youth on permanent connections and loss issues of/for older youth.

10.4 PIP – OLDER YOUTH, ACTION STEP – 3

Complete further development of the local/state Youth Advisory Committee(s).

10.5 PIP – OLDER YOUTH, ACTION STEP – 4.3:
Strengthen, clarify and distribute revised policy regarding the use of APPLA.

See also 5.2, 5.5, 5.6, 6.2, and 7.2-7.3.

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

CFSR Determination: Not in Substantial Conformity

Item 11. Proximity of placement

CFSR Rating:	Strength
CFSR Percent:	97%
QA Benchmark:	94%
5 Year Goal:	98%

FY 2010	.5%
FY 2011	.5%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	4%

11.1 Monitor children in out of home care to assure that children are being placed in close proximity to family and connections.

**11.2 PIP – TRAINING, ACTION STEP – 1.1
Implement, agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency.**

**11.3 PIP – TRAINING, ACTION STEP – 1.4
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training.**

**11.4 PIP – TRAINING, ACTION STEP – 2.1
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors.**

**11.5 PIP – TRAINING, ACTION STEP – 2.2
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervisor training for current supervisors who have not attended this module.**

**11.6 PIP – SUPERVISION, ACTION STEP – 1.4
Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline.**

Item 12. Placement with siblings

CFSR Rating:	ANI
CFSR Percent:	80%
QA Benchmark:	94%
5 Year Goal:	98%

FY 2010	.5%
FY 2011	.5%
FY 2012	1%
FY 2013	1%

FY 2014	1%
Total	4%

12.1 Monitor practice to assure siblings are placed together in out of home care and for adoption whenever possible and in their best interest.

12.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

See also 11.2 – 11.6

Item 13. Visiting with parents and siblings in foster care

CFSR Rating:	ANI
CFSR Percent:	56%
QA Benchmark:	36%
5 Year Goal:	45%

FY 2010	1%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	9%

13.1 Increase visitation between children in care and family members toward achieving the identified permanency goal.

13.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

See also 11.2 – 11.6

Item 14. Preserving connections

CFSR Rating:	ANI
CFSR Percent:	79%
QA Benchmark:	80%
5 Year Goal:	85%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	5%

14.1 Develop staff understanding and identification of the value of permanent connections in supporting permanency outcomes.

14.2 PIP – PRACTICE MODEL, ACTION STEP – 2.6

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.

See also 11.2 – 11.6

Item 15. Relative placement

CFSR Rating: ANI
CFSR Percent: 66%
QA Benchmark: 85%
5 Year Goal: 90%

FY 2010 1%
FY 2011 1%
FY 2012 1%
FY 2013 1%
FY 2014 1%
Total 5%

- 15.1 Place with relatives whenever safely possible to minimize disruptions in children’s lives.**
- 15.2 PIP – COURT COLLABORATION, ACTION STEP 6**
Implement DHR policy and local (court/DHR) protocols that address notification of foster parents, preadoptive parents, and relative caregivers of court hearings, proceedings and right to be heard in those hearings and proceedings.
- 15.3 PIP – PRACTICE MODEL, ACTION STEP – 1.5**
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

See also 11.2 – 11.6

Item 16. Relationship of child in care with parents

CFSR Rating: ANI
CFSR Percent: 55%
QA Benchmark: 40%
5 Year Goal: 45%

FY 2010 1%
FY 2011 1%
FY 2012 1%
FY 2013 1%
FY 2014 1%
Total 5%

- 16.1 Develop staff understanding and facilitation of improved relationships between children in care and parents/relatives.**
- 16.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5**
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

See also 11.2 – 11.6

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

CFSR Determination: Not in Substantial Conformity

Item 17. Needs/services of child, parents and foster parents

CFSR Rating: ANI
CFSR Percent: 53%
QA Benchmark: 14%
5 Year Goal: 24%

FY 2010	2%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	10%

- 17.1 Develop the skills and tools to assess families' abilities to meet their own children's needs.
- 17.2 Develop tools to monitor and track the process of assessment and planning with families to meet their own needs.
- 17.3 Develop a system to keep social workers and providers apprised of service availability in designated areas.
- 17.4 **PIP – TRAINING, ACTION STEP – 1.1**
Implement, agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency.
- 17.5 **PIP – TRAINING, ACTION STEP – 1.4**
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training.
- 17.6 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors.
- 17.7 **PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module.
- 17.8 **PIP – SUPERVISION, ACTION STEP – 1.4**
Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline.
- 17.9 Strengthen individualization of the ISP in the assessment of needs, provision of services / interventions and timeliness of conducting ISP updates.
- 17.10 Continue to focus on the identifying the relevant stakeholders will be for given a child / family and engaging those individuals toward active participation in the ISP process.
- 17.11 Re-assess how (ISP) information is captured, documented and distributed in order to best support Individualization.

Item 18. Child/family involvement in case planning

CFSR Rating: ANI

CFSR Percent: 66%
QA Benchmark: 51%
5 Year Goal: 70%

FY 2010 3%
FY 2011 4%
FY 2012 4%
FY 2013 4%
FY 2014 4%
Total 19%

- 18.1 Explore ways in which the diligent search, identification, engagement and assessment of relative resources can occur in a timely manner that reflects permanency planning, along with ways to support the birth family.**

See also 17.4 – 17.11

Item 19. Worker visits with child

CFSR Rating: ANI
CFSR Percent: 75%
QA Benchmark: 75%
5 Year Goal: 85%

FY 2010 2%
FY 2011 2%
FY 2012 2%
FY 2013 2%
FY 2014 2%
Total 10%

- 19.1 PIP – PRACTICE MODEL, ACTION STEP – 1.5**
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.
- 19.2 Explore the design of regional meetings that can be used as a means of providing coaching, mentoring and training DHR staff on a number of best practice areas.**

See also 17.4 – 17.11

Item 20. Worker visits with parents

CFSR Rating: ANI
CFSR Percent: 41%
QA Benchmark: 50%
5 Year Goal: 60%

FY 2010 2%
FY 2011 2%
FY 2012 2%
FY 2013 2%
FY 2014 2%
Total 10%

- 20.1 PIP – PRACTICE MODEL, ACTION STEP – 1.5:**
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on

fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

See also 17.4 – 17.11

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

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: improved assessment of educational needs of children.

Item 21. Educational needs of child

CFSR Rating:	ANI
CFSR Percent:	84%
QA Benchmark:	78%
5 Year Goal:	85%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	2%
FY 2014	2%
Total	7%

21.1 Explore ways in which collaboration with schools can be continued in terms of school personnel participation in ISP meetings and DHR involvement/input in IEP meetings.

21.2 Assess, maintain and/or strengthen local DHR/education protocols in terms of helping address the educational needs of children with whom the Department is involved.

See also 17.4 – 17.11

Well-Being Outcome 3 Children receive services to meet their physical & mental health needs

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: improved assessment of mental health needs of children.

Item 22. Physical health of child

CFSR Rating:	Strength
CFSR Percent:	96%
QA Benchmark:	97%
5 Year Goal:	98%

FY 2010	.2%
FY 2011	.2%
FY 2012	.2%
FY 2013	.2%
FY 2014	.2%
Total	1%

22.1 Maintain collaboration with external stakeholders regarding ongoing oversight and coordination of the states Health Care Services Plan for children in foster care. See Appendix 14.

Item 23. Mental health of child

CFSR Rating:	ANI
CFSR Percent:	83%
QA Benchmark:	70%
5 Year Goal:	85%

FY 2010	2%
FY 2011	3%
FY 2012	3%
FY 2013	3%
FY 2014	4%
Total	15%

- 23.1 Continue to support improved assessment of mental health needs, treatment and monitoring outcomes.**
- 23.2 Continue to track SEBD children through FACTS and use data reports as a management tool in identifying and improving outcomes for SEBD children.**
- 23.3 Maintain a formalized working relationship between the Department and the Department of Mental Health/Mental Retardation and the Department of Youth Services to share information regarding the care of children received in licensed/certified facilities, ensuring safe and adequate care in the meeting of children’s needs.**
- 23.4 Provide consistent consultation to all sixty-seven counties with the design for maintaining a child welfare system that supports best practice.**
- 23.5 Provide consultation to strengthen practice and improve resources to achieve better outcomes for children who have serious emotional and behavior disturbances that impair their ability to function in home, school, and community.**
- 23.6 Assure training on mental health issues of children with SEBD to increase capacity in consultant staff who will provide training, coaching, and modeling to county staff to increase their capacity to serve these children and improve outcomes.**
- 23.7 Work with the Office of Resource Management, to ensure SEBD children are included in the service array mix development.**
- 23.8 Increase the ability of counties to provide effective behavior management plans with the families they serve, by increased access to expertise, training, and consultation.**
- 23.9 Explore ways to strengthen line supervisor and worker skills in being able to accurately assess typical and atypical developmental milestones / red flags in children age birth to 3 years of age and make determinations about needed referrals, interventions, etc.**
- 23.10 Examine ways in which coordination with community partners and stakeholders on meeting the mental health needs of children can be enhanced in terms of the provision of training, workshops, materials, etc.**
- 23.11 Maintain collaboration with external stakeholders regarding ongoing oversight and coordination of the states Health Care Services Plan for children in foster care. See Appendix 14.**

See also 17.4 – 17.11

Systemic Factor: Statewide Information System

Item 24 State is operating a statewide information system

CFSR Determination: Substantial Conformity

24.1 Support the Office of Quality Assurance in their efforts of quality review of family and children's services to ensure consistency with federal review process.

The office continues to provide County Data Profiles and Quarterly and Annual Statewide QA reports as well as maintain the database of measurement mechanisms for State QA case reviews.

24.2 Support all other Family Services offices, as well as county staff, in their self-assessment process by gathering, compiling, analyzing and reporting on county specific and/or Statewide permanency, safety, and well being data.

Once reliable data is available, capacity will be re-established for the identification of county data thresholds and a statewide report card for safety and permanency data needs, as well as child and system performance outcome measures.

24.3 Maintain a database on child deaths due to maltreatment and if services have been provided to the family within the past 12 months.

In conjunction with the Office of Child Protective Services, data on child deaths is collected through County Child Death Reviews. An ACCESS database has been developed and is being maintained which provides a history back to 1997 of child deaths.

24.4 Utilize data once system is in place to assist in overall program management.

Family Services continues to utilize statistical reports to assist county and statewide management of data. Additional reports have been developed since the implementation of FACTS to further support program management. A focus on identifying data quality issues and efforts to support counties will continue.

24.5 Provide for non-redundant data entry.

Redundant data entry has been reduced substantially since the implementation of FACTS however, there remains a few areas across modules which have been identified as suplicate data entry and these areas are being reviewed for change.

24.6 Substantially reduce reliance on paper-based files.

Since the implementation of FACTS the reliance of paper-based files has been reduced. Due to such a large amount of paper files to be scanned into FACTS this process will continue to be a work in process.

24.7 Generate case-specific forms, reports, letters, standardized management reports, and provide ad hoc reporting capability.

The majority of case-specific forms, reports, letters and standardized management reports are located in FACTS. Ad hoc report capability remains a work in progress as they are currently in Phase I of the development of the data mart.

24.8 Provide full case management capability to track service plans, actions, outcomes, and associated costs.

The ability to track service plans, actions, outcomes and associated costs was achieved with the implementation of FACTS however there continues to be room for improvement.

24.9 Provide the information needed to analyze caseload/expenditure trends & to project needed resources, both staff & financial, at the county/state levels.

Via development of management statistical reports the ability analyze trends and resources will be an ongoing tool utilized at both the county and state levels.

24.10 Support Office Permanency in tracking and analyzing data on youth and independent living services to meet the federal requirements of NYTD.

Planning has begun regarding FACTS enhancements to comply with NYTD. Assistance is being obtained from the National Resource Centers.

Systemic Factor: Case Review System

CFSR Determination: Not In Substantial Conformity

In the CFSR Round 2 Final Report, case review issues that were cited included the following: improved consistency related to involving birth parents in case plan development, holding permanency hearings in a timely manner, filing for TPR in accordance with ASFA and improvements related to notification of foster parents, preadoptive parents and relative caregivers of hearings/legal proceedings and the right to be heard in those hearings/proceedings.

Item 25. Process ensuring written case plan is developed jointly with child's parents

CFSR Rating: ANI

25.1 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits.

25.2 PIP – COURT COLLABORATION, ACTION STEP – 1

Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties.

25.3 PIP – COURT COLLABORATION, ACTION STEP – 2

Expand the dependency caseload management training to 5 additional counties.

25.4 PIP – COURT COLLABORATION, ACTION STEP – 4

Conduct a survey of Juvenile and Family Court Judges and County DHR Directors, that seeks input on a number of court-related issues, e.g. youth participation in court (including waiver of youth participation), notification of foster parents and their right to be heard, the roles of GALs, quality permanency hearings.

25.5 PIP – COURT COLLABORATION, ACTION STEP – 4.4

Incorporate findings (see 25.4) into future training opportunities for juvenile courts / other Agency / DHR staff, along with foster parents, preadoptive parents and relative caregivers.

25.6 PIP – PRACTICE MODEL, ACTION STEP – 2.6

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.

25.7 PIP – PRACTICE MODEL, ACTION STEP – 1.3

Develop and implement a supervisory practice model initiative in Jefferson, Cullman and Calhoun Counties that addresses practice model principles and improvements in the ISP process and family involvement in the ISP.

Item 26. Periodic administrative / judicial review

CFSR Rating: Strength

- 26.1 **PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseload management training to 5 additional counties.
- 26.2 **PIP – COURT COLLABORATION, ACTION STEP – 5.2**
Implement distance learning plan for Juvenile and Family Court Judges, DHR staff, DHR attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc.

Item 27. Process ensuring permanency hearings

CFSR Rating: ANI

- 27.1 **Make Permanency Hearings more productive and outcome focused.**
- 27.2 **PIP – COURT COLLABORATION, ACTION STEP – 1**
Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties.
- 27.3 **PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseload management training to 5 additional counties.
- 27.4 **PIP – COURT COLLABORATION, ACTION STEP – 4**
Conduct a survey of Juvenile and Family Court Judges and County DHR Directors, that seeks input on a number of court-related issues, e.g. youth participation in court (including waiver of youth participation), notification of foster parents and their right to be heard, the roles of GALs, quality permanency hearings.
- 27.5 **PIP – COURT COLLABORATION, ACTION STEP – 4.4**
Incorporate findings (see 27.4) into future training opportunities for juvenile courts / other Agency / DHR staff, along with foster parents, preadoptive parents and relative caregivers.
- 27.6 **PIP – COURT COLLABORATION, ACTION STEP – 5.2**
Implement distance learning plan for Juvenile and Family Court Judges, DHR staff, DHR attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc.

Item 28. Process ensuring TPR proceedings

CFSR Rating: ANI

- 28.1 **PIP – COURT COLLABORATION, ACTION STEP – 1**
Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties.
- 28.2 **PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseload management training to 5 additional counties.
- 28.3 **PIP – COURT COLLABORATION, ACTION STEP – 4**
Conduct a survey of Juvenile and Family Court Judges and County DHR Directors, that seeks input on a number of court-related issues, e.g. youth participation in court (including waiver of youth participation), notification of foster parents and their right to be heard, the roles of GALs, quality permanency hearings.
- 28.4 **PIP – COURT COLLABORATION, ACTION STEP – 4.4**
Incorporate findings (see 28.3) into future training opportunities for juvenile courts / other Agency / DHR staff, along with foster parents, preadoptive parents and relative caregivers.
- 28.5 **PIP – PRACTICE MODEL, ACTION STEP – 2.6**
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.

Item 29. Process ensuring notification of / right to be heard in legal proceedings

CFSR Rating: ANI

- 29.1 **PIP – COURT COLLABORATION, ACTION STEP – 6**
Implement DHR policy that addresses notification of foster parents/preadoptive parents/relative caregivers of court hearings/proceedings and right to be heard in those hearings and proceedings.
- 29.2 **PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseload management training to 5 additional counties.
- 29.2 **PIP – COURT COLLABORATION, ACTION STEP – 6.3**
Institute and release general guidelines and expectations for the development of local Court/DHR notification and right to be heard protocols in all counties.

Systemic Factor: Quality Assurance System

CFSR Determination: Substantial Conformity

Item 30. Implementation of standards ensuring provision of quality services 2007 CFSR: Strength

CFSR Rating: Strength

Item 31. Statewide operation of a quality assurance system

CFSR Rating: Strength

31.1 Examine/assess/monitor/evaluate the components of the Department’s system of care.

The QA system monitors, evaluates and provides feedback to the Department on the performance of the system of care, the system of care being the structure used to provide comprehensive services to families and children served by the Department of Human Resources, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. Each county department is scheduled to participate in a QA review at least once every three years. For FY09, the review schedule was suspended due to the need to support FACTS implementation/transition and in order to support the implementation of the Multi-dimensional Assessment Tool, as a function in which the Family Services Division is now assisting. The plan is to re-institute the State QA Review schedule for FY 2010.

31.2 Provide feedback and recommendations to the Department on the status of practice and outcomes experienced by children and families, as well as the Department’s system performance, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of the children and families being served by the Department.

31.3 Support social workers, supervisors and management at every level within the Department, as well as support the development, implementation and refinement of the service delivery system.

31.4 Confirm strengths, identify successful strategies, and recommend ways in which effective practice and/or system performance can be replicated or strengthened.

31.5 Identify needs and recommend corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements.

Quality assurance provides more than an audit function. In addition to examining and assessing the components of the Department’s system of care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide

necessary training, consultation, and technical assistance to DHR staff and technical providers, as well as reviewing for the implementation and effects of corrective actions where needed.

31.6 Help identify (and at times, provide) necessary training, consultation and technical assistance needed by DHR staff.

31.7 Review for the implementation and effects of County Improvement Plans.

Following on-site QA Reviews, each county develops a county improvement plan based on the priority areas identified in the review. The county facilitates the plan with assistance from the Office of Child Welfare Consultation and the Office of Quality Assurance. The Office of Child Welfare Consultation is responsible for supporting the county in development of the plan. The Office of Quality Assurance is responsible for supporting assessment and monitoring of the outcomes from the county improvement plan.

31.8 Provide a permanent structure for objective evaluations of the quality of services and outcomes for children and families, to sustain effective child welfare practice in all 67 counties.

31.9 Support the Citizen Review Panel function in all 67 counties and with the State QA Committee.

Each county has a County Quality Assurance Committee that is an independent group of representatives whose functions include reviewing the functioning and outcomes of child and family services within the county, providing the county with recommendations regarding service delivery, and serving as the local CAPTA Citizens Review Panel.

31.10 In collaboration with The Office of Data Analysis, continue to support improved data analysis capacity in SDHR and County Departments.

31.11 In collaboration with the Office of Data Analysis, issue quarterly and annual reports of QA indicators, including aggregate child safety and permanency data.

31.12 Provide ongoing consultation/technical assistance to county departments/QA committees relative to maintaining and enhancing QA functions and capacities, as well as support counties in development and monitoring of their County Improvement Plans.

The Office of Quality Assurance has QA consultants assigned to each county to provide consultation and support to ensure QA functions are maintained.

In conjunction with the Office of Data Analysis, maintain a database of measurement mechanisms for both state QA reviews and county QA committee case reviews.

A QA data base is utilized to track both State QA and county QA Committee reviews.

31.14 The Office of Quality Assurance, in collaboration with county/state QA committees, continues to enhance capacities to conduct county/Statewide special studies, reporting on findings/recommendations and improving feedback mechanisms whereby the Department is reporting back on the level of progress relative to implementation, achievement of desired outcomes and system performance/change.

31.15 Continue to focus on ways of promoting networking and skill building of county QA committees.

QA Consultants attend and provide recommendations and feedback to county QA committee meetings, review and provide feedback to local QA committee reviews, bi-annual reports, county improvement plans, etc.

31.16 Through ongoing adjunct reviewer training, enhanced capacity and experience, the Office of Quality Assurance has developed a statewide capacity among state/county staff to serve on state onsite review teams as adjunct reviewers.

31.17 Maintain the QA Guide, in terms of providing necessary updates, additions and revisions.

31.18 Serve as a liaison with the state QA Committee through supporting their functions, provision of information, etc.

- 31.19 Improve capacity of state QA Consultants to provide support to counties and to local committees by increasing consulting skills and abilities.
- 31.20 Continue to improve the dissemination of the qualitative information gathered from on-site reviews.
- 31.21 Improve the quality of information received from local committees. QA Consultants continue to assist counties in improving the ratings of protocol items from local committees. Improving these ratings will improve the validity of information received which will give the state a better picture of its system of care.

Systemic Factor: Training

CFSR Determination: Not in Substantial Conformity

In the CSFR Round 2 Final Report, case review issues that were cited included the following: the need to address significant delays in the provision of initial staff training, workers being assigned caseloads prior to receiving training and not having mandated requirements for the ongoing training of staff.

Item 32. Initial staff development and training program for staff

CFSR Rating: ANI

- 32.1 In the next five years (2010-2014) the principal goal will be to maintain up-to-date training that reflects current trends in best practice.
- 32.2 Plans are underway to enhance the current ACT I curriculum by including:
 - o ICWA policy and other tribal information
 - o Meaningful Caseworker Visits With Families and Children
- 32.3 Continue to look at alternative methods of training.
- 32.4 Continue to work with other offices regarding the consistency of the delivery of messages to the county staff.
- 32.5 Refine the automation of statistics for training.
- 32.6 **Refine the delivery of training to minimize the cost while maximizing the learning experience for the participants.**
 In mid 2009, DHR issued a request for proposals in an effort to implement a “curriculum style” approach to training in 2010. This blended learning approach will attempt to use technology to assist staff in developing/enhancing their skills in their office at their own computer. Classroom and OJT will still be included. If a system is purchased, it should be operational in early 2010 as a pilot program. It is anticipated that a full and consistent curriculum will be developed and refined from 2011-2014.
- 32.7 **PIP – TRAINING, ACTION STEP – 1**
Implement agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency.

 Plans are underway to develop mandatory training guidelines to ensure that county staff receives ACT I training in a timely manner. For instance, it will be expected that new child welfare staff receive ACT I training within 3 months of their employment.
- 32.8 **PIP – TRAINING, ACTION STEP – 1.4**
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training.

- 32.9 Explore the feasibility of establishing a IV-E training collaborative with one of the state universities, for the implementation of training functions relative to DHR staff.

Item 33. Ongoing staff development and training program for staff

CFSR Rating: ANI

- 33.1 Continue to offer ACT II sessions that relate to the needs within the counties.

33.2 PIP – TRAINING, ACTION STEP – 2.1

Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors and CPP for future (new) workers.

Plans are underway to develop mandatory training guidelines to ensure that county staff receives Supervisors and Concurrent Permanency Planning training in a timely manner. New supervisors will receive supervisory training within 3 months of their becoming a supervisor. Concurrent Permanency Planning training will also be mandatory for most staff.

33.3 PIP – TRAINING, ACTION STEP – 2.2

Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training and CPP for current staff who have not attended these modules.

- 33.4 OCWT remains aware of the constant need for county staff to hone their skills and techniques to ensure best practice. Consequently, OCWT is exploring the likelihood of adding at least two more ACT II sessions.

Cultural Diversity/Sensitivity Competency

There is an overwhelming need for child welfare staff to have a knowledge base of their families' culture and be able to demonstrate competence in the provision of services that are sensitive to the differences among people and cultural groups. In essence, social workers have an ethical responsibility to be culturally competent practitioners.

The Effects of Domestic Violence

Domestic violence, like substance abuse, is an issue every child welfare worker will encounter in his or her work. The prevalence of domestic violence mandates that child welfare staff must develop adequate knowledge and skills to respond appropriately to situations related to domestic violence—with an emphasis on the effects and treatment methods for children involved.

Item 34. Foster / adoptive parent / facility staff training program

CFSR Rating: Strength

34.1 PIP – Recruitment and Retention, ACTION STEP – 2:

Develop and implement policy and procedures for preparing, assessing, approving and re-approving resource families.

Systemic Factor: Service Array

CFSR Determination: Substantial Conformity

Item 35 Service array

CFSR Rating: Strength

See item 36.

Item 36. Accessibility of service array

CFSR Rating: ANI

- 36.1 Explore ways in which transportation needs can be addressed so that families can better access services & supports.**
- 36.2 Strengthen the distribution of agency literature / documents in Spanish.**
- 36.3 Review previous studies related to services to the Hispanic population and determine if prior recommendations and/or findings can be helpful in addressing the needs of Hispanic families.**
- 36.4 Explore how the Department can strengthen the capacities of current DHR staff who are already fluent in other languages to help address the needs of other cultural groups.**

Item 37. Individualization of services

CFSR Rating: Strength

Title IV-B 2, Promoting Safe and Stable Families

Provide the following services using PSSF funds:

FAMILY PRESERVATION

Family Outcome-centered Unification Services (FOCUS) contracts
Family Service Center contracts

FAMILY SUPPORT

Family Service Center contracts

FAMILY REUNIFICATION

Family Outcome-centered Unification Services (FOCUS) contracts

Title IV-B (2) fund expenditures for 2010-2014

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

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

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

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

Adoption Support and Promotion: Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families including: adoption supervision; adoption home studies; staff, family and child travel; adoption recruitment; promotion; awareness; counseling; advertising; and legal services.

Systemic Factor: Agency Responsiveness to the Community

CFSR Determination: Substantial Conformity

Item 38. Ongoing consultation with community stakeholders

CFSR Rating: Strength

38.1 The Department will strive to strengthen and/or maintain collaborative relationships, with partners and stakeholders, to include entities, committees, and agencies such as the following:

- Consultation with Community Stakeholders through Quality Assurance
- Other Ongoing Involvement/Consultation in Planning
- Court Collaboration
- Alabama Post Adoption Connections
- Alabama Foster and Adoptive Parent Association
- Alabama Adoption Coalition
- Permanency Advisory Committee
- Commission on Girls and Women in the Criminal Justice System
- Multiple Needs
- Family Assistance
- Department of Child Abuse Prevention
- Children's Justice Task Force
- Alabama's Comprehensive Assessment Process Project (CAP)
- Special Education Advisory Panel
- Alabama Interagency Coordinating Council
- Child and Adolescent Task Force – Mental Illness Division
- Children's Task Force – Intellectual Disabilities Division
- Youth Advisory Committees
- Shared Youth Vision Collaborative
- Health Care Collaboration

38.2 The Department's goals in regards to work with the Poarch Creek Indian Tribe:

Alabama's Indian Child Welfare Policy and Procedures has been in effect since September, 2007. 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 Child Welfare Consultation, counties 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 addressed. To facilitate this, a "notification of involvement" is sent to the Poarch Creek Indian Tribe in Alabama during a child abuse/neglect investigation or prevention assessment. The "notification of involvement" allows relevant information to be obtained from the Tribe and provides an opportunity for the Tribe to be involved in the case planning process early in the investigation. Notification of Departmental involvement with an Indian child and family and seeking Tribal involvement in case planning is considered as best practice by the Department and the Tribe. The "notification of involvement" is not the formal notification to the Tribe required by the Act itself. In 2008, a revision was made to the Department's Out-of-Home Policies and Procedures to require child welfare workers to address at the time relative resources are identified in removal situations, 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 at the time of removal of an Indian child from their home. Copies of policy revisions to the ICWA Policies and Procedures and the Child Protective Services Policies and Procedures are provided to the Poarch Creek Indian Tribe. When county departments are working with a child and family, who may fall under the ICWA requirements, tribes must be notified and consulted. The Poarch Creek Indian Tribe may be requested to provide assistance in locating and working with other tribes.

1. The ethnicity of children is captured on FACTS, Alabama's SACWIS system. For April 2009, there were fourteen American Indian children in care. FACTS captures thirteen ICWA requirements reported in AFCARS. Ethnicity is a required element in FACTS and if the ethnicity of American Indian/Alaskan Native is selected for a child, then other required elements must also be addressed. FACTS is operating statewide.

2. The Department must formally and in writing notify the Indian child's parents or Indian custodian and the child's tribe of pending legal proceedings involving foster care or termination of parental rights. Notification is by registered mail with return receipt requested. DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. Tribes may decline jurisdictional transfer, but retain the right to request updates and participate in planning activities for development of the Tribal/Department plan for the child.
3. There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child's extended family; foster homes which are licensed, approved or specified by the child's tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children which are approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child's extended family; other members of the Indian child's tribe; or other Indian families.
4. Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as "making active attempts to assist in alleviating the problem that causes the need for removal." Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered.
5. The Tribal Court for the Poarch Creek Indians (PCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PCI Tribal court or any other tribal court of an Indian child not living or domiciled on the tribal reservation has a right to intervene at any point in the state court proceedings for both foster care placements and termination of parental rights proceedings. State courts are responsible for transferring jurisdiction to the Tribal Court, absent good cause or absent the objection of either parent.
6. PCI, the only federally recognized tribe in Alabama, maintains records on children and families to whom the Tribe provides services. Reports of child abuse/neglect that occur on the Reservation are investigated by the Tribal caseworker. The Tribe maintains a case review system for those children for whom the Tribe has custody. PCI has established a Child Protection Team to review cases. Additionally, PCI has an annual review performed by the Bureau of Indian Affairs. There are some cases in which the county Department and the Tribe work jointly with a child and family, e.g., an incident occurred off the reservation, but the child resides on the reservation. In these cases, both the Tribe and the county Department maintain records and the Department is required to do an ISP on any open case. Given that the Director of PCI's Family Services Department is a former DHR county director, the practice and policies of the Department are familiar to the Tribe. The Department's efforts to involve the PCI in developing policies affecting the Tribe and efforts to join with the Tribe in providing services is a positive for Indian children living in Alabama. PCI is currently considering negotiating a State/Tribal IV-E Agreement or applying to the Secretary to receive Title IV-E funds directly from the Secretary.
7. The Department considers all children as "Alabama's Children" without regard to race or culture. The Alabama Medicaid Agency has approved PCI to contract individually with residential facilities when a youth needs residential treatment services. The Department will continue to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program (CFCIP). Families and the Tribe are to be included in ISPs for the child/family when the Department is working with Indian children and youth living off the reservation. Indian youth are to have access to the benefits and services under the CFCIP on the same basis as any other child. During the next five years, deliberate efforts will be made to ensure that Indian youth have access to CFCIP and Education Training Vouchers. Specific goals for Indian children and youth follow below.

In collaborative efforts, the Department and PCI have developed the following goals for 2010-2014:

1. While there have been some efforts at assuring that Indian youth have access to services, more work is needed to assure that Indian youth, both living on the reservation and off the reservation, have access to CFCIP and ETV funds. The Department will explore how this can happen, develop a plan and implement the plan. Some of the areas identified as needed include accessing State paid residential slots when the youth is in the custody of the Tribe; accessing Multi-Needs services; determining how best to develop a mechanism for Medicaid reimbursement directly to the Tribe for eligible children.
2. The Department and the Tribe will explore the possibility of an IV-E Agreement with the Tribe or whether the Tribe will apply directly to the Secretary for IV-E funds. Related to this goal is the determination of whether an IV-E agreement or direct IV-E funding to the Tribe is necessary to access CFCIP and ETV funds for Indian youth.

3. The Department and the Tribe will strengthen contact and collaboration on ICPC issues which involve ICWA case transfers to tribal custody. The Office of Interstate Placement for Children will coordinate this.
4. There is a recognized need for Tribes and child welfare agencies to exchange information about child abuse/neglect investigations. Without a national child abuse/neglect system for states and Tribes to access, the Department will explore the possibility of the Tribe accessing the child abuse/neglect registry. The Office of Child Safety will coordinate this.
5. The Department will explore in conjunction with the Tribe a method for the Medicaid reimbursement for services provided by the Tribe for Indian children who are eligible for Medicaid.
6. The Department will explore the possibility of including staff from PCI, Family Services Division, in DHR training and further, will explore IV-E reimbursement for training expenses incurred by Tribal staff. The Office of Training will coordinate this.
7. The Department, in collaboration with the Tribe and the Regional ACF Office, will review supplemental instruments to evaluate ICWA compliance, for use in the next CFSR that occurs in Alabama.
8. The Department, in collaboration with the Tribe, the Department of Child Abuse Prevention and the Regional ACF Office, will explore access to CAPTA funding from the Department of Child Abuse Prevention (Children's Trust Fund).

38.3 Disaster Plans

1. Maintain a plan by which the Department can identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.
2. Maintain a plan by which the Department can respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
3. Maintain communication with caseworkers and other essential child welfare personnel displaced because of a disaster.
4. Preserve essential program records, coordinate services, and share information with States.

Item 39. Develops annual reports in consultation with community stakeholders

CFSR Rating: Strength

- 39.1 The Department will include local / state community partners in the review and/or development of the APSR for the years of 2010-2014.

Item 40. Coordination of services

CFSR Rating: Strength

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, issues that were cited included the following: the need to improve efforts to expand the racial/ethnic/cultural makeup of the foster families and adoptive approved by the agency to reflect the ethnic and racial diversity of the foster care population; and, the quality of some current homes was cited as a concern.

Item 41. Implementation of standards for family foster homes/child care institutions

CFSR Rating: Strength

Item 42. Application of standards to all approved homes / institutions

CFSR Rating: Strength

Item 43. Compliance with Federal requirements for criminal background clearance

CFSR Rating: Strength

Item 44. Process for ensuring diligent recruitment of potential foster/adoptive homes

CFSR Rating: ANI

- 44.1 Increase the number of approved Hispanic foster homes from less than 1% of our approved homes to 5% of approved traditional foster homes by FY 2014.
- 44.2 Increase the number of approved foster homes willing to accept teenagers.
- 44.3 Increase the number of approved foster homes willing to care for medically fragile foster children.
- 44.4 To decrease the number of foster family homes that close by 5% from 2010 to 2014.
- 44.5 Survey foster parents who exit to assess why they leave the program.
- 44.6 Develop retention strategies based on exit surveys and other identified issues in conjunction with county directors & staff as well as foster parent stakeholders.
- 44.7 Increase the number of approved foster homes by 10% by FY 2014. As of 6/30/2009, there were 2103 approved homes. Our goal will be to reach 2313 by September 2014.
- 44.8 **PIP - RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP 1**
Develop a statewide marketing plan for recruitment of prospective resources parents. We will conduct market research of existing successful families that will provide patterns that will help the Department target future recruitment strategies. We will do this by accessing T/TA from NRCRRFAP.
- 44.9 **PIP - RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP – 2**
Develop and implement policy and procedures for preparing, assessing, approving and re-approving resource families.
- 44.10 **PIP - RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP – 3**
Develop and implement a written plan that establishes a monitoring process for resource families that includes attention to the approval process, ongoing maintenance of minimum standards, etc.
- 44.11 **PIP - RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP – 4**
Develop and implement a foster parent mentoring program.

Item 45. Process in place for effective use of cross jurisdictional resources

CFSR Rating: ANI

- 45.1 The major goal for the ICPC office for the next five years is to process 100% of all ICPC referrals for placement within five (5) days from the date of receipt in the ICPC office. 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.

Continue to monitor workflow of staff

ICPC Manager monitors workflow through assignment of cases on a daily basis and monitors the alert system of previously assigned cases to ensure timely processing of cases. The manager also provides consultation on cases with individual staff as needed along with regular unit meetings to discuss barriers, strengths, and needs.

- 45.2 The Department of Human Resources has implemented FACTS, the Statewide Automated Child Welfare Implementation System. Staff continues to work closely with mentors on the FACTS project as issues arise with the new system.**

Work with FACTS mentors regarding implementation of new system and utilize data once system is in place to assist in overall program management.

As the new FACTS system evolves, ICPC staff will confer on an as needed basis with the mentors to resolve issues related to the new system.

- 45.3 Continue to provide ICPC training and case consultation to county staff. Due to travel restraints, increased use of consultation by phone and e-mail will be provided.**

As fiscal restraints are reduced, a reassessment of regionalized training will be considered. Collaborate with child welfare consultants to identify support/training opportunities to counties.

ICPC staff continues to collaborate with child welfare consultants regarding training issues. ICPC Program Manager continues to provide training to county ICPC staff via phone on an as needed basis.

- 45.4 Maintain interagency collaboration with American Public Human Services Association (APHSA) and other states.**

Continue to request permission for attendance at the Annual ICPC Conference.

5 Year (2010-2014) Goals – Office of Policy

1. Maintain up to date policies

Meeting this goal will involve the planned review of existing policies. In the past five years a number of substantive policies have been developed. There is a need to make a careful review of existing policies to locate needed changes. While policies are updated as laws and regulations change other revisions are also needed.

2. Update and maintain the Alabama Administrative Code (APA)

An offensive plan to bring the Administrative Code up to date must be undertaken. Currently, a re-write of the entire APA for out of home care is underway. The APA for Adoption services will be completed following that. Included in the goal is the plan to develop the capacity of all policy developers in any program area to be familiar with updating the APA.

3. Complete policies that remain in the Conceptual Framework for Policies

FFH Licensing, Partnership, Financing; in home on-going protective services, revision of the individual service planning.

4. Automation

Efforts will be coordinated with the Center for Information Services to have all On-Line Documents converted to pdf files.

Policy Objectives for 2010-2014

Foster Family Home Approval Policies and Procedures: This is set to be released summer of 2009, but no later than the end of the first quarter of the approved Program Improvement Plan.

On-Going Protective Services Policies and Procedures: There has been a delay in receiving comments on this proposed policy. The policy is scheduled to be released no later than the fourth quarter of the approved Program Improvement Plan.

Child Protective Services Policy and Procedures: Because this policy is the foundational policy for assuring the safety of Alabama's children, maintaining up to date revisions remains as an objective. Revisions to CPS Policies and Procedures are made in response to new laws and regulations, needs of children, and best practice issues.

Financial Policies and Procedures: The Conceptual Framework for Policy Development provides for a separate policy for financial procedures used to pay for services for children and families. This includes such programs as Title IV-E

board payments for children in care, state board payments for children in care, Medicaid Rehabilitative Services for children receiving services, Targeted Case Management Services for children in care, Alabama Medicaid for children receiving services, Children's Health Insurance Program (ALL-Kids) Supplemental Security Income/Social Security benefits, Veteran's benefits, use of Flex Funds to purchase services, etc. Because of the complexity involved in developing this policy, the policy is very likely to be released in sections. Currently there exists guidance in the financial procedures in various documents which will be developed into one large policy. No date will be placed but work should begin in 2010.

DHR Partnerships with Children, Their Families, and Providers Policies: This is policy established during the R. C. consent decree that established the basic principles for the Department's work with children and families. Although, the Department was released from the consent decree in 2006, this policy continues in effect. There have been two revisions to this policy. A complete review of the policy is needed to assure its consistency with the practice model set forth in the 2009 Program Improvement Plan.

Individualized Service Plan Policy: Because this has not been re-visited since 2004, and because the implementation of FACTS has impacted how counties complete ISPs, this policy should be reviewed and revised accordingly.

Incorporate FACTS into all policies: In January 2009 Alabama's SACWIS, FACTS, became operational statewide. Preliminary policy was developed during the implementation period with the expectation that all policies would be revised to incorporate needed FACTS information. For this five year CFSP this will be a planned objective.

Planned review of individual policies: As the above process of incorporating FACTS into policies occurs, a review of the policy and any needed revisions can be incorporated. This is a long term objective over the next five years.

5 Year (2010-2014) Goals - Child Welfare Eligibility

GOAL

OCWE will continue to strive to maximize the reimbursement from the federal government for some of the costs for the care of eligible foster care children while complying with requirements set forth by federal and state guidelines. We also want to continue to tweak the goals already set to sustain meeting the requirements of the Federal Review.

- Assist FACTS in improving the IV-E module process
- Provide basic IV-E training to counties as needed
- Provide IV-E training regarding FACTS to selected counties especially covering court language, AFDC, and licensing and safety issues
- Oversee the 100% review of all approved foster family homes and child placing agencies to ensure compliance with safety checks
- Issue policy reminding DHR staff of ASFA appropriate permanency goals
- Issue information reemphasizing timeframes and language needed for valid court orders
- Assess a method for FACTS to recoup retro federal funding benefits

5 Year (2010-2014) Goals Office of Financial Resource Management

GOAL: Provide Medicaid Rehabilitative Services training to individual county offices and county vendor providers.

GOAL: Provide Medicaid Rehabilitative Services training to state contract providers.

GOAL: Provide Targeted Case Management certification training to county offices.

GOAL: Provide refresher training for Family Services and Adult Protective Services veteran staff on TCM policy and documentation requirements.

GOAL: Help ensure that eligible children are certified for Medicaid.

GOAL: Help ensure that FACTS contains the current information required to bill TCM and Medicaid Rehabilitative Services.

IX. ASSURANCES

Note: Attached files could not be made compliant for web posting

X. FINANCIAL REPORT

CFS 101

Note: Attached files could not be made compliant for web posting

VII. APPENDICES

APPENDIX 1
Family Assistance Division

FAMILY ASSISTANCE DIVISION

The Family Assistance Division manages and funds programs pursuant to the Temporary Assistance for Needy Families (TANF) Block Grant.

The Family Assistance (FA) Program - This is Alabama's time limited cash assistance program for needy low-income families with children. Currently, there are about 18,000 families receiving this assistance representing about 31,000 children and 10,200 adults. Recipients of FA are also served by the JOBS Program which provides services and assistance with finding and retaining employment.

The KinShare Program – 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.

Alabama Fatherhood Initiative - The foundation of the Alabama Fatherhood Initiative (AFI) is over 20 projects statewide that are funded through a partnership with the Alabama Department of Child Abuse and Neglect Prevention/The Children's Trust Fund that provide a variety of services to noncustodial fathers. The AFI encompasses these groups and others 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. The program allows parents who are unemployed or unskilled and desire self-improvement to receive short-term (12 weeks) training through the adult education and skills training divisions at a few select two-year colleges. Funding for the tuition is provided with TANF dollars.

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. Most county DHR offices are served on-site by 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.

APPENDIX 2
2009 Stakeholder Participants*

1. Nancy T. Buckner, Commissioner - State Department of Human Resources (SDHR)
2. Carolyn B. Lapsley, Deputy Commissioner, Children and Family Services - SDHR
3. Paul Butler, Director, Family Services Division – SDHR
4. Betty Ziri, Deputy Director, Family Services Division – SDHR
5. Shirley Scanlan, Deputy Director Family Services Division – SDHR
6. Marie Youngpeter, Program Manager, Office of Permanency, Family Services Division – SDHR
7. Glenda Peters, Program Manager, Office of Quality Assurance, Family Services Division – SDHR
8. Susan Sorrells, Program Manager, Office of Child Welfare Consultation, Family Services Division –SDHR
9. Sue Ash, Program Manager, Office of Child Protective Services, Family Services Division – SDHR
10. Cris Moody, Program Manager, Training Lead FACTS Project – SDHR
11. Melanie Graham, Program Manager, Case Management Functional Lead, FACTS Project - SDHR
12. Phyllis Matthews, Program Manager, Office of ICPC, Family Services Division - SDHR
13. Margaret Livingston, Program Manager, Office of Child Welfare Policy, Family Services Division –SDHR
14. Kimberly Desmond, Program Supervisor, Office of Data Analysis, Family Services Division - SDHR
15. Alice May, Program Manager, Office of Financial Resource Management, Family Services Division - SDHR
16. Larry Dean, Program Manager, CFSR - PIP, Family Services Division – SDHR
17. Connie Rogers, Program Supervisor, Office of Permanency, Family Services Division – SDHR
18. Sandy Holmes, Program Supervisor, Office of Quality Assurance, Family Services Division – SDHR
19. Donna Spear, Program Supervisor, Office of Training, Family Services Division - SDHR
20. Sue Berry, Program Supervisor, Office of Child Welfare Consultation, Family Services Division - SDHR
21. Dot Slaughter, Program Supervisor, Office of Permanency, Family Services Division - SDHR
22. Donnie Wise, Program Specialist, Office of Data Analysis, Family Services Division - SDHR
23. Debbie Green, Program Specialist, Office of Child Welfare Policy, Family Services Division - SDHR
24. Cathy Martin, Program Specialist, Office of Child Protective Services, Family Services Division - SDHR
25. Mark Williams, Program Specialist, Office of Child Welfare Consultation, Family Services Division - SDHR
26. Gail Kizzire, Program Specialist, Office of Resource Management, Family Services Division - SDHR
27. Janet Winningham, Program Specialist, Office of Data Analysis, Family Services Division - SDHR
28. Faye Wilson, Program Supervisor, Office of Permanency, Family Services Division - SDHR
29. Peggy Green, Program Specialist, Office of Child Welfare Consultation, Family Services Division - SDHR
30. Ann Boyd, Program Specialist, Office of Child Welfare Consultation, Family Services Division - SDHR
31. Cynthia McDaniel, Program Specialist, Office of Child Welfare Cousultation, Family Services Division - SDHR
32. Tonya Allen, Program Specialist, Office of Child Welfare Consultation, Family Services Division - SDHR
33. Sabrina Buckner, Program Specialist, Office of Child Welfare Consultation, Family Services Division - SDHR
34. Tonia Bell, Program Specialist, Office of Data Analysis, Family Services Division - SDHR
35. Melanie Manzella, Program Specialist, Office of Permanency, Family Services Division - SDHR
36. Kem Leonard-Jamar, Program Specialist, Office of Training, Family Services Division - SDHR
37. Pamela Lovelace, Administrative Assistant, Office of Child Protective Services, Family Services Division - SDHR
38. Sharon Ficquette, Lead Attorney, Legal Office - SDHR
39. John Hardy, Office of Communications - SDHR
40. Barry Spear, Office of Communications - SDHR
41. Linda Buchanan, District Administrative Specialist, Field Administration – SDHR
42. Mandy Andrews, Recruitment, Field Administration - SDHR

43. Carolyn Rawls, Program Manager, Office of Criminal History Checks - SDHR
44. Gary Mitchell, Program Manager, Office of Resource Management - SDHR
45. Carol Davenport, Program Specialist, Office of Resource Management - SDHR
46. Eddie Flowers, Program Specialist, Office of Resource Management - SDHR
47. Jan Justice, Child Support Division - SDHR
48. Rachel Heard, Program Supervisor - Madison County DHR
49. Agnes Bell, ILP Coordinator - Mobile County DHR
50. Karen Smith, Supervisor, Bibb County DHR
51. Sandra Williams, ILP Coordinator – Montgomery County DHR
52. Belinda Harris, Program Supervisor - Mobile County DHR
53. Francesca Caruso, Trainer - Tools of Choice
54. Susan Smith, Program Supervisor – Marshall County DHR
55. Erin Wofford, Program Specialist, Office of Child Welfare Consultation, Family Services Division - SDHR
56. Brandon Hardin, Director – Coffee County DHR
57. Wanda Davidson, Program Supervisor, Office of Permanency, Family Services Division – SDHR
58. Melissa Godwin, Program Supervisor – Elmore County DHR
59. Deana Stinson, Supervisor – Houston County DHR
60. Alice Westerly, ILP Coordinator – Jefferson County DHR
61. David Massey, Program Manager - Tuscaloosa County DHR
62. Kanoschu Campbell, QA Coordinator – Montgomery County DHR
63. Gena Keifer, Supervisor – Walker County DHR
64. Sharonda Pettaway, Supervisor – Tuscaloosa County DHR
65. Voncile Jackson, Director – Monroe County DHR
66. Lesa Syler, Director – Crenshaw County DHR
67. Judy Jochen, Director - Barbour County DHR
68. Sue Hays, Director – Geneva County DHR
69. Stephanie Wilson, Director – Henry County DHR
70. David Haynes, Supervisor – Mobile County DHR
71. Anita Scott Smith, Training Coordinator – Jefferson County DHR
72. Joy Humphrey, Program Supervisor – Tuscaloosa County DHR
73. Alan Waters, Supervisor – Limestone County DHR
74. Tonita Phipps, Director – Morgan County DHR
75. Lou Boykin, Director – Clarke County DHR
76. Emmitt Davis, Program Manager – Madison County DHR
77. Elizabeth Williams, Resource Worker – Coffee County DHR
78. Mollie Rowe, Supervisor of QA/Resources – Greene County DHR
79. Felicia Smith, QA/Resource Worker – Cherokee County DHR
80. Tina Lewis, QA - Geneva County DHR
81. Heather Harrison, Resource Worker – Shelby County DHR
82. Tenesha Miller, Program Supervisor – Jefferson County DHR
83. Jenny Story, Supervisor – Autauga County DHR
84. Judy Young, Director – Tuscaloosa County DHR

85. Brenda Perry, Program Manager – Baldwin County DHR
86. Laura Atkinson, Volunteer Coordinator - Heart Gallery
87. Carolyn White, State Advocate - Poarch Creek Indian Tribe
88. Eric Funderburk, Juvenile Court Judge – Russell County
89. Judge Huff, Juvenile Court Judge - Jefferson County
90. Cathy Jenkins - Gateway Therapeutic Programs
91. Mary Lawrence, Administrative Assistant – State Legislature
92. Kim Hammack, Multiple Needs Coordinator - Department of Mental Health
93. Ellen Copeland, Program Coordinator - St. Mary's Home
94. Jim Loop, Executive Director - Gateway Therapeutic Programs
95. Gail Watts, Children's Aid Society
96. Stacy Bobo, Coordinator - Brewer-Porch
97. Michelle Mclendon, Coordinator - Wilmer Hall
98. Christi Mack, Coordinator of Grants - Children's Aid Society
99. Anita Boswell, Department of Youth Services
100. Karen Bee, Coordinator - Youth Villages
101. Marian Lofton, (Former) Executive Director - Department of Child Abuse and Neglect Prevention
102. Liz Cochran, Coordinator of Shared Youth Vision - Alabama Department of Economic & Community Affairs
103. Dr. Sue Adams, Director of Alternative Programs - State Department of Education
104. Patti Davis, Community Volunteer
105. Mary Smith, Foster Parent – Officer, Alabama Foster & Adoptive Parent Association
106. Angela McClintock, Assistant Director – Jefferson County DHR
107. Emily Jones, Supervisor – Lee County DHR
108. Martha Trentham, Director – Lamar County DHR
109. Linda Wilson, Assistant Director – Montgomery County DHR
110. Jennifer DeMarcus, Assistant Director – Madison County DHR
111. George A. Brown, Judge – Mobile County District Court
112. Sue Bell Cobb, Chief Justice - Alabama Supreme Court
113. Patti Smith, Justice - Alabama Supreme Court
114. Callie Dietz, Alabama Administrative Office of Courts (AOC)
115. Tom Moore, Court Improvement Project
116. Karen Trussell, Director – AOC
117. April Johnson, AOC
118. Bob Maddox, AOC
119. Kay Kornmeier, Consultant – Clarus Consulting Group
120. Buddy Hooper, President - Alabama Foster & Adoptive Parent Association
121. Angie Burke, Professor – Auburn University
122. Sandra Storm, Retired Judge, Consultant – Clarus Consulting Group
123. Steve LaFreniere, Director – State Department of Mental Health – Children's Services
124. Beverly Owings, Foster/Adoptive Parent - Alabama Post Adoption Connections
125. Deb Finley, Program Director - Alabama Post Adoption Connections
126. Jamie Golden, Outreach Coordinator - Alabama Post Adoption Connections

127. Grace Wood, Foster Parent – Vice President, Alabama Foster & Adoptive Parent Association
128. Mary Smith, Foster Parent – Vice President, Alabama Foster & Adoptive Parent Association
129. Michelle Bearman-Wolnek, Executive Director - Heart Gallery
130. Demetria Parnell, State Director – SAFY Therapeutic Programs of Alabama
131. Michelle Grabarczyk, State Manager – Youth Villages of Alabama
132. Glenda Thomas, Program Coordinator - Seraaj Therapeutic Programs
124. Kim Davis-Allen, Alabama Medicaid Agency, Director Transformation Initiatives
125. Kaye Melnick, Alabama Medicaid Agency
126. Brenda Caudle, Foster Parent
127. Dr. David Colvard, MD, FAAP
128. Dr. Pippa Abston, MD, FAAP
129. Dr. Kathe Nelson, MD, FAAP
130. Dr. Snehal Katri, MD, FAAP
131. Dr. Madeleine Blancher, MD, FAAP
132. Dr. Marsha Raulerson, MD, FAAP
130. Dr. Linda Reeves, MD, FAAP
131. Linda Lee, Executive Director – Alabama Chapter of the American Academy of Pediatrics
132. Vicki Cooper-Robinson, Alabama Department of Child Abuse Prevention
133. Kelly Paris-Barnes, Department of Child Abuse and Neglect Prevention
134. State QA Committee Member Survey Development / Completion
135. County QA Committee Members Survey Completion (@ 87 completed surveys, representing @ 35 counties.
*As much of the 5 year plan is guided by the Program Improvement Plan, individuals are named who assisted with PIP planning prior to the first and/or second PIP submission. Also included are individuals / groups who had involvement in APSR development, through dialogue, survey completion, opportunity for selected content review, input, etc.

APPENDIX 3
RESPONSE TO 2008 STATE QA COMMITTEE
RECOMMENDATIONS

RECOMMENDATIONS FROM 2008 REPORT AND DHR RESPONSE / FOLLOW UP

The following recommendations were provided to SDHR by the State QA Committee. Responses by SDHR to the recommendations follow each recommendation and may include an update that has been provided to the Committee as well.

- **Tracking of safety plans to assure they are reviewed by the local juvenile court if they remain in effect for 90 days.**

Response: Policy was changed last year to better assure that any safety plan in effect for 90 days will be reviewed by the local judge. The committee continues to hear about related concerns and has been advised that tracking of these cases will continue to be an issue until FACTS is fully operational. Until this system is active the following procedures were outlined and are to be in effect in each county:

- Individual counties, through the QA Coordinator will track safety plans by setting up a spread sheet to monitor plans and assure that time lines are followed. When FACTS is operable this function will be handled by a tickler system.
- These actions will be reported to SDHR twice per year in the Biannual Quality Assurance Report.

Update: With the implementation of FACTS, Safety Plans are now being tracked and monitored by a statewide system. An alert is issued to social workers at the 60th day of implementation and again at the 90th day of implementation for all active Safety Plans to remind them either a petition should be filed with the Court prior to the 90th day or the Safety Plan should be terminated.

- **Increase intensive training opportunities (e.g. “ACT II” training) offered to all personnel relative substance abuse, domestic violence, comprehensive family assessment, community resources and rights and entitlements; the committee has reviewed similar recommendations from local QA partners but due to funding and staffing issues, there appear to be more limited opportunities for personnel to have this needed training.**

Response: Several ACT II components contain information regarding domestic violence. We are in the process of evaluating the child welfare training component and will look at expanding this information within the curriculum or as an ACT II component.

Update: The ACT I curriculum does include the following on the subject of domestic violence:

- Characteristics of an adult who harms his/her intimate partner
 - Characteristics of a person who is harmed, physically, sexually or emotionally, by his/her intimate partner
 - Definition of domestic violence
 - Four ways children can be affected by domestic violence
 - The role of the child welfare worker in assessing for domestic violence
 - Determination of protective capacities of caregiver who is harmed
- **Continue to develop enhanced tracking of coordination efforts relative to purchased services and to better monitor the qualitative outcomes of those services noted on individual ISPs (i.e., what services are being recommended and are children and families actually receiving them?).**

Response: Services are currently monitored by the STAC system and through the ISP. The new FACTS system will do a better job of tracking these services, as it will do the payment authorization based on the family's ISP.

Update: FACTS is now statewide and is tracking service provision.

- **Provide a tracking system for all inquiries and allegations of abuse and neglect such that patterns of reports, etc. are known to the intake system (e.g., regardless of assessment of allegation(s) made, do local and state CA/N personnel have information that could be helpful in establishing a pattern of reported concerns?).**

Response: This issue will be moot with the new FACTS system opening in 2008.

Update: All CAN and Prevention reports go through Intake and are entered into FACTS. These reports are then monitored and tracked as to timeliness of initial contacts and completion.

- **Develop a strengthened case closure policy for families who experience a child death, especially those experiencing challenges associated with substance abuse, mental health and domestic violence issues; this includes a recommendation for more intensive case discussions with supervisors and team, etc.**

Response: The department is currently working on a procedure regarding case closure.

Update: The ISP policy addresses Safe Case Closure for all cases and requires the child and family planning team to meet and review the ISP at least thirty (30) days prior to the anticipated date of closing a family's case. The purpose of this review is to determine if the family is able to provide minimally adequate care for the children and if the parents and/or primary caregivers have sufficient protective capacities to function independently of Departmental intervention.

In addition, Child Protective Services Policy requires a Safety Assessment be completed on all CAN assessments. The Safety Assessment involves identifying and evaluating safety threats, and assessing parents' or primary caregivers' protective capacities. Children are considered **safe** when there are no present or impending danger threats or the parental/caregiver protective capacities control existing threats.

- **Continue to assess current policy to include Child Death Reviews (CDR) for any family having contact with DHR within 24 months rather than 12 months.**

Response: DHR policy requires review of cases having contact within 12 months to reflect federal policy regarding repeat maltreatment and the fact that families change drastically within a 24 month period.

Update: When assessing repeat maltreatment, the department looks at a 12 month time frame which is double the Federal standard of 6 months. The department is already going above what the Federal requirement is and the policy for a Child Death Review continues to utilize a 12 month time frame.

- **Given continuing concerns regarding child deaths, especially among very young infants and toddlers, completion of CDR on all children under 3 or 5 years of age (NOTE: most Alabama child welfare related deaths involve very young children and a pattern involving infants and toddlers with families impacted by substance abuse appears more prevalent)**

Response: This recommendation is being considered as 76% of child deaths last year were birth to three years of age.

Update: As per policy: “The Child Death Review is limited to cases in which a child death is due to alleged child abuse or neglect and the Department has had child welfare involvement (any case that would be entered into FACTS including preventions) with the child or family within twelve (12) months prior to the report of the child’s death.” The age of a child is not a consideration. The purpose of a Child Death Review (CDR) is to look at the department’s capacity to assess child safety for children with whom the department has had previous involvement and is designed to evaluate the DHR system performance prior to the child’s death. Although the review process is to be comprehensive, it is not intended to investigate or reinvestigate the child’s death. It is expected that as a result of the CDR, the strengths and needs of the system will be identified and recommendations will be made. The recommendations are not statements of past performance. The purpose is to strengthen and improve future child welfare practice.

In addition to DHR’s internal review, the Department of Public Health has in place the Alabama Child Death Review System which looks at unexpected and unexplained child deaths throughout the State.

APPENDIX 4

ALABAMA STATE QUALITY ASSURANCE COMMITTEE ANNUAL REPORT 2009



May 26, 2009

**State DHR Quality Assurance Committee
Annual Report 2009**

MEMBERSHIP

2008 Officers:

Gina E. Harris, Chair	
Ramona Collins, Vice-Chair	Vacant as of May, 2008
Pamela Green, Secretary	Tuscaloosa County DHR

State Quality Assurance Committee Membership

Dr. Sue Adams	Public Education
Kelly Paris-Barnes	Department of Child Abuse and Neglect Prevention
Johnna Breland	Foster and Adoptive Parent
Powell Brewton	Local QA Member
Pam Brown	Provider
Angie Burque	Auburn University Social Work Faculty
Judge Eric Funderburk	Juvenile Judge
Pam Green	Local QA Coordinator
Carol Gunlach	Coalition Against Domestic Violence
Gina Harris	Advocate, local QA Member
Judge Howard Hawk	Juvenile Judge
Jennifer Hartley	Child Abuse Prevention
Amy Hinton	Children's Advocacy Centers
Sandy Holmes	State QA
Buddy Hooper	Foster and Adoptive Parent Assoc.
Steven LaFreniere	Mental Health/Mental Retardation Services
Tara Johnson	Child Advocacy
Melissa McNeil	Domestic Violence Advocate
Judge Alice Martin	Probate Judge
Christy Mehaffy	Child Abuse Prevention
Betsy Prince	Early Intervention
Helen Rivas	Latino Advocate
Mollie Rowe	Local QA Coordinator
Misty Samya	Doctoral Social Work Student
Justice Patricia M. Smith	Alabama Supreme Court
Sarah Ellen Thompson	Disabilities Related Advocacy
Marie Youngpeter	SDHR Family Services

Meeting Dates:

January 18, 2008	Montgomery (Joint Meeting - State QA Committee, County QA Coordinators, County QA Committee Chairpersons)
March 7, 2008	Homewood
June 20, 2008	Clanton
September 5, 2008	Clanton
December 5, 2008	Clanton

Standing Sub-committees:

- Policy Review Chair, Justice Patricia Smith
- Service Analysis Chair, Steve Lafreniere
- Child Death Review Chair, Gina Harris
- Coordination and Support of Local Committees Chair, Angie Burke
- Education, Advocacy, and Nominating Chair, Buddy Hooper
- Cultural Diversity Chair, Helen Rivas
- Recruitment and Retention Chair, Buddy Hooper

Purpose:

The Committee's authority is advisory to the State Department of Human Resources. As such, the purposes of this Committee shall be to:

- **MONITOR** the functioning of state-directed QA activities, as well as outcomes and agency performance from statewide perspective.
- **SERVE AS A LINK** between the community and the State QA Office, as well as the State Department of Human Resources (SDHR); Provide advocacy and education regarding the mission and work of SDHR.
- **FACILITATE** the development of, and the networking among County QA Committees.
- **REPORT and PROMOTE** the general effectiveness of the child welfare system in supporting positive outcomes for children and families served and/or on a specific issue which has the potential for having a significant impact on achieving positive outcomes for the children and families being served. Such reports would be issued at the request of the Commissioner of DHR and/or at the initiative of the Committee. Reports of the State QA Committee's activities and/or findings of studies may include recommended actions to the Department that reflect the Committee's findings or concerns. All reports, information or Committee opinions may be made and released only as authorized by the Committee. All such authorized Committee reports shall be considered to be public documents; a mutually agreed upon process, that includes format, timeframes, etc., shall be established whereby any written report of findings and/or recommendations provided to the Department by the state QA committee, shall be responded to in writing by the Department.
- **REVIEW** information, data, policies, etc. related to child and family services, outcomes and system performance in child welfare (on both the County and State levels) and the capacity of the Department to deliver services in a manner consistent with its mission and goals.
- **PROVIDE** input, feedback, questions, findings and recommendations to the Department; and
- **SUPPORT** advocacy for services to meet the needs of class members and their families.

AREAS OF CONTINUED CONCENTRATION FOR 2008-09

- Recruitment, training, and retention of staff
- Recruitment, training, and retention of Foster Parents
- Well being of children in the system, including promotion of increased safety for all
- Promotion of greater public awareness of critical child welfare issues, including issues related to educational needs
- Enhancing understanding of FACTS, Alabama's new child welfare tracking system and how it may impact day to day functions, including efforts towards improved outcomes as well as increased QA efforts.

WORK OF THE STATE QUALITY ASSURANCE COMMITTEE:

- In addition to the efforts of local QA membership and other community partners, State QA members actively participated in the Child and Family Service Review (CFSR) process in August 2007 and have continued to seek information and offer input relative to the preparation, review and monitoring of the Program Improvement Plan (PIP)
- Initiated and participated in the development and implementation of a special study looking at children entering care from open CPS cases
- Provided input to the Family Services Division Management Team (FSDMT) regarding five year goals being identified for the Child and Family Services Plan
- Shared additional feedback regarding proposed APSR including discussions of goals relative to child well-being, safety, prevention and related critical personnel training needs that continue to exist.
- Facilitated the updating and development of a manual for educators to better understand and report child abuse and neglect.
- Worked with DHR to revise proposed policy regarding the definition of “relative” to improve maintaining connections between siblings and birth families
- Developed and distributed *Social Worker Guide to Working with Courts*, to improve the time to achieve permanency for children.
- Supported and helped develop policy regarding the review of safety plans by the juvenile courts.
- Explored and designed strategies to continue to strengthen relationships between the Department of Education and DHR to improve educational opportunities for children in out-of-home care.
- Developed proposed strategies for addressing education issues of children in out-of-home care, including an issue involving transfers of academic credits from residential settings raised by foster teens during focus groups with SDHR QA volunteers.
- Explored and designed strategies to improve involvement of education personnel in ISP planning.
- Worked collaboratively with foster youth, local and State DHR personnel, and concerned citizens to begin development of an educational video as well as possible web-based informational segments highlighting educational and other challenges faced by children and youth living in foster care.
- Developed and completed a presentation at the State Department of Education’s Annual “Mega” Conference regarding strategies to promote greater awareness of child welfare issues and related educational needs.
- Proposed enhanced strategies to improve permanency planning for children with the permanency goal of APPLA, including redefining the goal.
- Proposed enhanced strategies to improve concurrent planning in out-of-home cases.
- Proposed enhanced strategies’ to improve the timeliness of establishing and achieving permanency goals and have continued to seek feedback regarding outcomes in utilizing these approaches
- Completed surveys and gathered information regarding the effectiveness of child welfare services in individual counties (see attached information)
- Continue to support an external study regarding foster parent retention and have recommended appropriate utilization and dissemination of the data recently reported to the Committee at its March 2009 meeting
- Partnered with *The Heart Gallery* in recruiting adoptive parents for waiting children
- Supported a grant from AdoptUsKids to recruit resource families
- Evaluated data regarding the performance of child welfare in Alabama
- Reviewed child death cases as established by policy.
- Solicited feedback and response from the SDHR regarding observed trends and concerns raised by ongoing child death reviews and provided several recommendations for consideration relative to

- strengthening required case reviews (see attached for SDHR responses along with the Committee's continuing recommendation to focus on better understanding and preventing deaths of infants and toddlers and older children impacted by substance abuse and repeat maltreatment)
- Offered several recommendations relative to critical training and service issues that may support improved child and family safety, well-being, and decrease in child deaths.
 - Planned and coordinated an annual meeting between local Quality Assurance Committees and the State Quality Assurance Committee (due to funding crisis and related transportation restrictions, the meeting was postponed by SDHR and QA membership has recommended that at least regional offerings and/or a web-cast format be considered to encourage continued engagement among local and state stakeholders).
 - Explored the work being done by the National Working group on Foster Care and Education and evaluated the data regarding educational success of children in custody of the department in Alabama.
 - Explored issues regarding the placement of siblings in foster care.
 - Some members also continue to serve as local QA members offering a unique perspective into local and regional issues.

State Quality Assurance Special Study Children Entering Foster Care Through Open CPS Cases

The Services Analysis Subcommittee of the State Quality Assurance Committee recommended a special study be conducted through the County Quality Assurance Committee chair persons and members to gather information about how and why a significant percentage (38%) of children enter foster care through open CPS cases.

The Office of Quality Assurance and the Services Analysis Subcommittee devised a questionnaire instrument used to guide county record reviewers to provide demographic information, information on the issues leading to children entering care, and planning and service provision information prior to and at the time of the child's removal from the home.

The sample for this study was children who entered foster care through open CPS cases from April 1, 2007 through September 30, 2007. Children entered care during this time in 45 counties and the Bessemer region in Jefferson County. No children were reported to have entered care through open CPS cases from the remaining 22 counties. Through data reports the anticipated sample was 287 cases with 487 children. The final sample was comprised of 287 cases and a total of 650 children. Of those children, 531 entered foster care and 119 remained in the home, while a sibling entered care.

In January 2008, the Office of Quality Assurance provided an approved instrument to each county QA Coordinator and chairperson from the counties represented in the sample. Each county was instructed to complete the instrument for each case represented in the sample. Completed instruments were submitted to the Office of Quality Assurance by April 30, 2008 for data entry and quantification.

For further information see attached report.

CURRENT STATUS OF THE STATE QA COMMITTEE:

The State Quality Assurance Committee re-elected its 2008 officers to serve in 2009 but due to the retirement of its secretary, is currently seeking nominations for this position. There are on-going efforts with recruitment and increased efforts to identify a few agency/organization specific members who can serve in a more active capacity. The sub-committees are active and were meeting on a much more regular basis although this has been impacted some by interagency travel restrictions. Last year, more efforts were made to assess trends in attendance and recent re-evaluation of membership indicates a need further enhance active membership with an appropriate cross-section of stakeholders, including those with current and/or former foster care experiences. This has included the addition of three who represent current and former foster and adoptive parent perspectives as well as one who as a child, spent time in foster care.

The feedback loop between the state and local QA Committees has been improving with the Biannual Report, the joint annual meeting, and the state committee and office are working hard to share better feedback and recognition to the local committees. Given the economic challenges facing all programs and providers, QA members have spent some time focusing on development of strategies that can better ensure that our enhanced communication efforts do not decline. At the 2008 joint statewide meeting of local and state QA membership focus groups facilitated by State QA members offered additional opportunities for discussion of important successes as well as critical needs and concerns. Discussions included the importance of enhancing communication and collaborative efforts among and between community stakeholders, continuing to address concerns regarding delays in completing efforts towards more successful permanency planning, and addressing local issues and feedback on a regular basis. Membership was also very supportive of increasing public awareness of issues and in encouraging more opportunities for children and youth in foster care to share their experiences to larger audiences, including educational, judicial, and community providers as well as the general public.

During the coming year, the State QA Committee plans to continue its efforts relative to improving educational and other outcomes of well-being, including recommendations to enhance prevention and intervention collaborative efforts among the birth to three population.

COUNTY QA COMMITTEES

There are 68 functioning QA Committees throughout the state of Alabama and these Committees serve as the Citizen Review Panels as required by CAPTA. County QA Committees are involved in case review activities, special studies, data analysis, stakeholder interviews, child death reviews, County Bi-Annual reports and other community collaboration activities throughout the state. Starting April 1, 2008, all completed Quality Service Reviews (QSRs) were entered into a QA database. From April 1, 2008 through December 31, 2008, there were 378 QSRs (199 foster care cases and 179 child protective cases) completed by county QA Committees. The local committees utilize the same protocol book as the State Office of Quality Assurance and ratings are on a scale of 1 to 6 with 6 being the highest score. The overall rating in cases reviewed for Child and Family Status was 5.2. Safety continued to rate high with an overall rating of 5.5 for children in Foster Care cases and 5.2 for children in open Protective Service cases. The overall rating for System Performance was 5.1. The ratings for Child and Family Status were comparable with the State QA reviews completed by the Office of Quality Assurance while the ratings for System Performance were somewhat lower. This may indicate a need for training for both QA Committee members and County QA Coordinators on the ability to identify both strengths and needs of System Performance items.

The following is a summary of the ratings for both foster care and child protective service cases:

378 QSRs: 199 Foster Care Cases 179 Child Protective Service Cases

Child and Family Status:

Indicator	Overall Rating for Foster Care Cases	Overall Rating for Child Protective Service Cases
1. Safety of the Child	5.5	5.2
2. Safety of the Caregiver	5.6	5.3
3. Stability	5.1	4.9
4. Appropriateness of Placement	5.5	5.5
5. Maintaining Family Connections	4.7	5.6
6. Permanence	4.4	4.9
7. Health/Physical Well-Being	5.7	5.5
8. Emotional Well-Being	4.9	5.0
9. Education	4.8	4.8
10. Responsible Behavior	4.9	4.9
11. Caregiver Functioning	5.4	5.0
12. Family Progress to Independence	4.0	4.6
13. Cultural Accommodations	5.7	5.8
14. Child & Family Satisfaction	5.1	5.3
15. Overall Child & Family Status	5.2	5.2

System Performance:

Indicator	Overall Rating for Foster Care Cases	Overall Rating for Child Protective Service Cases
1. Child & Family Engagement	5.2	5.2
2. Functional Assessment	5.0	5.0
3. Long Term View	4.7	4.8
4. Individualized Service Plan	4.8	5.1
5. Service Coordination	5.1	5.2
6. Successful Transitions	5.4	5.2
7. Monitoring & Modifications	5.2	5.3
8. Resource availability/Utilization	5.2	4.8
9. Family Preservation	4.8	3.8
10. Family Support Network	5.1	5.2
11. Urgent Response	4.9	4.1
12. Agency Responsiveness	4.9	5.0
13. Overall System Performance	5.1	5.2

APPENDIX 5

State Quality Assurance Special Study Children Entering Foster Care Through Open CPS Cases



JUNE 20, 2008

State Quality Assurance Special Study Children Entering Foster Care Through Open CPS Cases

Purpose

The Services Analysis Subcommittee of the State Quality Assurance Committee recommended a special study be conducted through the County Quality Assurance Committee chair persons and members to gather information about how and why a significant percentage (38%) of children enter foster care through open CPS cases.

Methodology

The Office of Quality Assurance and the Services Analysis Subcommittee devised a questionnaire instrument used to guide county record reviewers to provide demographic information, information on the issues leading to children entering care, and planning and service provision information prior to and at the time of the child's removal from the home.

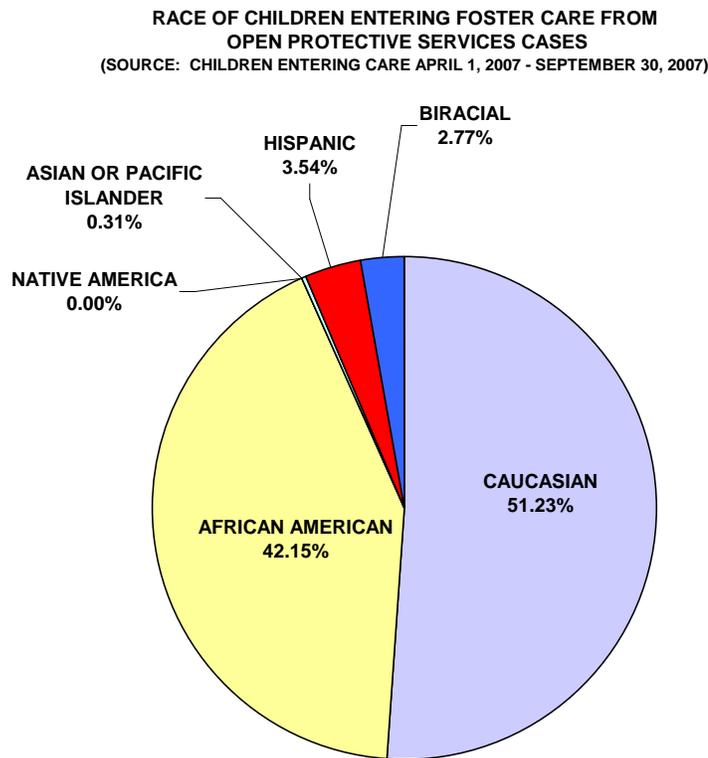
The sample for this study was children who entered foster care through open CPS cases from April 1, 2007 through September 30, 2007. Children entered care during this time in 45 counties and the Bessemer region in Jefferson County. No children were reported to have entered care through open CPS cases from the remaining 22 counties. Through data reports the anticipated sample was 287 cases with 487 children. The final sample was comprised of 287 cases and a total of 650 children. Of those children, 531 entered foster care and 119 remained in the home, while a sibling entered care.

In January 2008, the Office of Quality Assurance provided an approved instrument to each county QA Coordinator and chairperson from the counties represented in the sample. Each county was instructed to complete the instrument for each case represented in the sample. Completed instruments were submitted to the Office of Quality Assurance by April 30, 2008 for data entry and quantification.

Executive Summary

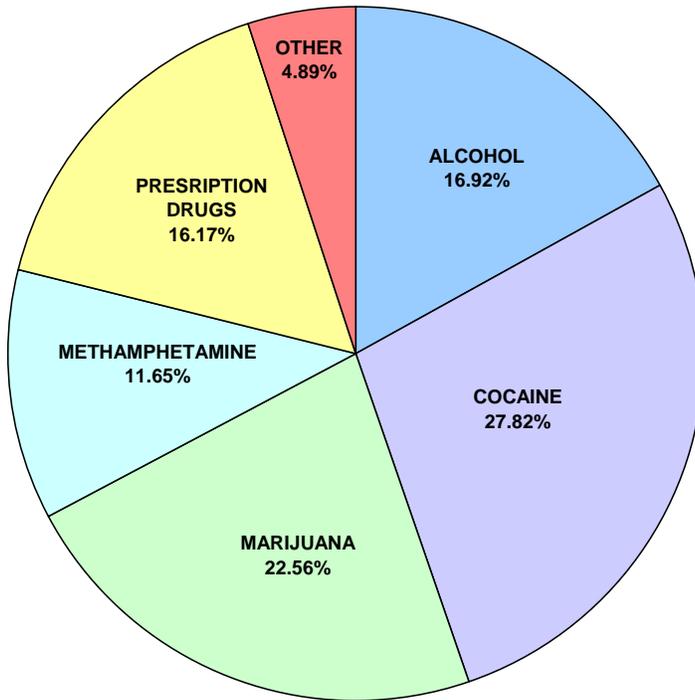
Of the total 650 children in cases selected for the special study, 333 (51.23%) were Caucasian, 274 (42.15%) were African American, 2 (.31%) were Asian or Pacific Islander, 23 (3.54%) were Hispanic and 18 (2.77%) were biracial. The highest percentages for household composition at the time the children entered care were mother at 31.36% and both parents and a combination of other caregivers both at 21.95%. Of the 531 children who entered care, 102 were placed with relatives and 429 were placed in out of home care. There were 293 males and 238 females with an average age of 7.62. Cases were open to CPS for an average of 195 days prior to the children entering foster care. Cocaine and marijuana were the substances most often cited in the case history and domestic violence was an issue in 25.09% of the total cases. Safety plans were utilized in 136 of the cases with 50 in home safety plans and 86 out of home safety plans. The average number of CAN reports prior to the children entering care was 1.74. The average number of in home visits made by the caseworker in the three months prior to removal was 2.99. The average number of calendar days from the last ISP until the children entered care was 44. An ISP or pre-removal staffing was held at the time of removal in 185 of the cases. Reasons cited for children entering care included imminent risk at 15.58%, DHR petition at 15.58%, child's behavior at 12.50%, no improvement in protective capacities at 11.99%, caregiver's refusal to cooperate at 11.64% and court order at 11.30%.

Services provided in the three months prior to the children entering care included mental health counseling at 13.73%, family support services at 11.69%, substance abuse treatment at 11.36%, in-home family counseling at 10.34%, Family Options at 7.63% and wrap services at 2.54%. The average number of caseworkers from the time the case opened until the children entered care was 1.63.



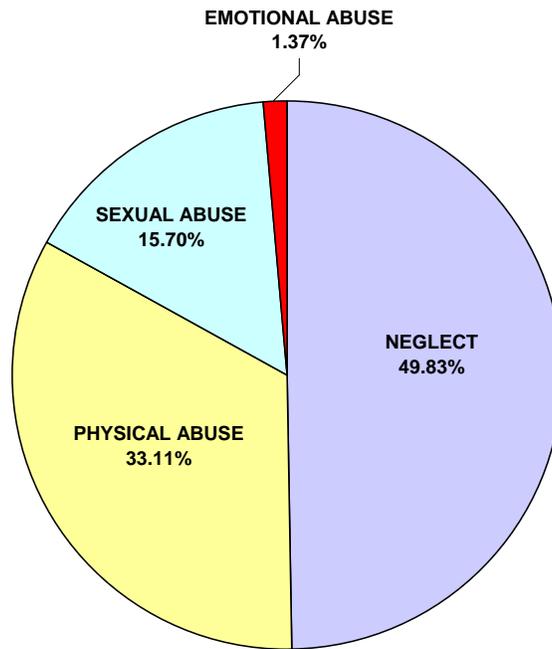
The Alabama's general population shows, 71.2% Caucasian, 26.3% African American, .5% Native American, 2.5% Hispanic, .9% Biracial, Asian .9% and Pacific Islander as not significant. The only ethnic group over represented is African American.

**CASE HISTORY REASON(S) FOR ENTRY INTO FOSTER CARE FROM
OPEN PROTECTIVE SERVICE CASES
(SOURCE: CHILDREN ENTERING CARE APRIL 1, 2007 - SEPTEMBER 30, 2007)**



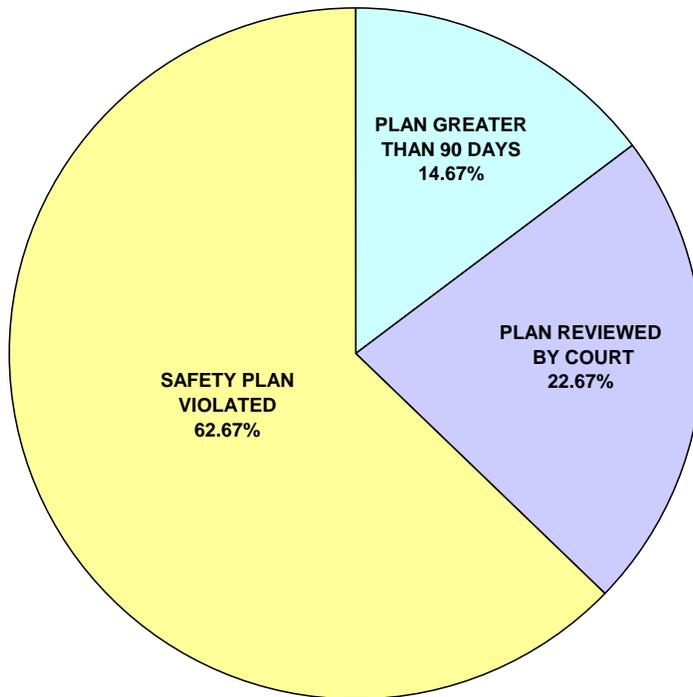
The cases for this study were collected statewide during the period under review and it shows a different picture than what we expected to see in the area of substance misuse. Cocaine and marijuana use account for 50.38% of the substances causing children to come into care from in-home cases. Prescription drugs and alcohol account for 33.09% of the substance abuse problems in families. Methamphetamine, only accounts for 11.65% and other seemed to be a combination of substances being abused.

TYPE OF CANS REPORTS OF CHILDREN ENTERING FOSTER CARE FROM PROTECTIVE SERVICE CASES
(SOURCE: CHILDREN ENTERING CARE APRIL 1, 2007 - SEPTEMBER 30, 2007)



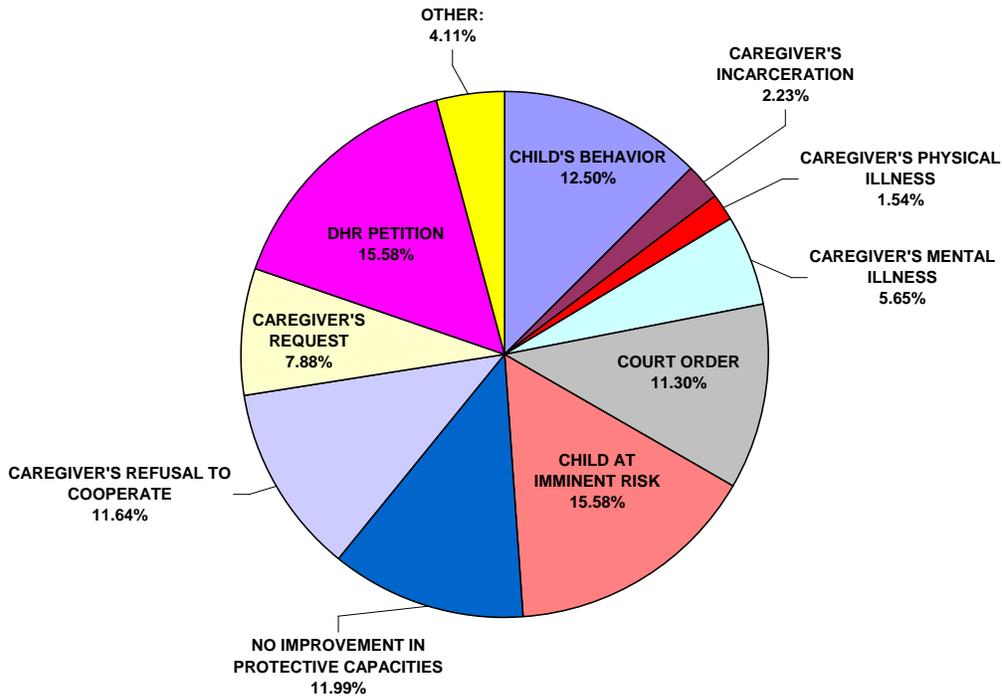
This study reinforced data gathered many times before that neglect is the major cause for children entering case from open cases. This also reinforces the premise that as an agency, the Department of Human Resources does a better job working with abusive families as opposed to neglectful families.

**STATUS OF SAFETY PLANS OF CHILDREN ENTERING FOSTER CARE
FROM OPEN PROTECTIVE SERVICES CASES
(SOURCE: CHILDREN ENTERING CARE APRIL 1, 2007 - SEPTEMBER 30, 2007)**



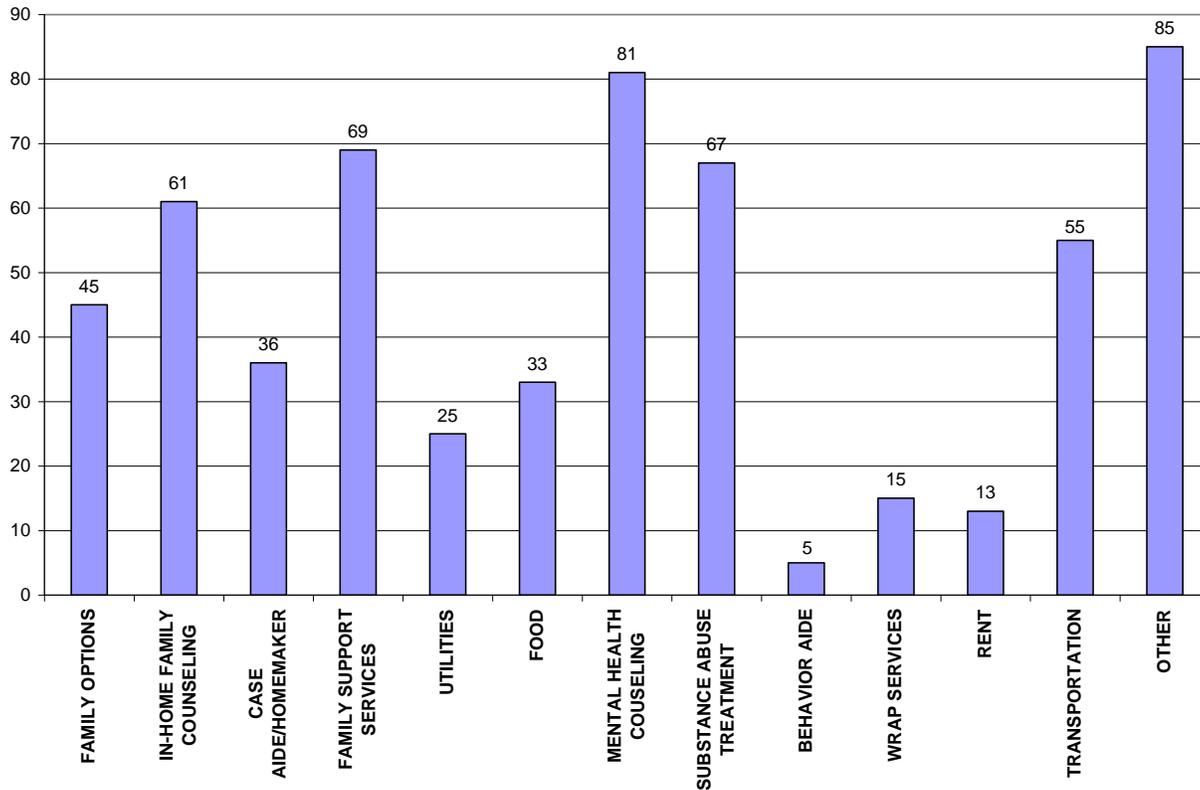
A total of 75 cases reviewed had safety plans at the time the children came into care. The data seems to reflect in a large percentage of the cases (62.67%) safety plans were not effective in controlling the safety threats. From the data gathered it is impossible to draw any conclusions about the quality of the safety plans but does raise an issue for further study.

**OTHER REASONS FOR CHILDREN ENTERING FOSTER CARE
FROM OPEN PROTECTIVE SERVICES CASES**
(SOURCE: CHILDREN ENTERING CARE APRIL 1, 2007 - SEPTEMBER 30, 2007)



This chart reflects the other reasons for entries into care other than safety plan failure. While showing a varied picture it does give some insight in to possible resource development around upfront services.

**SERVICES PROVIDED THREE MONTHS PRIOR TO THE TIME OF REMOVAL OF CHILDREN ENTERING
FOSTER CARE FROM OPEN PROTECTIVE SERVICES CASES
(SOURCE: CHILDREN ENTERING CARE APRIL 1, 2007 - SEPTEMBER 30, 2007)**



These services add up to more than 100% as many families receive more than one service. The other category leaves questions because we do not know what other means and the size of the category ask more questions than gives answers. Another concern would be the low number of cases receiving Family Options Services when removal was imminent. With the two categories of counseling (Mental Health Counseling and In-Home Counseling) we are unable to tell if the counseling offered was family, adult, or child. Another question to ask and possible deserve further study is the quality of the services offered, the intensity of the service, as well as the timeline for beginning the service.

APPENDIX 6
STATE QA ONSITE REVIEWS
JUNE 1, 2008– MAY 31, 2009

County

Winston

Cherokee

Mobile

Hale

Dale

Houston

Walker

Shelby

APPENDIX 7 – FOCUS REPORTS

2009 APSR – Intensive In-Home Services MR



Intensive In-Home
Services MR.xls

2009 APSR – Continuum Report



Continuum MR.xls

2009 APSR – Permanency – Reunification Report



Copy of Permanency
MR.xls

Intensive In-home Services Monthly Report

Month: JUNE

Year: 2009

Program	Type	# Cntl/Fams Served	# Cntl/Fams Discharged	AVLOS Days	Discharges Successful	discharge 3 mos. Successful	discharge 6 mos. Successful	discharge 12 mos. Successful	discharge 24 mos. Successful
Alliance Jefferson Wrap	Prv	247	190	143	92.0%	100.0%	99.0%	98.0%	
Central Alabama FOCUS	Prv	30	22	93	95.0%	100.0%			
East AL FOCUS	Prv	71	58	82	93.0%	97.0%	80.0%		
East Central FOCUS	Prv	101	77	74	70.0%	100.0%	82.0%		
Jefferson-Shelby FOCUS	Prv	137	106	71	98.0%	100.0%	100.0%		
Montgomery County DHR FOCUS	Prv	28	25	45	72.0%	87.0%	86.0%		
Northeast FOCUS	Prv	20	11	85	100.0%	100.0%			
Northwest FOCUS	Prv	77	52	73	85.0%	100.0%	100.0%		
Southeast FOCUS	Prv	182	139	93	96.0%	90.0%			
Southwest FOCUS	Prv	98	72	77	88.0%	97.0%			
Tuscaloosa Hub FOCUS	Prv	59	43	88	97.0%	90.0%	67.0%		
West Central FOCUS	Prv	40	32	68	91.0%	94.0%	100.0%		
Gateway (Shelby)	Prv	146	122	125	90.0%	98.0%	100.00%	93.00%	
Lee County Youth Development- Lee (CFS)	Prv	111	86	159	100.0%	100.0%	100.0%	96.0%	
UMCH-Covington	Prv	53	26	358	100.0%	100.0%	100.0%		
Seraaj Calhoun	Prv	7	3	45	100.0%				
Youth Villages-Calhoun	Prv	31	26	218	85.0%	100.0%	100.0%	94.0%	100.0%

Seraaj Cherokee	Prv	2	1	78	100.0%				
Youth Villages-Cherokee	Prv	10	8	100	75.0%	100.0%	100.0%	100.0%	
Seraaj DeKalb	Prv	1	0	N/A	N/A				
Youth Villages-Cleburne	Prv	1	0	N/A	N/A				
Youth Villages-DeKalb	Prv	10	8	147	88.0%	100.0%	100.0%	100.0%	
Youth Villages-Elmore	Prv	1	1	385	100.0%	100.0%			
Seraaj Etowah	Prv	3	2	107	100.0%				
Youth Villages-Etowah	Prv	26	24	191	92.0%	100%	100.0%	100.0%	100.0%
Seraaj Jackson	Prv	3	1	36	100.0%				
Youth Villages-Jackson	Prv	4	3	104	100.0%	100.0%	100.0%	100.0%	
Youth Villages Lauderdale	Prv	5	2	63	50.0%				
Seraaj Limestone	Prv	0	0	N/A	N/A				
Youth Villages-Limestone	Prv	4	2	46	100.0%	100.0%	100.0%		
AL Mentor Madison	Prv	15	7	88	86.0%	83.0%			
Alliance Madison	Prv	9	1	153	100.0%				
Seraaj Madison	Prv	0	0	N/A	N/A				
Youth Villages-Madison	Prv	48	43	149	81.0%	100.0%	97.0%	97.0%	100.0%
Seraaj Marshall	Prv	1	0	N/A	N/A				
Youth Villages-Marshall	Prv	17	17	154	94.0%	100.0%	100.0%	100.0%	
Youth Villages-Morgan	Prv	21	19	216	89.0%	94.0%	93.0%	89.0%	

Continuum Monthly Report

Month: June

Year: 2009

Program	Type	# Children Served	# Children Discharged	Av LOS Days	Successful Discharges	Post-discharge Successful 3 mos.	Post-discharge Successful 6 mos.	Post-discharge Successful 12 mos.	Post-discharge Successful 24 mos.
Alliance Jefferson	C	119	101	241	76.0%	99.0%	93.0%	84.0%	50.0%
Alliance Madison	C	61	46	202	87.0%	97.0%	91.0%	88.0%	100.0%
Alliance Mobile	C	26	14	81	92.0%	100.0%	100.0%		
Childhaven Cullman	C	83	60	221	92.0%	100.0%	100.0%	100.0%	
LCYDC Lee	C	43	32	198	97.0%	100.0%	100.0%	100.0%	
Mentor Mobile	C	12	5	106	80.0%				
SAFY Jefferson	C	12	5	126	100.0%	100.0%			
SAFY Montgomery	C	36	36	186	73.0%	64.0%	64.0%	63.0%	100.0%
Seraaj Jefferson	C	11	4	114	75.0%				
Seraaj Madison	C	10	2	103	100.0%				
Seraaj Montgomery	C	10	0	N/A	N/A				
Youth Villages Jefferson	C	13	6	101	100.0%	100.0%			
Youth Villages Mobile	C	71	63	219	78.0%	93.0%	93.0%	97.0%	100.0%
Youth Villages Montgomery	C	12	1	155	100.0%				
Total		519	375	Av 158	Av 88.5%	Av 94.8%	Av 91.6%	A 88.7%	Av 87.5%

50% or less than average

Between 50 and 75% of average

Within 75% of average

At or above average

Average LOS equal to or less than average for group

Permanency/Re-unification Report

Month: June

Year: 2009

Program	Type	# Children Served	# Children Discharged	AV LOS Days	Discharges Successful	discharge 3 mos.	Successful discharge 6 mos.	Successful discharge 12 mos.	Successful discharge 24 mos.	Successful discharge Post-24 mos.
Alliance Jefferson	Per/Reu	82	64	250	61.0%	89.0%	87.0%	87.0%	83.0%	
Central AL FOCUS	Per/Reu	12	9	96	100.0%	100.0%				
East AL FOCUS	Per/Reu	33	25	87	72.0%	88.0%				
East Central FOCUS	Per/Reu	51	27	83	63%	100.0%	100.0%			
Jefferson Shelby FOCUS	Per/Reu	43	30	73	90.0%	83.0%	100.0%			
Montgomery DHR FOCUS	Per/Reu	26	20	54	80.0%	80.0%	50.0%			
Northeast FOCUS	Per/Reu	18	13	93	77.0%	100.0%				
Northwest FOCUS	Per/Reu	80	60	81	72.0%	95.0%	80.0%			
Southeast FOCUS	Per/Reu	90	52	85	94.0%	97.0%				
Southwest FOCUS	Per/Reu	24	14	105	92.0%	100.0%				
Tuscaloosa Hub FOCUS	Per/Reu	12	9	81	100.0%	100.0%				
West Central FOCUS	Per/Reu	21	15	100	80.0%	100.0%	100.0%			
Lee County Youth Development Center- Lee (CFS)	Per/Reu	5	2	156	100.0%	100.0%	100.0%	100.0%		
Mentor Jefferson	Per/Reu	42	37	167	73.0%	73.9%	71.4%	73.7%	100.0%	
Seraaj Jefferson	Per/Reu	39	22	291	95.0%	100.0%	100.0%	100.0%	100.0%	
Youth Villages Jefferson	Per/Reu	51	41	246	61.0%	84.0%	80.0%	81.0%		

Seraaj Calhoun	Per/Reu	6	2	124	100.0%				
Youth Villages Calhoun	Per/Reu	49	46	196	78.0%	97.0%	97.0%	88.0%	100.0%
Seraaj Cherokee	Per/Reu	2	1	158	100.0%				
Youth Villages Cherokee	Per/Reu	28	23	161	83.0%	100.0%	100.0%	100.0%	
Seraaj DeKalb	Per/Reu	0	0	N/A	N/A				
Youth Villages DeKalb	Per/Reu	20	14	142	71.0%	100.0%	100.0%	100.0%	
Seraaj Etowah	Per/Reu	0	0	N/A	N/A				
Youth Villages Elmore	Per/Reu	0	0	N/A	N/A				
Youth Villages Etowah	Per/Reu	35	29	246	79.0%	91.0%	100.0%	94.0%	
Seraaj Jackson	Per/Reu	2	0	N/A	N/A				
Youth Villages Jackson	Per/Reu	6	5	182	100.0%	80.0%	80.0%	67.0%	
Youth Villages Lauderdale	Per/Reu	10	4	111	75.0%	100.0%			
Seraaj Limestone	Per/Reu	0	0	N/A	N/A				
Youth Villages Limestone	Per/Reu	3	3	210	100.0%	67.0%	67.0%		
Alabama Mentor Madison	Per/Reu	4	0	N/A	N/A				
Alliance Madison	Per/Reu	0	0	N/A	N/A				
Seraaj Madison	Per/Reu	0	0	N/A	N/A				
Youth Villages Madison	Per/Reu	76	68	190	74.0%	93.0%	92.0%	83.0%	100.0%
Seraaj Marshall	Per/Reu	2	1	24	100.0%				
Youth Villages Marshall	Per/Reu	25	24	145	67.0%	100.0%	100.0%	90.0%	

Youth Villages Mobile	RIP/Reu								
Youth Villages Morgan	Per/Reu	22	15	204	87.0%	100.0%	92.0%	100.0%	100.0%
Youth Villages Shelby	Per/Reu								
Youth Villages St. Clair	Per/Reu	1	1	222	100.0%				
Youth Villages Talladega	Per/Reu								
Total		920	676	Av 145	Av 84.1%	Av 93%	Av 89.3%	Av 89.5%	Av 97.2%

50% or less than average

Between 50 and 75% of average

Within 75% of average

At or above average

Average LOS equal to or less than average

APPENDIX 8

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM Program Report and Data Collection FY 2009

CFCIP Allocation Request ETV Allocation Request

PROGRAM PLAN NARRATIVE

ADMINISTRATION OF PROGRAM:

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. In addition, the Education Training Voucher Program was implemented in 2004. Direct and indirect services are provided for youth for whom we hold custody and planning responsibility. Alabama Department of Human Resources, Family Services Division through the Office of Permanency, administers and supervises the programs and services carried out by the 67 County Departments of Human Resources under the Act. The mission of Alabama's Independence Program is to assist Alabama's eligible foster youth and former foster youth in attaining the skills, education, and character needed to become adults who will contribute to their community.

Alabama currently has 1 coordinator position dedicated specifically to provide county support and ILP consultation to county ILP Staff and group homes who are working with foster youth, ages 14 through 20. However, capacity is being strengthened in all consultants to have a working knowledge of the program requirements.

Alabama's State Department of Human Resources allows each county to provide their own Foster Care Independent Living Program. Services are provided through group programs and individual services and several also offer experiential activities. The programs are to provide services to assist a youth in improving education and career opportunities and to decrease high-risk activities and the potential for incarceration, non-marital childbirth, dependence, and homelessness.

The Education Training Voucher program is administered through a contract with the Orphan Foundation of America. The funds are used primarily to pay school expenses such as fees, tuition, and books. Each youth's application requires that they complete a budget providing information about rent (copy of lease agreement is required) and childcare (payment is made only to a licensed provider). Youth may also request funds to purchase a computer, school sponsored health insurance, payment of outstanding student loans (documentation required), costs related to a disability (eyeglasses, tutoring, adaptive software, etc. and living expenses such as groceries and transportation (not purchase of a car). Information from the schools' Student Financial Aid Office is required to validate the expense of attending the school. No youth may receive more than \$5,000 and the total funds received are not to exceed the cost of attendance. Youth must apply each year to receive funds.

Alabama awards each of Alabama's 67 counties funds to provide ILP services for their foster teens. When providing counties with funds for their ILP services, each are reminded that Appropriations law precludes the use of Chafee funds to supplement the \$5,000 per-year ceiling for a youth in the Chafee Educational and Training Voucher (ETV) program. However, General Chafee funds may be used for activities that are outside the scope of an institution's definition of "cost of attendance," and are not covered by the ETV program. Funds are also available for the Poarch Band of the Creek Indian Tribe if they have youth in custody.

SERVING YOUTH OF VARIOUS AGES AND STAGES

Youth receive services at various ages and at various stages of achieving independence without regard to their eligibility for Title IV-E funded foster care. Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services.

Currently the program is managed through the Office of Permanency. There is a Program Supervisor serving as the ILP Coordinator for Alabama's Independent Living Program. The Coordinator has the responsibility of building the IL program at the State level in an effort to ensure youth aging out of foster care receive needed services at the local level to increase their chances of success, and to provide Technical assistance and training to County Department of Human Resources to ensure that the Independence Program is uniform throughout the state and still accommodates county modifications. Additional staffing dedicated to the IL program is needed and would provide a broader scope of support and program development in supporting older youth in preparing for adulthood. Due to the staff shortages the Office of Permanency is exploring ways to strengthen capacity of all consultants to have a working knowledge of the Independent Living Services available to youth in care.

There are four components of the program that needs to be supported for all youth in care. The components for each youth are: Promoting a sense of control over their future, Promoting a sense of competency, Promoting a sense of permanency, and Promoting a sense of usefulness.

CONSULTATION WITH PUBLIC AND PRIVATE ORGANIZATIONS IN DEVELOPING PLAN

Refer to Section titled: Other Ongoing Involvement/Consultation In Planning

DESCRIPTION OF THE CFCIP SERVICES PROVIDED AND ACTIVITIES CONDUCTED

Alabama's State Department of Human Resources allows each county to provide their own Foster Care Independence Program. To support each county the State Department awards each of Alabama's 67 counties funds to provide direct independent living services and supports for their foster teens. In addition to funding county programs, the State Department provides training, technical support and resource development services. County Departments apply for and receive funds based on the amount of funds available and an annual application in which the County's Program Plan is submitted. County programs provide the educational training and financial services necessary for foster teens to acquire the skills that they will need after they are emancipated from care. Some examples of services provided through group activities include: budgeting, avoiding risky behaviors, basic first aid, cultural diversity, communication, job seeking, values & responsibilities, public speaking and voting, grief and loss issues, household management, budgeting, purchasing and insuring a car, safe driving, and teen stress. Experiential activities included: tours of college campuses, shopping trips (money management and social skills), visit to a nursing home, driver's education, camps, planning menus and preparing meals, completing job applications, opening bank accounts, and various extracurricular activities.

Residential Child Facilities continue to express interest in developing or enhancing their transitional and independent living programs. See section on the Office of Licensing and Resource Development for additional information. Other group homes do not have Transitional Living placements but do provide IL services for youth ages 14 - 21. In addition, the Office of Permanency is exploring with the Office of Licensing and Resource Development a "Request for a Proposal" to develop foster homes approved and trained specifically to care for the older youth and provide IL supports beyond that in a regular foster home.

CRITERIA FOR DETERMINING BENEFITS AND SERVICES

Each youth is involved in the development of their individualized service plan (ISP). The ISP is created in partnership with the youth and family planning team. The ISP identifies the strengths and needs, goals the youth is to work toward to reach the desired case outcome, and steps to be taken by the youth and family planning team members. The ISP is used to authorize and deliver services, and to measure progress toward goals necessary to make the transition to self-sufficiency. An extensive assessment using the Daniel Memorial Program is completed on each teen in the program to determine the skills the teen has mastered and the skills that the teen needs to acquire. Informal assessments also provide information about a youth's needs. The ISP includes results of life skill assessments and independent/transitional living plans. The ISP is updated every six months at a minimum but can be updated as the need for other services and supports are identified. The youth is given a copy of the plan.

INVOLVEMENT OF PUBLIC AND PRIVATE SECTORS IN HELPING ADOLESCENTS ACHIEVE SELF-SUFFICIENT INDEPENDENCE

As in the past, the Governor has signed Senior Certificates for our graduating high school senior. Information is provided to youth and staff about community-based employment centers and job training employment opportunities such as those identified in the Work Force Investment Act of 1998 and the Department of Labor Welfare-to-Work Program.

County Departments of Human Resources provide assistance with preparation for job readiness through life skills development classes. Youth are provided opportunities for career exploration such as guided tours of major employers, attending job fairs and career seminars and by helping with job search support and placement programs. Statewide there are limited opportunities that are available for job shadowing and apprentice programs.

The Department is collaborating with the Workforce Investment Agency and other agencies that serve youth in ETA's new strategic vision to serve out-of-school and at-risk-youth under the Workforce Investment Act. As stated previously, the Department along with several state agencies, with the Alabama Department of Economic and Community Affairs/Office of Workforce Development as the lead, is part of collaboration to serve youth at risk. The Office of Permanency has been involved in a limited manner in the Shared Youth Vision Project and currently there are 14 counties actively involved in the project. As a step in the Program Improvement Plan a staff person will be assigned from the Office of Permanency to attend future planning meetings on the Shared Youth Vision Project. The "Shared Youth Vision," project is aimed at closing the gap in services for the neediest youth.

Alabama Department of Human Resources in the past has provided personal and emotional support through mentors and the promotion of interactions with dedicated adults. Currently the State does not have a mentor program. However, the Department plans to exam what makes a successful mentor program and has been in dialogue with representatives from the private and faith based sector in an effort to explore this further. This will include identifying the roles and expectation of a mentor and the steps to increase successful match between adult mentor and teen. The Department believes that the development of a successful Mentor programs will be an important aspect of Alabama's ILP.

County Departments of Human Resources are encouraged to develop relationships with community-based organizations to form partnerships for providing mentor programs. Businesses will be encouraged to participate by providing opportunities for apprenticeships and job shadowing opportunities.

Alabama Department of Human Resources is continuously working to develop new resources and connecting youth to existing resources. The needs for older youth in out of home care continue to be an area needing focus in the Office of Permanency. As a step in the Draft Program Improvement Plan a survey will be developed and completed by a sampling of older youth in care and foster care providers. Once an adequate sampling of youth and foster care provider has completed the survey, the results will be shared with youth in care and providers/caretakers. The Department hopes to gain a clear understanding on how youth experience the system as well as their needs and how to support these needs. From the results of the survey additional supports and resources will be identified. At the state level, the Independent Living Program works closely with the Office of Resource Management to identify and locate resources. Each county office has an identified Resource Development staff member who is available to assist in resource development for the county and for individual youth.

AVAILABILITY OF MEDICAID TO YOUTH AGES 18-21

By policy, youth in Alabama may remain in care until their 21st birthday and are eligible for ACFC Medicaid provided all points of eligibility are met. If a youth is discharged from care prior to their 21st birthday, Medicaid is not available.

SERVICES TO YOUTH AGES 18-20

Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services.

Alabama provides each youth exiting the foster care system with a one time stipend of \$1,000.00 for start up cost. Aftercare financial assistance and support services continue to be available to youth who leave the system prior to their 21st birthday.

For youth that leave care on or after their 18th birthday, policy allows for the youth to re-enter foster care if the need arises. If the youth needs to re-enter foster care or remain in their own home, financial, housing, counseling, employment, education and other appropriate support and services are also to be provided as needed until the 21st birthday.

Room and board payments are available for youth who choose to remain in care after their 18th birthday or for those who leave care after their 18th birthday on a case-by-case basis. County staff must make such requests to their State ILP consultant to ensure no more than 30% of the State funds are used for room and board. Room and board funds may be used to assist with dorm room deposits or to make limited payments on rent when a plan is in place to ensure the youth will continue to have housing available after the assistance is no longer available.

The Department considers all children as "Alabama's Children" without regard to race or culture. The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. See also Indian Child Welfare (under Item 38) in the 2009 report section and Item 38.2 (The Department's goals in regards to work with the Poarch Creek Indian Tribe) under the 5 year goals section of this report.

GOAL

Independent Living Services will be provided to Foster Children who are expected to remain in care until their 18th birthday to teach them the skills needed to live autonomously.

1. OBJECTIVE

The ILP unit will conduct, coordinate, and provide consultation for all county social workers with ILP responsibilities. Progress will be monitored through county feedback and the annual DHR Quality Assurance process.

Alabama's State Department of Human Resources allows each county to provide their own Independent Living Program so that the program can be individualized to the needs of the youth in the county. To support each county the State Department awards each of Alabama's 67 counties the funds to provide ILP services for their foster teens. Counties may request additional funds as needed. The counties provide an extensive array of services to ILP Teens in their county. The services include life skills development through individual group and experiential activities. Support services that ensure a foster teen's preparation for independence are provided by the counties with ILP funds.

The State Coordinator visits county offices and group homes on an as needed base to address with staff needs of older youth within their program. Written feedback is provided when reviews are made in an effort to provide information and/or recommendation that support services for youth in care.

The State Coordinator is also available to discuss individual cases. The ILP Coordinator continues to review data and make entries on the Orphan Foundation website to assess county referrals for youth to obtain funds available for their post-secondary education. Meetings continue on an as needed or requested basis with county offices and group homes to ensure they are aware of the most recent policies and practices for working with foster youth.

2. OBJECTIVE

The ILP unit will assist county DHR staff in the development of programs to promote successful outcomes for youth. The programs will be tailored to meet the individual county and adolescent needs.

A commitment to seeking increased community support and resources to enhance and expand the program continues to be a major focus of the State Independent Living Program. Every County DHR Office develops an annual plan for their program and submits the proposal in order to receive funding. State ILP Coordinator works with county staff during the year to assist in program development. The Office of Permanency continues to explore possible opportunities and resources for assisting youth in planning their careers and education needs.

3. OBJECTIVE

ILP teens will participate in the development of a Statewide program.

Youth Advisory Councils (YAC) are in place in several county offices. The department will continue working with other county offices to develop YACs. A statewide YAC has been developed and is called the D.R.E.A.M. (Dedicated, Responsible, Empowered, and Motivated) Council. The D.R.E.A.M. Council is scheduled to meet monthly in order that the youth are involved in the development of the IL program statewide and to obtain youth input on any policy changes that affect youth in care. The State ILP Coordinator routinely attends the meetings in support of the youth and any activities across the state that youth may be involved in. The youth's input and recommendations are utilized to ensure the annual teen conference meets the youth's needs and is a success.

The D.R.E.A.M. Council is currently in the early stages of developing a handbook specific to the interest and needs of youth who enter the system.

The State ILP Coordinator is in the process of working with the youth in developing a "Speakers Bureau," which will be comprised of youth in foster care. These youth will speak at different events throughout the state on issues affecting youth in foster care. Currently, there are 4 youth that have participated in speaking engagements. The audience included Juvenile Judges, Juvenile Probation Officers, Guardian ad Litem, Attorneys, County DHR Directors, DHR Social Workers and Foster Parents.

4. OBJECTIVE

ILP teens will have access to information about the program and activities and will have opportunities to express their opinions.

Some counties have developed a newsletter that is mailed to youth in care who are 14 and older. The newsletter is an opportunity for youth to receive announcements about the program and to have their poems, letters, stories, and artwork published.

The DREAM Council, with the assistance of the State ILP Coordinator and County ILP Specialist, issued the first newsletter for the State IL Program. This newsletter provided helpful tips for teens which included education and living on your own. The newsletter also had a county spotlight, youth spotlight and creative thoughts submitted by youth. Plans are being made to have the newsletter issued quarterly to teens in foster care and county staff.

The Department has recently developed an ILP website. The website provides information on Alabama's Independent Living Program to social workers as well as teens in foster care. The website also provides an email address for those who may have questions or concerns about Alabama's IL Program.

The Department continues to explore the development of a 1-800 number, which will offer information about the IL program and activities and will provide referral information to teens in need of assistance.

5. OBJECTIVE

Foster parents and child welfare staff will be trained in the positive youth development concept.

As available, child welfare staff and supervisors will be offered training/consultation in helping them to work with youth and using youth as resources in developing their own plan and accepting responsibility for the success of the plan. Foster parents training continues during their regional meetings and monthly county AFAPA meetings on working with youth and offering youth opportunities to practice skills and learn independence.

As part of the Draft Program Improvement Plan a survey to be sent to youth and caretakers will help to identify additional needs around training and support that can be developed in guiding and supporting youth to achieve permanency.

6. OBJECTIVE

Residential Child Care Facilities will be offered funding to enable them to enhance their Independent Living Programs.

Each year residential child care facilities that accept foster youth in care were provided the opportunity to apply for assistance ranging from \$500 to \$1500 per year to enhance their Independent Living Programs. This effort was not always utilized to the fullest and therefore a financial decision was made to utilize the funding to assist in the care of youth through providing additional opportunities for skill development in alternative ways, to include a musical and computer camp. The Office of Permanency will continue the support of facilities through funding for foster youth in their program and through consultations in order to ensure that the needs of the youth placed in those facilities are met.

7. OBJECTIVE

Provide IL teens with the opportunity for interaction with dedicated adults.

The Office of Permanency continues to explore the identification or development of mentor programs to serve our youth. Currently, the Office of Permanency is having dialogue with The Children Aid Society around the possibility of them applying for a grant in order to develop a mentor program. If a grant is received, it is anticipated that this office will work closely with The Children's Aid Society to identify potential mentors and mentees.

Youth who are participating in post-secondary education will also be offered mentor opportunities through mentoring available through the contract with the Orphan Foundation of America.

8. OBJECTIVE

Aftercare services will be available to all teens participating in the ILP Program.

Aftercare services that support and help youth to sustain self-sufficiency were enhanced through implementation of policy, Smooth Transitions Into Adulthood, effective July 1, 2002. Although youth historically may stay in care until their 21st birthday while pursuing higher education, the new policy clarifies the need to begin to assess the type of services needed to ensure a smooth transition from foster care at an early age. It also gives direction on services to be provided when a youth requests assistance after they have left care but have not reached the age of 21. Youth are currently provided with basic household set ups when discharged from care. Five hundred dollars is set aside for each youth being discharged for this purpose. Aftercare assistance and support services will continue to be available to youth prior to their 21st birthday

if they leave foster care after their 18th birthday. The services to be provided will be based on individual needs as determined by the ISP team.

Effective December 2006, the Department released the policy Transitional and Independent Living Program and Placement Requirements. The program places greater emphasis on older youth in foster care having the opportunity to practice independent living skills as they transition towards independence or self-sufficiency. The requirements in this policy are applicable to all DHR approved child-placing agencies and residential facilities that provide transitional and independent living programs as well as County Departments that have foster family homes providing transitional or independent living placement.

Room and board for youth ages 18-21 (who left care on or after their 18th birthday) is provided on a case-by-case basis. If youth contact the agency for any assistance after leaving care, a group comprised of the youth, social worker, any individual requested by the youth, an adult protective service worker, and an Independent Living Program or Family Options worker or supervisor will meet to discuss the youth's needs. If payment of the youth's rent is a need, the agency will help with the rent and if ILP room and board funds are available, ILP funds will be used. The youth will be expected to pay a portion of their housing and utility expenses with the youth's portion to be increased each month. Current policy states that availability will be limited to three months with the possibility of an additional months' assistance.

The department continues to monitor trends in youth who request or need aftercare services and are working with communities to build these supports while also being available to the youth

9. OBJECTIVE

Planning will be developed and implemented statewide to enhance public awareness of the needs of foster teens as they transition to adulthood and increase the number of business volunteers willing to serve as business mentors.

Status: Ongoing

In 2006, the department will explore the possibility of purchasing public announcements in an effort to target foster parents and mentors for teens. This has not been successful to date, but additional efforts are being explored through the recruitment efforts noted in the Program Improvement Plan. Additionally, efforts to locate adoptive resources for older youth are being made.

County offices are encouraged toward continuing to involve various business groups, such as the Kiwanis Club, Jaycees, or Business and Professional Women, to provide assistance to the youth. Opportunities such as job shadowing, internships, career development information, and full or part time employment are sought. The Department continues to collaborate with the Workforce Investment Agency and other agencies that serve youth in ETA's new strategic vision to serve out-of-school and at-risk-youth under the Workforce Investment Act. The partnership with the Share Youth Vision Effort will support filling some of the gap in employment opportunities and skills for some of the older youth.

In 2008, the department will continue to seek avenues to target foster parent and mentors for teens.

10. OBJECTIVE

By 2005 the ILP Unit will partner with foster parents to prepare youth for independent living.

Status: Ongoing

Foster parents are asked to participate in ISP meetings at which plans to address needs, including Independent Living, are discussed.

Foster parents will be provided tools to document the ways in which they teach independent living skills to the youth in their care. This, too, will be developed with foster parents and youth input. They will be asked to help us identify the skills that may be taught by foster parents, the ways in which foster parents can teach these skills, and how to easily document the youth's participation and completion. This portion of the objective has not been achieved; however, ongoing effort is needed.

Workshops on issues facing older youth are need to build provider capacity and understanding. Through additional recruitment efforts and training support is being explored. The Department works closely with the Alabama Foster and Adoptive Parent Association in order to provide training on the Independent Living Program to foster parents. This process is facilitated through nine Regional Representatives that cover the 67 county offices. The Regional Representatives are foster parents that serve as a liaison for the foster parents in their perspective counties.

EDUCATION AND TRAINING VOUCHERS PROGRAM

The Orphan Foundation of America (OFA) will administer the Alabama Education and Training Voucher Program (AL ETV). Below is the program narrative submitted by OFA in response to a Request for Proposal. This narrative details the plans for Alabama's program. Education Training Voucher funds are available to:

- foster youth who are attending post-secondary education in public schools or non-profit private schools;
- youth who were adopted from foster care after their 16th birthday;
- youth who aged out of foster care on or after their 18th birthday who have not yet attained the age of 21;
- youth must be a citizen or documented alien (eligible for other federal benefits);
- youth may not have more than \$10,000 in personal reserves.

The funds will continue to be available to a youth attaining a post-secondary education up to their 23rd birthday if assistance through ETV was received during the semester of the 21st birthday and the youth continues to make satisfactory progress

ETV's will provide financial support to youth who age out of foster care and those who were adopted after age 16 to attend post-secondary institutions of higher learning and vocational/technical training programs.

OFA is a national non-profit organization with the capacity and expertise to develop the Alabama Education and Training Voucher Program. In consultation with the State it will develop the ETV Program including recruiting applicants for mentors, designing and processing applications, fiscal management: disbursing scholarship funds, tracking and monitoring student participation and reporting to the State on a monthly basis.

Intended Outcomes:

The goal of the AL ETV Program is to provide the economic and personal supports for eligible youth's need to attend and complete post-secondary training and education programs. The program seeks to couple funding with the support and guidance 18-23 year olds need throughout their post-secondary schooling. The program will build on the services of the AL IL Program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce.

Success will be measured by a number of factors, including but not limited to:

- The number of students assisted through the ETV program
- The percentage of participating students graduating or successfully completing their academic or vocational program.
- The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out and have a plan that identifies next steps, career/job goals, opportunities and available resources. as determined by the exit interview and school records
- OFA has post-program information regarding the student's status and contact information regarding employment stability.
- The percentage of participant students pursuing graduate studies

First year data will be used to establish a baseline against which to measure future progress.

Services To Be Provided:

OFA will provide all administrative services to implement the Alabama Education Training Voucher Program (AL ETV). In this capacity, OFA will:

1. Verify the eligibility of participants and institutions
2. Process applications for Education Training Vouchers
3. Issue vouchers in accordance with Federal law
4. Monitor and support student progress
5. Utilize volunteers to provide adjunct services to students
6. Provide regular program reports to the state Chafee Coordinator
7. Provide quarterly fiscal reports that account for the use of funds for this contract, documentation of the in-kind match, as well as the use of the ETV funds to provide assistance to students.

OFA will develop and implement a community awareness program and outreach program directed toward soliciting qualified scholarship applications and providing ETV program information to youth and organizations with links to eligible youth. OFA will develop descriptive information about the ETV program and will also develop a website specific to the AL ETV program. Any print material will be submitted for approval of the AL coordinator prior to use.

Eligibility for the Education Training Voucher Program:

Participants:

- Young adults served will be limited to those individuals' ages 18 to 21 who are eligible for Alabama's Chafee Independent Living Services and who aged out of DHR foster care at age 18 or whose adoptions from foster care were finalized after their sixteenth birthdays. Students participating in the Education Training Voucher program on their 21st birthday shall remain eligible until their 23rd birthdays as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study.
- Students will be selected on a first-come first served basis from among the eligible pool.
- Students from Alabama who go to school out of state are eligible on the same basis as youth who attend in-state schools. Alabama ETV funds shall be provided to Alabama students who are attending eligible institutions that are out of state.

Post-secondary educational and vocational institutions will qualify only if they:

- Admit as a regular student only persons with a high school diploma or equivalent or admits as a regular student persons who are beyond the age of compulsory school attendance.
- Are eligible to accept Pell Grant awards on behalf of their students
- Are accredited or pre-accredited and authorized to operate in the state where it is located
- Award a bachelor's degree, a two-year associate's degree, or a one-year state or nationally recognized certificate.
- Vocational schools must have been operating for at least 2 years and offer a certificate or diploma that is state or nationally recognized by an organization such as the Accrediting Commission of Career Schools & Colleges of Technology (ACCSC) which will ensure that their diploma/certificate is recognized by the profession.

Student Funding:

The amount a full-time student may receive shall not exceed the lesser of \$5,000 per year or the total cost of attendance as defined in section 472 of the Higher Education Act. Part time students may receive no more than \$2,500 or the cost of attendance. The funds may be used for:

- Tuition and school fees
- Room and board, and off campus housing
- Books
- Rental or purchase of required equipment, materials, supplies (i.e. computer, adaptive software, tools, etc.)
- Tutoring
- Child care (payment is made only to a licensed provider)
- Transportation that is necessary for the student to attend school. No more than \$1250 may be used for transportation per academic year.
- Repayment of student loans incurred for the 2006-2007 academic year
- Health insurance for the student

Applications:

All applicants must submit the following information in a timely manner:

- A completed application
- An essay

- A school financial aid award letter
- An official transcript of the most recent school/program attended
- Budget Form

Students must reapply for the ETV annually. No ETV shall be awarded to a student who does not maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving his or her degree or certificate, and be in good standing at the school. However if a student does not maintain a 2.0 GPA they may, at the discretion of the program manager and the state/county IL coordinator, be placed on a one-semester academic probation. Additional supportive services will be provided to students on academic probation.

Student Services:

Once a student has been qualified as eligible and selected, the AL ETV Program Manager will review the youth's budget to determine financial need and a payment plan/schedule. The assumption is that many students will access the voucher funding to pay allowable expenses such as housing, transportation and childcare. Each student will submit documentation that must be verified before a voucher package will be offered to the student.

Students will be required to participate in a program entrance and exit interview, submit grades, and comply with program participation requirements.

Additional Support Services:

OFA will work to identify in-State resources that can support the student's academic goals and provide personal support and enrichment opportunities. This will include collaborating with colleges, federal programs, civic organizations, community services and IL programs located in the area. Additionally, every AL ETV recipient will be enrolled in OFA's Care Package Program and Mentor Program. Students will receive three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages will be delivered as follows 1) Fall – back to school or within 14 days of been accepted in the ETV Program, 2) February - Valentines Day, 3) late April - final exams.

ETV recipients will be offered a mentor in his or her career field that will provide one-on-one coaching. All Mentees have a case manager who supports the mentoring relationship and will communicate as necessary with local program including the IL worker, foster parents, the school, members of the student's personal support system, etc. Students who choose not to be matched with a volunteer mentor will receive education-related mentoring from the AL ETV coordinator. This bi-weekly check-in will help engage the student in the mentoring process and show them the advantages of having a mentor who provides one-on-one counseling and guidance.

Alabama youth will be recruited for OFA's annual summer Public Service Intern Program for Foster Youth. Selected students are offered a 6-week internship on Capitol Hill or at a Federal Agency; all expenses are paid including a living stipend. OFA will help the student realize the full benefit of a prestigious Washington DC internship which may lead to employment opportunities, school credit, etc. AL students may also be invited to the annual OLIVER Project, a teen leadership program held in Washington DC each summer.

Program Reports regarding the ETV program will be submitted monthly and quarterly to the AL IL State Coordinator. The format will be mutually agreed upon using compatible software and will be encrypted and password protected.

- 1) Monthly report – number of referrals and self-referrals, and action taken and the amount and purpose funding provided to each student – this is a snapshot of the program
- 2) Quarterly status report on student/participant status report – grades, support services offered etc.,
- 3) Monthly reimbursement invoice: Administrative costs will be submitted for reimbursement to the contract administrator on a monthly basis.
- 4) End of the year report: A comprehensive summary of the results of the program and a youth/participation evaluation form.

CFCIP ALLOCATION REQUEST

ETV ALLOCATION REQUEST



FIVE-YEAR PLAN

FIVE YEAR OBJECTIVES

GOAL: Independent living services will be provided to youth ages 14-21, whom are currently in the planning responsibility of the Public Child Welfare system that will build skills to support transition into adulthood.

1. **OBJECTIVE**

The ILP unit will conduct, coordinate, and provide consultation for all county social workers with ILP responsibilities to development of programs to promote successful outcomes for youth. Progress will be monitored through county feedback and the annual DHR Quality Assurance process. Status: Ongoing

The Office of Permanency will seek to expand support to counties in building capacity to understand and serve older youth needs through funds available through Chaffee. Currently there is only one state staff Coordinator position serving 67 counties. This has resulted in limited support onsite monitoring services and utilization of funds for older youth. Efforts will be made to explore the use of Chaffee funding in securing 4 additional staff positions to provide increased capacity for consultation, training and monitoring of Independent Living Program responsibilities. In addition, the Office of Permanency will develop procedures and policies to support the National Youth in Transition Data collection which will be implemented October 2010. The State will also utilize Chaffee funding for enhancing the new SACWIS system to incorporate data collection required under NYTD.

The current IL Coordinator will complete at least one local site visit per quarter to assess current practices and programs provided to older youth served by the site. Written feedback will be provided to the county site to include recommendations and strategies to improve outcomes through the IL program. Site visits and meetings will also be arranged each quarter with group homes which have IL and Transitional Living programs to assess and provide feedback on current practices and changing policies so that the programs effectively serve the older youth population.

Surveys will continue to be conducted on both the youth and providers/caretakers of youth as a means of ongoing assessment of the needs of youth in care. From the survey, supports and services needed will be identified and efforts to develop and provide the needed support will be made.

The Office of Permanency will arrange statewide training/meetings for county staff serving older youth to provide education on policy changes and strategies in serving the older youth population. Some areas of focus will include current trends for youth aging out of the system of care, barriers facing foster care youth and what a system can we do to increase successful transition into adulthood for foster youth. Ongoing efforts will be made to expand county and state resources through increasing opportunities for professionals, stakeholders and older youth to have dialogue together in an effort to develop policies and practice that support improved outcomes and independence for youth in care.

The Office of Permanency will be exploring possible statewide opportunities for youth to include a "request for proposal" for four one-day weekend computer camps in FY 2010 utilizing Chaffee funds designated that provide services and supports to older youth.

2. **OBJECTIVE**

ILP teens will be encouraged to participate in the development of policies and practices of the Independent Living Program. Status: Ongoing

Efforts will continue to be made in order to develop Youth Advisory Councils (YAC) in every county office and where the population of youth is too small for a council, efforts will be made to connect the youth to active local councils. Members of local committees will be encouraged to also participate in the State Youth Advisory Council. Cultural Diversity will be encourage and monitored to support the needs of all youth.

The State IL Coordinator will attend local Youth Advisory Councils along with members of the State YAC to build understanding and participation of youth in policy development and implementation as well as identification of services and supports for the older youth population. The Officers of the State YAC will receive leadership training and support to encourage and improve leadership skills. In addition, a "Youth Speaker's Bureau" will be developed consisting of both youth currently served in the system as well as former foster youth to speak at different events throughout the state on issues involving youth in the foster care system. Opportunities for youth will be explored for youth to increase visibility and accessibility in the Legislative process in an effort to seek political support in addressing needs of older youth.

3. OBJECTIVE

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

The D.R.E.A.M. Council, with the assistance of the State ILP Coordinator and County ILP Specialist will continue to create and distribute a statewide newsletter for the State IL Program. This newsletter will provide pertinent information and helpful tips for teens regarding education, career choices, cooking recipes, local and state news, as well as contain a county spotlight, youth spotlight and creative thoughts submitted by youth. Plans are being made to have the newsletter issued electronically and in hard copy quarterly to teens in foster care and county staff.

The Department has recently develop an ILP website, which provides information on Alabama's Independent Living Program to social workers as well as teens in foster care and those who have exit the system. The website also provides an email address for those who may have questions or concerns about Alabama's IL Program. This website will be enhanced to provide policy updates, state calendar events for youth and connections to links that will be of value to youth. The Department will continue to explore the development of a 1-800 number, which will offer information to those youth still in care as well as those who have exit care.

The State ILP Coordinator is working closely with the D.R.E.A.M. Council to develop a handbook specific to the interest and needs of you who enter the system. The handbook will also provide basic information that is relevant to the foster care system. This will be developed and distributed utilizing Chaffee funds.

4. OBJECTIVE

The State ILP Unit will partner with foster parents and other stakeholders to prepare and serve youth toward independent living. Status: Ongoing

Training curriculum will be developed to support an increased understanding of the needs of older youth and strategies for developing and accessing services and supports that aid in building youth capacity and skills for transitioning to adulthood.

The annual statewide "teen conference" will be used to provide workshops and forums on issues facing older youth. This conference will be developed in collaboration with youth currently involved in the system as well as former foster youth. Additionally, opportunities will be developed for youth to participate in the training of providers who serve youth in care. The Department will continue to work closely with the Alabama Foster and Adoptive Parent Association in order to provide training on the Independent Living Program supports to foster parents and providers. The Office of Permanency is exploring the possibility of targeting foster parents that are willing to foster youth exclusively through recruitment efforts. Additional training will be provided for these foster parents that will specifically address the needs of youth and the current trends surrounding youth exiting the system of care.

Information obtained through surveys conducted with youth and providers will be used to develop training and supports needed to improve outcomes for youth. Foster parents will be provided tools to document the ways in which they teach independent living skills to the youth in their care. These tools will be developed with foster and adoptive providers' and youth input.

5. **OBJECTIVE**

Aftercare services will be available to all teens eligible and served for participating in the ILP Program. Status: Ongoing

The Office of Permanency will seek to develop a successful aftercare program and explore the possibility of issuing a request for proposal for such an aftercare program. This program will provide services to assist foster youth with transitioning into adulthood prior to and after leaving the foster care system for a period of 6 months from exit of care. Chaffee funding will be accessed to provide services that will aid youth as they transition out of care.

Room and board will continue to be available for youth ages 18-21 who left care on or after their 18th birthday. If youth contact the agency for any assistance after leaving care, a group comprised of the youth, social worker, any individual requested by the youth, an adult protective service worker, and an Independent Living Program or Family Options worker or supervisor will meet to discuss the youth's needs to identify and access support or referral. If funding is needed to assist the youth with rent, the agency will work with the youth to secure and/or access monies through Chaffee funds while working with the youth to become self sufficient and able to meet their individual housing needs.

The department will continue to monitor trends in youth who request or need aftercare services and work to develop resources in communities and connect youth to available supports. The Office of Permanency is having dialogue with a current provider to prepare a proposal in applying for a grant to develop a mentor program. Should the provider receive the grant, the Office of Permanency will collaborate with the provider and county office in implementing the mentoring program with the program being available in the Jefferson County area.

6. **OBJECTIVE**

The Department will take the necessary steps to develop a system to track youth aging out of the system of care in order to meet National Youth in Transition Data requirements to monitor outcomes for youth transitioning out of care.

The Office of Permanency is currently developing a proposal for the support needed around activities and monitoring of NYTD requirements. There is a need to seek four additional positions to support the Independent Living Program and the monitoring of NYTD across the State to help assure implementation of IL services and implementation of NYTD so that youth have permanent connections upon leaving the child welfare system. Youth will be educated and encouraged to participate in the development of policies and practice that will guide how the Department supports and tracks youth leaving the system. The Department has recently rolled out a new SACWIS System. FACTS, (Family and Child Tracking System), incorporated several legacy system into one system. The FACTS system has capabilities that include interfacing with other agencies that are vital to our daily operations. The Department will be making enhancements to the FACTS system in order to capture the data requirements of NYTD.

7. **OBJECTIVE**

The Department considers all children as "Alabama's Children" without regard to race or culture. The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. See also Indian Child Welfare (under Item 38) in the 2009 report section and Item 38.2 (The Department's goals in regards to work with the Poarch Creek Indian Tribe) under the 5 year goals section of this report.

**EDUCATION TRAINING VOUCHER APPLICATION
FY 2010**

REPORT DATE June 30, 2009

APPLICANT: Alabama Department of Human Resources
Family Services Division
Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36130

GRANT PERIOD: October 1, 2009 through September 30, 2010

FUNDING AMOUNT Federal Funds Requested Per Year \$654,771
State Match \$163,693

FUNDING SOURCE: Administration for Children, Youth and Families
Mandatory Grants
370 L'Enfant Promenade, SW
4th Floor East
Washington, D.C. 20447

CONTACT PERSON: Marie Youngpeter, Program Manager
Independent Living Program
Office of Permanency
Family Services Division
State Department of Human Resources
50 Ripley Street
Montgomery, AL 36130
(334) 242-9500

Addendum A
RECORD OF THE PURPOSES FOR WHICH FUNDS WERE
EXPENDED

INDEPENDENT LIVING PROGRAM EXPENDITURES
FY_2009

Personnel		Total
1.	ILP Salaries - State ILP Coordinator and 1 State Consultants	129,897.40
2.	Licenses	
1.	County Projects	1,205,794
2.	Transitional Living Program	288,579.20
3	Behavior Analyst Project	165,346.27
4.	Daniel Memorial Conference	7,560.00
5.	Group Home	1,891.57
	Instruction in ILP Competencies	
1.	Travel	59,102.08
2	Library Materials	0
	Resource Materials and Program Support	
1.	Membership to the National Independent Living Association	0
2.	Supply and Forms	0
3.	DP Equipment & Office Operation	1,398
	Actual Basic Expenditures FY 02 Grant Award (Basic)	
	Non-Cash Match	401,250.98
GRAND TOTAL		2,260,819.50

Addendum B
DEMOGRAPHIC INFORMATION

Note: Attached files could not be made compliant for web posting

DEMOGRAPHIC INFORMATION ON ELIGIBLE PARTICIPANTS

This information was obtained from the Alabama Child Welfare Information System on children age 14 and over who were in foster care as of 7/31/08.

AGE	
14	340
15	429
16	485
17	531
18	397
19	192
20	98
21	5
Total	2,477
GENDER	
Male	1178
Female	1299
RACE/ETHNICITY	
White	1153
Black	1296
American Indian	7
Asian	4
Pacific Islander	1
Hispanic	41
Unknown	3
LIVING ARRANGEMENTS	
Related Home	142
Foster Family Boarding Home	687
Foster Family Free Home	0
Foster Family Related Home	48
Group Home	140
Group Home/Shelter	20
Child Care Institution	430
Child Care Institution/Shelter	9
DYS Operated or Licensed Facility	54
MH Operated or Licensed Facility	307
Maternity Home	0
Nursing Home	7
Runaway Status	149
Out of State Residential Treatment Center	16
Hospital	7
School/Foster Home	1
Independent Living	21
Therapeutic Foster Home	359
Unrelated Home (Court Ordered)	8
Psychiatric Hospital	16
Transitional Living	17
Other	38
SPECIAL NEEDS	
Diagnosed MR – Mild	165
Diagnosed MR – Moderate	71
Diagnosed MR – Severe	32

Diagnosed MR – Profound	9
Diagnosed Emotionally Disturbed	204
Physically Handicapped	45
Pronounced Behavioral Problems –CHIN	57
Pronounced Behavioral Problems – Delinquent	90
Pronounced Behavioral Problems – Not Adjudicated	251
Pronounced Behavioral Problems – Other	522
Unfamiliar with American Culture/Language	9
Sibling Group over 3	412
Blind or Visually Impaired	11
Deaf or Hearing Impaired	11
Other Medical Condition Requiring Care	104
No Clinically Assessed Disabilities	155
Clinical Assessment Not Conducted	1009
Severely Emotionally Disturbed	464
Needs Special Education Services	50
Receiving Special Education Services	642
Reading Below Grade Level	548
Child In Need of TFC But Not Receiving Post Secondary Education	47
Medically Fragile Care	9
	17
ADMISSION REASON	
Request of Parent	315
Alleged Abuse	362
Alleged Neglect	699
Adoption Disruption	36
Relinquishment	210
Alleged Sexual Abuse	145
Alleged Emotional Abuse	21
Parent/CT Alcohol Abuse	21
Child Alcohol Abuse	1
Parent/CT Drug Abuse	132
Child Drug Abuse	9
Child's Disability	6
Child Behavior Problem	214
Death of Parent/CT	21
Incarceration of Parent/CT	40
Parent/CT Cannot Cope	121
Abandonment	96
Inadequate Housing	25
Safe Haven	3
Other	0
CUSTODY STATUS	
Temporary – County	1891
Permanent – State	520
Temporary – State	0
Agreement for Foster Care	23
Summary Removal	43
Total	2,477

DEMOGRAPHIC INFORMATION ON YOUTH WHO WERE SERVED

This information was obtained from a questionnaire sent to all counties in the state. We recognize that this information was gathered as a total fiscal year number rather than a point in time (as was ACWIS information in the previous table). This report represents 2,051 youth served. Please note that the breakdowns given may not be consistent with the total. The new SACWIS System (FACTS) will provide clear and complete information when all the enhancements to the system are complete.

PARENTAL STATUS	
Without Child	1954
With Child	86
Pregnant	12
Father of Unborn	3
MARITAL STATUS	
Single	2,051
Married	0
DURATION OF FOSTER CARE *	
Less than 6 months	216
6 months to 1 year	219
1 year to 3 years	508
3 years to 5 years	339
5 years to 10 years	452
More than 10 years	205
EDUCATIONAL STATUS	
Middle School	409
In HS/GED	1146
Finished HS/GED	181
In Vocational Training	34
In College	110
SPECIAL NEEDS	
Yes	741
No	1,310
EMPLOYED	
Total Number Unemployed	1416
Total Number Employed	224
Part Time	201
Full Time	42
PARTICIPATION IN ILP SKILLS	
Budgeting	842
Securing Housing	369
Maintaining Housing	453
Roommate Selection	41
Other Homelessness Issues	1
Nutrition	419
Career Planning	424
Job Seeking	504
Job Retention	200
Training Collaboration	52
First Aid and Safety	214
Sexuality	394
Prenatal Care	47
Child Development	33
Discipline	14

ILP Teen Conference	141
Regional Workshop	22
ILP Teen Group	332
ILP Teen Advisory Board	108
Educational Attainment	361
High Risk	589
DISCHARGES	
Total Discharges	274

DEMOGRAPHIC INFORMATION ON RESULTS OF PROGRAM

The following information is based on October 2005 through September 2008 responses received after discharge. The information is provided through the mail by youth and social workers after youth are discharged.

AGE AT DISCHARGE	
14	4
15	1
16	12
17	14
18	28
19	35
20	18
21	13
Total Responses	125

EDUCATIONAL ACCOMPLISHMENTS AT DISCHARGE	
High School Drop Out with no GED	19
Attending High School	30
Some College	28
Vocational/Technical School Completed	3
Other	31

JOB STATUS AT DISCHARGE	
No job	48
Part Time Job (32 hours or less)	34
Full Time Job	27

ANTICIPATED AFTERCARE SERVICES	
Mentoring	12
Crisis Counseling	5
Information & Referral	44
Employment Counseling	8
Housing	6
Aftercare Stipend	33
Transportation to College	0
ILP Teen Group	8
Education/Training	20
None	38

FY 2010 CFCIP FUNDS REQUESTED

Note: Attached files could not be made compliant for web posting

FY 2010 ETV FUNDS REQUESTED

Note: Attached files could not be made compliant for web posting

ETV Memo RE: Number of Students Served

Note: Attached files could not be made compliant for web posting

2008-09 Alabama ETV Program Data

Note: Attached files could not be made compliant for web posting

APPENDIX 9
OTHER PROGRAM TRAINING

Other Program Training*

Office of Permanency

- A Program Supervisor in the Office of Permanency and the Program Supervisor in the Office of Data Analysis, attended the National Youth in Transition Database in June 2009.
- Program Manager attended Child Welfare Leadership in Action: 2008 Policy and Practice Dialogue in Washington DC (October 2008).
- Permanency Training (on varying issues) is provided to counties by foster care consultants, on an as requested basis.
- Foster Parent Adoption Training
- A Program Supervisor in the Office of Permanency and a Program Specialist will be involved in a AAICAMA teleconference in September 2009.
- Joint Training for new judges/GALs
- Upon request, the AFAPA Regional Reps can come to local FP association meetings and provide training. Training is open to foster parents, DHR staff, and others. Training focuses on policy, advocacy skills and other topics of interest that can help improve the quality of care provided to Alabama's children in foster care.
- An orientation for the original adoption pilot counties was held in October 2008. Adoption training was also provided for the original pilot counties per their assessed need in late October 2008 and March 2009. There are also tentative plans to provide Adoption Pilot Training to counties participating in the second phase of the Adoption Pilot.
- Some tentative plans are being projected to provide a Power Point presentation and/or training on the Putative Father Registry to supervisors at upcoming Directors' meetings.
- A program supervisor in the Office of Permanency plans to address a meeting of directors of the Fatherhood Initiative Programs regarding the Putative Father Registry on September 30, 2009.
- A Program Supervisor and Recruiter for Wendy's Wonderful Kids Project attended the 2009 Annual Adoption Summit sponsored by the Dave Thomas Foundation for Adoption, held in Columbus, OH August 11 & 12, 2009.
- Adoption Fairs and Heart Gallery Exhibits throughout the state.
- AFAPA sponsors an annual training conference for foster and adoptive parents and DHR staff; this took place in May 2009
- The State Permanency Conference occurred in August 2009.
- Supervisor Conferences were conducted on July 28-29, 2009 and August 4-5, 2009.
- An ICPC Program Specialist and Program Manager along with the Supervisors & Manager for the Office of Permanency met with a staff member with the Consortium for Children to learn about the SAFE home study model (August 2009)
- ILP training by Madison County ILP specialist for Madison County staff.
- Two Program Managers from Family Services attended the "Rules of Engagement" Training in Atlanta in April 2009, which is related to the training sessions and the Permanency Roundtable process that will begin to be implemented in Alabama in October 2009
- Child Permanency Teleconference – 08/11/09
- Child Welfare staff from Madison County attended the Madison County Annual Mini-ILP Conference – July 2009
- Local ILP Youth Advisory Committee Meetings
- Several DHR staff presented workshops at the State ILP Conference
- Juvenile Code and Child Welfare Training
- Dependency Caseflow Management Sessions – September 2009
- A Program Supervisor from the Office of Permanency, along with a Foster Parent, attended an AdoptUSKids Training in Orlando in October 2008
- Several DHR staff and some foster teens attended the "22nd Annual Growing Pains 2009 National IL Conference in Nashville in September 2009.
- The Program Manager in the Office of Permanency, along with a County DHR Director, attended the "National Pathways to Adulthood Conference" in San Diego in June 2009.

Office of ICPC

- One of the ICPC Foster Care specialists attended the 55th Annual Conference of the Association of Administrators of the Interstate compact on the Placement of Children, April 17-21, 2009, in San Antonio, Texas.

Office of CPS

- Some counties choose to use Children's Justice funds for the purpose planning a local/regional conference
- National Symposium on Child Abuse – March 2009
- Forensic interview training for county social workers and supervisors. Children's Justice funds are being used to provide this training to multidisciplinary investigative team members. There were four sessions in FY 2008 and four sessions in FY 2009. This is an annual project sponsored by the Children's Justice Task Force. The current plan is to offer four sessions per year.
- The CPS Program Manager attended the CJA / SLO meeting in March 2009 in conjunction with the 17th National Conference on Child Abuse and Neglect.
- The CPS Program Manager participated in the Addiction Studies Program sponsored by the National Conference of State Legislatures.
- The Administrative Consultants were trained on the Multi-Systemic Assessment Tool.

Office of Child Welfare Consultation

- Training sessions on trauma (for county staff by FSD Consultants) are projected for the coming year
- Training by FSD Consultant Staff to county staff as needed/requested on various practice issues, such as the ISP process, assessments and safety plans.

Field Administration

- Director's Spring Conference (05/09) – Child Welfare Practices
- Director's Fall Conference (10/08) – Alabama Public Welfare Operations Review
- Alabama Higher Education Consortium on Child Welfare Summer Workshop, on "Advocating for Quality Counseling and Testing (May 2009).
- The Eighth Annual Fall Social Work Conference – August 2009 (did not involve any state paid slots)

Office of Quality Assurance

- Training by FSD (QA) Consultant Staff to county staff and county QA committee members on use of the protocol and other areas related to QA
- 4 staff attended training on, and are certified to conduct, Multi-Systemic Assessment tool.
- A QA Coordinator meeting is planned for FY 2010.
- An Adjunct Reviewer training is projected for FY 2010.

Office of Financial Resource Management

- Training of providers by OFRM regarding Medicaid Rehab Services and billing is ongoing throughout FY 09 and FY 10.
- Training regarding Medicaid Rehab Services was provided to contract staff who will be utilizing the Multidimensional Assessment Tool (MAT). NOTE: Training for this program ended in December 2008, because the State no longer had a contract with Troy University to conduct MAT assessments.

Resource Management Division

- Multi-dimensional Assessment Tool training annually for SDHR and selected county staff.

Other:

- Supervision Work Group Meetings and Webinars.
- Fatherhood and Marriage Conference – Montgomery, February 2009.
- Child Welfare staff were among the participants in the "AOC Juvenile Justice Act of 2008 Training".
- A County Director, along with several Foster Parents attended the National Foster Parent Association Conference in May 2009
- Two Family Services Division staff members attended the Children's Bureau Combined Discretionary Grantees Meeting in February 2009.
- A staff from the FACTS project attended the 2009 Child Welfare Regional Training Session in August 2009. The conference agenda was regarding implementation of child welfare information systems.
- A Deputy Director from Family Services attended the ISM Conference in Chicago on 8/31-9/3, 2009.
- Several Family Services Division staff and a County Director, attended the "New Strategies for Changing Times" Conference in Arlington, VA in August 2009.
- The Deputy Commissioner for Children and Family Services, the Division Director of Family Services and a Deputy Director in Family Services, attended the Atlantic Coast Child Welfare Implementation Center Forum in March 2009.
- Legal and liability workshops.
- The Program Supervisor in the Office of Data Analysis attended the 12th Annual National Child Welfare Data and Technology Conference in Maryland in June 09.
- The Program Supervisor in the Office of Data Analysis attended the National Child Abuse and Neglect Data Systems State Technical Assistance Meeting in Washington DC in March 09.
- Regional Red Cross Shelter Manager Training Sessions.
- The Department continues to partner with the University of Alabama to provide Title IV-E student stipends and training for DHR employees and potential employees. Student stipends and training by additional CSWE accredited programs throughout the state are also included in this interagency agreement. We are currently in the process of renewing this agreement for FY2010. The Department also continues to offer BSW/MSW Educational Leave for eligible, approved employees pursuing a social work degree

* Training, conferences, meetings conducted, attended, and/or planned, for the time period of FY 2009 and FY 2010 that were led, and/or attended, by county/state child welfare staff.

APPENDIX 10
CHILD WELFARE TRAINING COSTS

Child Welfare Training Costs

(This section will contain information regarding all training charged to IV-B and IV-E)

Please note that the training costs identified on the pages that follow are the projected costs for the time period of 06/01/08-05/31/09.

A number of organizational areas within DHR support Family Services and charge a portion of the training they provide to child welfare funds. In addition to the training provided by Family Services, other training funded by IV-B and/or IV-E are:

Title of Training	Office Responsible	Training Description
Targeted Case Management (TCM)	Financial Resource Management	TCM Certification training is designed to provide general information about case management services for eligible Medicaid recipients. Staff must study Medicaid approved training material and pass a test in order to become certified to provide TCM services.
Medicaid Rehabilitative Services	Financial Resource Management	Training for Medicaid Rehabilitative services consists of a one-day session which focuses on the definition of eligible services, who is qualified to provide the service, when the services should be authorized, how to authorize the needed service, and the documentation required by the Medicaid Agency.
Performance Appraisal for Social Work Supervisors and Avoiding Wrongful Discharge	Field Administration	Performance appraisal for social worker supervisors describes techniques and skills to write action and outcome based performance criteria, conduct formal and informal meetings with employees, document and rate employee performance objectively according to an established rating scale. Directive and supportive supervisory behaviors are also modeled as methods to develop employee competence through coaching. Avoiding wrongful discharge in the social work environment describes the concept of progressive discipline, including the four levels and general legal issues; DHR advanced discipline procedures; and specific techniques to conduct the lower levels of discipline effectively, and provide the employee an opportunity to improve. All will be conducted in one class/module. FIELD OP & TRNG

DHR encourages entry into the profession of social work by supporting programs and activities at several universities. DHR supports student scholarships and stipends, a license review course for social work licensure candidates, and student field placement services at the University of Alabama, Jacksonville State University, Troy University, the University of Montevallo, the University of North Alabama, Alabama A&M University, Alabama State University, and Auburn University. DHR splits the cost of stipends and other funding for social work programs through funding based on the penetration rate, i. e., the ratio of children in foster care who are IV-E eligible to the total number of children in foster care.

APPENDIX 11
TRAINING ACTIVITIES/EVENTS CHECKLISTS

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Performance appraisal for social worker supervisors describes techniques and skills to write action and outcome based performance criteria, conduct formal and informal meetings with employees, document and rate employee performance objectively according to an established rating scale. Directive and supportive supervisory behaviors are also modeled as methods to develop employee competence through coaching. **Avoiding wrongful discharge** in the social work environment describes the concept of progressive discipline, including the four levels and general legal issues; DHR advanced discipline procedures; and specific techniques to conduct the lower levels of discipline effectively, and provide the employee an opportunity to improve. All will be conducted in one class/module. FIELD OP & TRNG

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input type="checkbox"/> Other community staff (medical, legal, police)	

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class			40	<input type="checkbox"/> Total Cost	\$3,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on Random Moment Sampling.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/> Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Alabama Child Welfare Training (ACT I) basic child welfare skills curriculum for social workers and supervisors: three modules which include OJT components. ACT is based on five foundation concepts: belief that people can change; respecting the family's culture; joining with families; building partnerships with birth families and adoptive/foster families in partnership working with families in an ecological system framework.

OCWT-1

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	7	<input type="checkbox"/>	11	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)		<input type="checkbox"/>		Hours per day
		<input type="checkbox"/>	81	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
	<input checked="" type="checkbox"/>	Other community staff (medical, legal, police)		Indian Tribe

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			200	Total Cost	\$170,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Leader certification training in Group Preparation and Selection (GPS) for prospective foster/adoptive parents and county staff and foster parents and qualified staff of licensed child placing agencies who will lead groups of foster/adoptive applicants thru the process of licensure or approval. Leader certification sequences consist of 2 weeks of classroom training focusing on GPS curriculum and leader facilitation skills.

OCWT-2

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	10 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	48 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			200	Total Cost	\$160,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Deciding Together Training is a foster/adoptive preparation and selection process for county staff and qualified staff of licensed child placing agencies that is intended for use with individuals/families whose geographic location or circumstances of employment prohibit attendance at the 10 weeks of group meetings included in Group Preparation and Selection (GPS).

OCWT-3

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/>	IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/>	Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/>	Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/>	Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/>	Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/>	Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/>	Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input type="checkbox"/>	Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input checked="" type="checkbox"/>	Conference/workshop	<input type="checkbox"/>	Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/>	Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	2	Days
<input type="checkbox"/>	Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>		Hours per day
		<input type="checkbox"/>	15	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/>	Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents
<input type="checkbox"/>	Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/>	Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff
<input type="checkbox"/>	Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
		<input type="checkbox"/>	Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/>	Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/>	Cost per class/training function	Estim. no. of trainees in class			75	Total Cost	\$13,750.00
<input checked="" type="checkbox"/>	Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/>	IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/>	IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/>	IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/>	IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/>	TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/>	SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Underlying Conditions is a three day training to provide workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child safely in the family's home.

OCWT-5

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	3 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	12 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		100	Total Cost	\$22,500.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph *brief* syllabus of the training activity

The Individualized Service Planning **Process for Families Who Experience Substance Abuse** is a four day training for workers to understand the dynamics of working with families involved in substance abuse.

OCWT-6

Indicate which, if any, of the **specifically allowable** Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff <small>Specify</small>
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	4 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> 24 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff <small>Specify</small>
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		150	Total Cost	\$49,200.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Practical Child Sexual Abuse Intervention is a 5 day training developed by the National Advocacy Center to enable workers to acquire skills in the investigation of child sexual abuse, and working with families that are impacted by child sexual abuse. It includes information regarding the dynamics of child sexual abuse.

OCWT-7

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> 33 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		75	<input type="checkbox"/> Total Cost	\$27,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Practical Child Protection Services (CPS) was developed by the National Child Advocacy Center to enable workers to: distinguish between abuse and accidental injury; achieve crisis management; recognize emerging safety/removal factors; assign risk and safety priorities; assess level of risk in various family situations; assess ability/willingness of non-offending parent to protect child; assess probability of recurring safety issues.

OCWT-8

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	30 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	
	<input type="checkbox"/>	Other community staff (medical, legal, police)	

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		75		Total Cost	\$27,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Supervisor's Training is a six day training that covers basic skills for supervisory staff. This is part of ACT II.

OCWT-9

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 6 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> 24 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class			150	Total Cost	\$71,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Concurrent Permanent Planning is a 3-day training that increases understanding of how to work with the legal process to achieve safety and permanency for children; expand knowledge and skills of full disclosure and casework practices necessary to expedite permanency and enhance competency in helping families engage in the process of change; and practice integration of permanency concurrent planning concepts into the ISP team meetings.

OCWT 10

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/>	3	Days
<input type="checkbox"/>		Hours per day
<input type="checkbox"/>	13	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			200	Total Cost	\$48,800.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Targeted Case Management (TCM) Training provides the knowledge base from which county staff can make informed decisions regarding available services, assist an individual to gain access to needed medical, social, educational & other services; & document services provided to the target group. Staff must study Medicaid approved training material and pass a test in order to become certified to provide TCM services. New social work employees or current employees who are uncertified that transfer to child welfare foster care or Adult Protective Services and who are assigned a program code of 29, 53, 68, 62, or 04 are assigned to attend a regional TCM training class in order to become TCM Certified. REV MAX 1

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input checked="" type="checkbox"/> Public university ----->	UA-College of Cont Studies
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input checked="" type="checkbox"/>	Credit hours 3.0 CEU CREDITS

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input checked="" type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		244		Total Cost	\$9,790.98
<input type="checkbox"/> Other (specify)							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input checked="" type="checkbox"/>	Other, Specify - SAIL GRANT - AL MEDICAID AGENCY

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Medicaid Rehabilitation Training provides definitions of eligible services and providers, a knowledge base from which county staff can make informed decisions regarding available services, the best way to offer services by qualified practitioners, how to authorize, document and seek reimbursement for services.

REV MAX 2

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/>	IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/>	Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/>	Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/>	Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/>	Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/>	Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/>	Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/>	Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input checked="" type="checkbox"/>	Conference/workshop	<input type="checkbox"/>	Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/>	Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	1 Days
<input type="checkbox"/>	Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
		<input type="checkbox"/>	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/>	Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents	
<input type="checkbox"/>	Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/>	Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	
<input type="checkbox"/>	Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	Specify
		<input type="checkbox"/>	Other community staff (medical, legal, police)	

Costing method

Estimated total cost

<input type="checkbox"/>	Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/>	Cost per class/training function	Estim. no. of trainees in class		749	Total Cost	\$1,500.00	
<input checked="" type="checkbox"/>	Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input type="checkbox"/>	IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/>	IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/>	IV-E Foster Care	<input checked="" type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/>	IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Child Support
<input checked="" type="checkbox"/>	TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/>	SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

FACTS Implementation Support (Mentor) Training for FACTS users to learn the application and functions of the system. This training is for caseworkers, supervisors, but may also be attended by administrators and managers as needed.

FACTS Implementation Support Training

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	<small>Specify</small>
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	<input type="text"/>
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	<input type="text"/>
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	<input type="text"/>

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" type="checkbox"/> 5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	<small>Specify</small>
	<input type="checkbox"/> Other community staff (medical, legal, police)	<input type="text"/>

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		240	Total Cost	\$180,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. This is the approved methodology in the FACTS APD.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

FACTS Finance Training for FACTS users to learn the application and functions of the system. This training is for caseworkers, supervisors, but may also be attended by administrators and managers, as needed.

FACTS Finance Training

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		300		Total Cost	\$45,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E.
3. All non-child activities are charged to SSBG. This is the approved methodology in FACTS APD.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

The Tools of Choice Parenting Program is designed to help strengthen the parent-child relationship in order to preserve or reunify families or help the child to be accepted into a permanent living situation. The program is offered in four areas of the state. One area is served through a contract with Auburn University. Two areas are served by employees of the department and one area is jointly served by a contract employee and a state employee. All classes are taught by behavior analysts. There are five, three hour classes in each session. Biological, foster and adoptive parents and other caregivers are taught behavior management tools. Classes are also provided for DHR staff. The parents/caregivers/staff learn how to focus on the child's desirable behaviors by modeling the behaviors they would like to see more often and motivating the child to do those by reinforcing the desirable behaviors. After the parents/caregivers learn the tools, they are then observed using the skills in their homes. There are three to five in-home sessions for each family. The Behavior Analysts work very closely with each parent/caregiver so that the skills are mastered while using them with their own children.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other -----2 Contract Staff		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	5	Days (additionally there are 3 to 5 visits per family)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	3	Hours per day
		Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
<input checked="" type="checkbox"/> Birth parents	<input type="checkbox"/> Other community staff (medical, legal, police)	

Costing method

Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	
Cost per class/training function	Estim. no. of trainees in class		300	Total Cost	\$9,500.00	
Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

The Supervisor Conferences will address permanency issues such as permanency planning, family-centered practice, culturally competent practice and outcome-based supervision / practice.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)		In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)		Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)		Private university ----->	
<input type="checkbox"/> Conference/workshop		<input checked="" type="checkbox"/> Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" type="checkbox"/>	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
		Credit hours 3.0 CEU CREDITS

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan		Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan		Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency		Child placement agency staff
<input type="checkbox"/> Foster parents		Other State agency staff (JJ, MH, DD, etc.)
		Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input checked="" type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		350		Total Cost	\$125,000.00
<input type="checkbox"/> Other (specify)							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)		CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF) Caseworker Grant Monies		IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care		State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption		Other, Specify Child Support
<input type="checkbox"/> TANF		Other, Specify Title XIX
<input type="checkbox"/> SSBG		Other, Specify - SAIL GRANT - AL MEDICAID AGENCY

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

FACTS refresher courses for county and state office staff.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	<small>Specify</small>
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	<input type="text"/>
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	<input type="text"/>
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	<input type="text"/>

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> Days - 1-5 days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	<small>Specify</small>
	<input type="checkbox"/> Other community staff (medical, legal, police)	<input type="text"/>

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		3000-4000	Total Cost	\$2,000,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. This is the approved methodology in the FACTS APD.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

APPENDIX 12

Additional Financial Reporting

Family Options/Preservation Expenditures FY 07

Note: Attached files could not be made compliant for web posting

PSSF Expenditures FY 07

Note: Attached files could not be made compliant for web posting

FY2010 Payment Limitation Information, Title IV-B, Subpart 1

APPENDIX 13

Caseworker Visit Data

NOTE: The Department, has discussed with Central/Regional ACF staff, the reliability issues related to data from FACTS, including a number of conversations related to caseworker visit data.

As of the June 2009 submission of the APSR / CFSP and also as of September 2009, these data issues have not yet been resolved and ACF staff are aware of the matter. Once reliable, valid caseworker visit data is available, it will be submitted to the Atlanta Regional Office.

APPENDIX 14
Health Care Services Plan

HEALTH CARE SERVICES PLAN

The Department of Human Resources has required for many years that children coming into care receive health care services when they enter care and during their stay in care. To achieve this, the Individualized Service Plan process was developed to assure that health care needs and/or strengths are addressed for each child in care. Through this process, county departments ensure health care needs are assessed and identified and that health services are received when needed. Quality Assurance efforts in each county may bring health care professionals together in order to enhance the health care services for children in care.

In developing a Health Care Services Plan Committee, the Department asked the Alabama Academy of Pediatrics for volunteers of pediatricians who have an interest in foster care children's health care. Most if not all of the pediatricians provide medical care at the community level for our foster care children. There is a willingness and support from the pediatricians to forge positive changes in health care for children in foster care. A request was made to the Alabama Department of Public Health's Assistant State Health Officer for Personal and Community Health to provide a volunteer to represent the ADPH on health issues for children in foster care. Alabama Medicaid Agency (AMA) is represented by the agency's Director of Transformation Initiatives and a representative from the AMA EPSDT program. The Department of Mental Health is represented on the committee and provided input in developing the Health Services Plan. Foster care providers are represented by an approved foster parent who is also a registered nurse. The foster parent is able to provide insight into issues surrounding children with severe medical conditions.

- **Importance of a Medical Home**

Alabama's health care community recognizes the great importance and benefit to children of a having "medical home" in providing optimal health care for children and recommend that whenever possible a foster care child continue to be cared for by his/her established physician. The physician who has been caring for the child previously is in the best position to assess the child's overall health and any changes from baseline, and will be best able to recommend any needed follow-up care or treatment. Children who have had their lives severely disrupted by being removed from their familiar environments should be able to continue their relationship with the physicians they already know and trust.

If for some reason the established medical home cannot be maintained, the child's established physician should be notified immediately so that appropriate transfer of care (including possible telephone communication) can be made with the child's new physician. At the very least, the name of the child's previous physician or clinic should be obtained and provided to the new physician. Every effort should be made to obtain prior medical records and especially immunization records, as soon as possible.

The plan for assuring oversight, coordination and a coordinated strategy to identify and respond to health care needs of children begins with a review of requirements that each child's health care needs are addressed upon entry into care and during the child's stay in care.

- **Initial Medical Examination**

When a decision is reached that out-of-home care is necessary, arrangements are to be made for completion a medical examination (see timeframes below). When a child is placed in care as a result of an abuse/neglect investigation, a medical assessment may be necessary to assess the child's medical needs related to any abuse suffered by the child. DHR provides for medical examinations to occur during child abuse/neglect investigations when needed. It is recommended that at entry into foster care, the use of standardized developmental screening instruments that include social-emotional assessment should be administered.

The purpose of the initial medical examination is:

- Record a brief medical history;
- Document the child's medical condition upon entry into care, including visible injuries;
- Determine whether the child is free from contagious disease; and

- Identify needed medical concerns and care needed.
- Screen for social-emotional or mental health concerns.

- **Timeframe for Initial/Periodic Medical Exam**

It is preferable that a medical examination be made just prior to the child's entry into care to assess the physical, emotional, and behavioral issues facing the child. If this is not possible, the examination must be made within 10 days after placement. The initial examination may be obtained through EPSDT (Early and Periodic Screening, Diagnosis, and Treatment Services) for Medicaid eligible children. A child must have an annual medical exam for the duration of the stay in foster care. The yearly EPSDT may be used for the annual medical exam requirement. It is preferable that standardized developmental screening instruments be administered to children at age intervals recommended by the American Academy of Pediatrics.

- **EPSDT**

Children in care under 21 years of age and eligible for Medicaid should have an EPSDT screening each year. Following EPSDT screenings, medical services are covered by Medicaid when identified through EPSDT periodic screening or inter-periodic screening and treatment is determined to be medically necessary. These medical services include medical, dental and vision examinations, physical and occupational therapy, speech therapy, rehabilitation services and psychological services.

Outreach activities are critical to successful health screening services that are available to children. The outreach process assures that eligible families are contacted, informed, and assisted in securing health-screening services. The Alabama Medicaid Agency, in conjunction with the Department of Human Resources, informs foster families of EPSDT services.

Alabama's Medicaid program utilizes a managed care system of assigned primary providers. Children in foster care may be exempted from this program if it is in the best interest of the child's health care needs. The exemption allows a child to remain with his/her usual "medical home" particularly if the child has chronic medical conditions. It may also allow the ISP team the ability to choose the more appropriate primary care physician. Additionally, and when appropriate, foster parents may use one primary care physician for all the children in their home.

When a child is placed in foster care and is already eligible for Medicaid, EPSDT screening should be requested unless the child has had an EPSDT screening within the last three months; has had a thorough medical examination other than EPSDT screening within 3 months prior to placement in foster care; or another medical examination, other than Medicaid Screening, is indicated.

EPSDT screenings encompass six broad categories and are available for children in foster care as well as children in their own home.

1. Initial screenings indicate the first time an EPSDT screening is performed on a recipient by an EPSDT screening provider.
2. Periodic screenings that are well-child checkups performed based on a periodicity schedule. The ages to be screened are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually beginning on or after the child's third birthday.
3. Inter-periodic screenings are considered problem-focused and abnormal. These are performed when medically necessary for undiagnosed conditions outside the established periodicity schedule and can occur at any age. Inter-periodic screenings must be provided when a medical condition is suspected or a condition has worsened or changed sufficiently enough that further examination is medically necessary.
4. Vision screenings must be performed on children from birth through age two by observation (subjective) and history. Objective vision testing should begin at age three, and should be documented in objective measurements.

5. Hearing screenings must be performed on children from birth through age four by observation (subjective) and history. Objective hearing testing begins at age five, and should be recorded in decibels.
6. Dental screenings must be performed on children from birth through age two by observation (subjective) and history. Beginning with age three, recipients must be either under the care of a dentist or referred to a dentist for dental care.

Additional Medicaid screening protocols for infants, children and adolescents are addressed in the Medicaid Provider Manual, EPSDT Chapter, Appendix A, <http://www.medicaid.alabama.gov>.

- **Health Care for Children Not Eligible for Foster Care Medicaid**

Some children in out-of-home care will be ineligible for foster care Medicaid. In these cases, application is made for other medical insurance coverage including SOBRA Medicaid, ALL Kids and Child Caring Foundation. The Department of Public Health coordinates the application process for each of these medical insurance coverage types. Completed applications are routed to the ALL Kids program for screening and if the child appears to be SOBRA Medicaid eligible, the application is routed to Alabama Medicaid. If the child is not Medicaid eligible, the application will be sent first to the ALL Kids program (ADPH) and then the Child Caring Foundation (Blue Cross Blue Shield) in that order. Some children may have private insurance known as third party insurance which will need to be accessed before any of the needs based medical insurances will pay. Medical insurance may be purchased from local funds or a child's private funds if the child is not eligible for any of the above addressed programs.

- **Monitoring and Treatment of Ongoing Health Care Needs**

When the ISP team determines that foster care is an appropriate and necessary service or that the foster care provider needs to change, the ISP team assesses the health care needs (physical, mental and emotional) of a child through contacts with and reports from the child's health care providers. The Comprehensive Family Assessment shall include developmental information related to emotional and medical/physical functioning.

Unless otherwise recommended by the pediatrician, the following guidelines are recommended in determining the frequency of medical examinations for foster children:

<u>Age 1 mo. To 1 year</u>	<u>Age 1 year to 2 years</u>	<u>Age 2 years through 18 years</u>
at 1 mo.	At 15 mos.	At age 2 years
at 2 mos.	At 18 mos.	Annually through age 18
at 4 mos.		
at 6 mos.		
at 9 mos.		
at 12 mos.		

It is through the ISP team process that a child's health needs, once identified through EPSDT or other medical screenings or procedures, are monitored and services/treatment avenues are established. Medical professionals may be ISP team members working with the child and family. Providers of health care services are identified by team members and a specific plan made to access the health care provider.

- **Importance of Immunizations**

In addition to the above examinations, all foster care children are required to have all immunizations currently recommended by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatricians, including influenza vaccinations. Immunizations are routine care and should not involve residual rights of parents to consent. The immunization record must be obtained and presented to the primary care provider if the provider is not the child's physician prior to entry into care. Immunizations may be paid for by Medicaid, the Vaccines for Children program or may be obtained at county health departments.

- **Coordination Between DHR and county health departments**

Approved foster parents and related caregivers of children in the temporary or permanent custody of DHR are authorized to complete and sign certification forms for the Women and Infant Care Program through the county health departments. Approved foster parents and related caregivers are provided with a letter from the County DHR Department verifying that the foster parent or relative has physical custody of the child and DHR has legal custody. Other health care needs of children in care, e.g. immunizations, are coordinated with county health departments by child welfare workers after the ISP determines a health care need.

- **Coordination of Health Services Between DHR and Alabama Early Intervention Service (AEIS)**

Infants and children under 3 years of age who are the subject of an indicated child abuse/neglect investigation must be referred to the AEIS for evaluation. There is a formalized DHR referral process in place for this to occur. As part of the initial EPSDT or the initial medical when a child enters care, infants and children under 3 years of age should be screened for developmental delays and referred to AEIS.

- **Coordination of Health Information Between DHR and Foster Parents**

In Alabama the Foster Parent Bill of Rights, Code of Alabama, 1975 § 38-12A-2(7) provides that foster parents must be provided with health history information that is known by the Department at the time of placement. "When the Department knows of such information after placement, the Department shall make that information available to the foster parent as soon as practicable." Foster parents will need to be made aware of the following:

- All health problems including allergies, bedwetting, emotional problems;
- Both prescribed medications and regularly administered over the counter medications and the purpose of the medicine;
- Special diets or food allergies;
- Pediatrician's name and/or primary health care provider along with the telephone number; and
- Verification of health insurance--private insurance, Medicaid card or Medicaid number.

Foster parents are members of a child's ISP team, in accordance with Department policy. They are to be informed of follow-up medical appointments and referrals.

- **Dental Care**

Children should have care established in a dental home by the age of 1 or eruption of the first tooth. Many primary care providers will be able to make an initial assessment through Medicaid's First Look program and this is encouraged. Annual dental examinations are recommended.

All Medicaid eligible children in foster care are to have a dental examination under Medicaid Screening (EPSDT). Children who do not qualify for Medicaid will have a dental examination authorized through the ISP with payment through local flex funds after other resources have been explored and exhausted.

If the dental examination indicates a medical necessity for braces and or other orthodontic care, local DHR funds may be used for this. Medicaid does not pay for braces except in rare and unusual circumstances. Medicaid requirements state that braces must be a medical necessity and documentation from a health care provider must show evidence of the medical necessity. The caseworker must obtain approval from Medicaid. Any third party insurance should be explored to determine whether this insurance covers braces. The ISP team must determine this is a needed service before payment can be pursued. If a child age fourteen or older is in need of braces and the need can relate to one or more of the Chaffee outcomes and the ISP states a need for braces ILP funds are explored.

- **Mental Health Needs of Children In Foster Care**

The ISP process is utilized to identify strengths and needs of children and their families, identify steps and services to address needs, and determine the least restrictive environment in which a child's needs may best be met. The ISP team shall be fully involved when assessing the need for, and appropriateness of, inpatient services. Before a child enters inpatient placement, concurrence must be received from State DHR.

Placements that are more restrictive than foster family homes include therapeutic foster home, moderate residential treatment facilities, acute psychiatric hospitals and intensive residential treatment facilities.

Best child welfare practice requires that any behavior modification program employed in the treatment or management of a child's behavior be individualized and meet certain standards, including, but not limited to, the following:

- the program relies primarily on rewards instead of punishment;
- the program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
- the program be consistently implemented throughout the day, including in school, residential and leisure activity settings.

The Department utilizes a Residential Placement Intake Protocol to provide guidance on and concurrence with the placement of children into certain programs. The Protocol addresses emergency residential placements and the completion of a Multi-dimensional Assessment Tool (MAT) when a child needs either a Therapeutic Foster Care (TFC) placement or placement in a moderate residential facility. Continuous oversight and monitoring of children receiving treatment in more restrictive settings is performed through the use of the MAT to determine the continued need for the placement. Intensive residential treatment requires completion of a "Certification of Need for Services" by a qualified professional in addition to completion of a MAT to determine the continued need for this level of treatment.

- **Use of Prescription Medication for Children in Psychiatric Residential Treatment Placements**

Medication prescribed for mental health reasons may only be administered to children when (a) the informed consent of the parent, legal custodian/guardian, or the foster parent who is legally authorized to provide consent and (b) the informed consent of the child (age 14 or older) has been obtained. The child and adult(s) whose consent is sought will be provided sufficient information to permit them to make an informed decision. Consent may be withdrawn at any time; however, a child's refusal to consent may be overridden by a court of appropriate jurisdiction. If it appears that psychotropic medication will be used to address crises in a periodic, on-going pattern with the child, informed consent must be obtained from the child (age 14 or older) and the parent(s), legal custodian, guardian or foster parent who is legally authorized to provide consent.

The reasons for using psychotropic medication, its expected benefits, and the potential side effects should be explained in terms understandable to the child and parents along with any significant alterations in dosage. The children's and parents' preferences and requests for alternative interventions should be considered and documented in the children's DHR records and their medical records. [NOTE: The term "parent" as used here means the child's biological, or adoptive parent, or the primary caregiver from whom the child in care was removed. Parents retain residual rights, including consent to non-routine medical procedures, after the transfer of legal custody, Code of Alabama, 1975 § 12-15-102(23)].

Prescriptions for psychotropic medication must be written by a licensed physician who is trained in the use of such medication with children and adolescents. If the physician prescribing the psychotropic medications for the child is other than the child's primary physician, there should be consultation with the child's primary physician. When psychotropic medication is used as a treatment intervention, it must be administered only as prescribed by the physician writing the prescription. Psychotropic medication is to be carefully and closely monitored by the child's physician and the ISP team for both desired effects and potential side effects. Monitoring should include information received from the child, parent(s), and caregivers.

- **Criteria For Prescription of Medication for Mental Health Reasons**

A qualified physician must complete a thorough assessment of the child before prescribing medication. This assessment (especially a psychiatric assessment) should be comprehensive and include history, direct observation of the child, and all pertinent information from the school, parents, foster parents, therapists and pediatrician. This will require effective communication from all the stakeholders in the child's life. The assessment is performed to determine the appropriateness of prescribing the medication and to establish baseline data for monitoring its effects. The physician shall conduct a physical examination of the child, review the child's medical history and other relevant evaluations (e.g., medical, psychiatric, psychological) and obtain input from the child's parent(s)/caregiver(s), the DHR worker, and other relevant service providers and school

personnel. The children's and parents' preferences and requests for alternative interventions should be considered by the physician as informed consent is required prior to administering medication.

The physician should be a member of the ISP team with input at times being obtained through written report, telephone calls, etc. If the physician is a consultant to a service provider, the provider and the child's DHR worker shall ensure the physician is aware of the caregiver's capabilities, appropriate alternative treatment interventions, and the changing needs of the child and family.

In a crisis where the child will seriously harm self, harm others, or cause substantial property damage, medication may be administered without informed consent upon an order by the treating physician and in accordance with generally accepted medical standards. There must be documented evidence in the child's record that in the physician's professional judgment, the harm or substantial property damage will occur without the benefit of the medication and that less restrictive interventions are not therapeutically indicated. The child's physical and psychological condition must be frequently monitored by the physician or an appropriate staff member or other provider following administration of the medication.

The dispensing of Prescribed as Needed (PRN) psychotropic medication can only be allowed if in compliance with a physician's approved protocol and the order is documented in the child's medical file of the provider's record and the child's DHR case record. PRN medications administered to address a child's behavior two or more times a week for three consecutive weeks will result in a comprehensive review of the child's individualized service and behavior management plans and the incidents, factors, and rationales for such PRN medication use.

- **Oversight of Medications in Foster Family Homes**

Individuals providing daily care for children in care must take precautions in administering medications to children in their care. While every child has individual health needs, there are consistent measures that shall be taken in administering medication to children in the care of the Department. The following should be discussed with all out-of-home care providers.

- A. Over the Counter Medications

- Out-of-home providers shall follow the procedures listed below when administering over-the-counter medications.

- Carefully read the manufacturer's product information before administering any over the counter medication.
 - Underscore the importance of paying close attention to product labels, particularly precautions and contraindications.
 - Administer over-the-counter medication to a child **only** if the product information indicates the medication is safe for the age child it is being administered to.
 - Administer medications according to the manufacturers' recommended dosage and in the manner prescribed by the manufacturer (e. g. by teaspoon, entire pill, and capsule) unless the child's doctor has given written instructions that vary from this.
 - When preparing to administer over-the-counter medication, reread the labels to assure that the medication is safe for the age of the child.
 - Check the expiration date on the medication container. Out-of-date medication shall not be administered.
 - Certain medical conditions contraindicate the use of over-the-counter medications. In these situations, the foster parent and the child's worker shall consult with the child's doctor before administering any over the counter medications.

- b. Prescription Medications

- Out-of-home providers shall follow the procedures listed below when administering prescription medications:

- Because individuals react differently to medications, give prescription medication **only** to the child for whom it is prescribed.
- Some pharmacies will add a discard date to prescription labels, although this is not required. Any “left over” prescription medication should be discarded.
- Give the medication as directed by the child’s doctor.
- If the child appears to have an adverse reaction to the medication, notify the doctor who prescribed the medication for the child. The adverse/allergic reaction to the medication should be documented in the child’s/patient’s medical record. The foster parent also needs to notify the child’s DHR social worker about the reaction, and especially if the child is allergic to the medication. Documentation of the adverse/allergic reaction should be made in the DHR case record.
- Maintain a log (DHR 2073) of all prescription medications administered to a child as required in the Minimum Standards For Foster Family Homes.

As stated in the Minimum Standards For Foster Family Homes, Revised 2002,

“All medications shall be secured in a locked storage area that is inaccessible to small children.”

In the event of an accidental overdose or adverse reaction to either an over-the-counter medication or a prescribed medication, the Children’s Poison Control Center toll free telephone number 1-800-292-6678 should be contacted. The regular Poison Control Center, toll free telephone number 1-800-222-1222, may also be contacted.

- **Updating and Sharing of Medical Information to Include Developing and Implementing an Electronic Health Record**

The Alabama Department of Human Resources (DHR) is a stakeholder in the Together for Quality, an Alabama Medicaid Agency-led initiative to transform the state’s fragmented claims and process-oriented system into one that is coordinated, patient-centered and cost-efficient. This initiative is progressing and being piloted in select sites but is not currently a statewide program.

Medicaid’s transformation will change the way Medicaid does business by simplifying provider access and use of information at the point of care by developing a real-time, claims-based electronic health record for provider use to improve patient health outcomes. It will also allow state agencies and providers to share information electronically to improve patient health and control costs. Medicaid’s transformations efforts will allow health care information to be shared through a statewide electronic health information system that can be seen in three parts.

- The QTool which is a web-based clinical support tool that will feature patient data from providers, administrators and other health professionals in nine pilot counties. As of June 2009, there are approximately 50 pilot sites representing 150 individual providers using the system.
- Q4U, the transformation project’s care management program, has enrolled nearly 400 asthma patients and almost 300 diabetic patients in its first six months. Early feedback from the program supports the value of the care management concept as a means of encouraging patient compliance and partnership with the primary care physician to improve patient health outcomes. Next steps call for expanded recipient education and outreach efforts to retain patients in the pilot program and efforts to streamline the process for physicians
- QX – method to standardized data exchange with other state health and human service agencies is progressing as Medicaid and the Alabama Department of Senior Services prepare to test an online interface and data exchange on shared clients as well as a quality audit process and an inter-agency complaint information system.

DHR staff has worked with Medicaid’s Stakeholders’ Council, Steering Committee and serve on two of the five workgroups with Medicaid staff and others to safeguard privacy and security while creating a sustainable, valued resource for the state.

- **Department's Evaluation of Health Services**

The Office of Quality Assurance conducts periodic case reviews in all 67 counties throughout the state. As part of the review process, Health/Physical Well-Being and Emotional Well-Being of children are assessed. These county teams often include physical and mental health professionals serving as reviewers or as part of the reviews.

When assessing Health/Physical Well Being, the review process considers the following items: 1.) Is the child in good health? 2.) Are the child's basic physical needs being met? and 3.) Does the child receive health care services as needed? Children should achieve and maintain good health status, consistent with their general physical condition. 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. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. The central concern here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. This also includes follow up with appropriate sub-specialists, other health care providers and therapists. Adult caregivers and professional interveners in the child/youth's life bear responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

A child receives an optimal rating for Health/Physical Well-Being when: all of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis; routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are provided on a timely basis; any acute or chronic health care needs are met on a timely and an adequate basis, including follow-ups and required treatments; and, any prescribed medications are being provided and taken according to exact instructions and with excellent medication management.

When assessing Emotional Well-Being, the review process considers the following items: 1.) 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? 2.) 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? Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do well in school and in life, a child should: present a major emotional pattern appropriate to time, place, person, and situation; have a sense of belonging and affiliation with others rather than being isolated or alternated; socialize with others in various group situations as appropriate to age and ability; be capable of participating in major life activities and decisions that affect him/her, including educational activities; and, be free of or experiencing reduced major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require assistance or services to improve communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions, medications, and/or wraparound supports (such as behavior aides, access to a therapist when needs arise, etc.). Timely and adequate provisions of supports and services should enable the child to benefit from his/her education and enjoy the routine activities of childhood. The level, mix, and fit of services (referenced in the rating definitions) refer to the importance of children being provided with services in the right amount, with the needed frequency, by persons with the necessary skills, etc.

A child receives an optimal rating for emotional well-being when: the child shows optimal well-being in daily settings and enjoys positive and effective enduring support and interventions from teachers, counselors, key adult supporters, and friends; OR, the child has become emotionally and behaviorally stable and functioning well and symptoms are largely relieved or seldom occur; OR, excellent progress is being made toward adequate functioning in normal daily settings and activities of childhood in the near term; OR, the presence of emotional and behavioral problems is being addressed with the optimal level, mix and fit of assistance, support, supervision and/or treatment leading to a level of stabilization appropriate for the child and his/her condition.

Contributors to the Health Care Services Plan

Steven Lafreniere Alabama Department of Mental Health
Kim Davis-Allen Alabama Medicaid Agency, Director, Transformation Initiatives
Kaye Melnick Alabama Medicaid Agency
Brenda Caudle Foster Parent and Registered Nurse

Members of the Alabama Chapter-American Academy of Pediatrics

David Colvard, MD, FAAP
Pippa Abston, MD, FAAP
Kathe Nelson, MD, FAAP
Snehal Katri, MD, FAAP
Madeleine Blancher, MD, FAAP
Marsha Raulerson, MD, FAAP
Linda Reeves, MD, FAAP
Linda Lee, APR, Executive Director Alabama Chapter-AAP

Department of Human Resources Staff (Family Services Division)

Margaret Livingston, Manager
Sandy Holmes, Manager
Alice May, Manager
Sue Berry, Program Supervisor

APPENDIX 15
AEIS-DHR CAPTA Referral Form

AEIS - DHR
CAPTA Referral Form

INFANT/TODDLER INFORMATION

IN#: _____ Date of Birth: _____
Last Name: _____ First Name: _____ MI: _____
Sex: _____ Ethnic Origin: _____ Home Language: _____

REFERRAL SOURCE INFORMATION

DHR Caseworker: _____ County: _____

Phone: () _____ Reason for Referral: **ABUSE** _____ **NEGLECT** _____

Is child in Foster Care? YES _____ NO _____ Does child have an ISP? YES _____ NO _____

Is child receiving ongoing Child Protective Services (CPS)? YES _____ NO _____

CHILD'S CURRENT LIVING SITUATION

First Name: _____ Last Name: _____

Relation Type: _____ Phone: () _____ Alternate #: () _____

Mailing/Physical Address: _____

City/State/Zip: _____ County: _____

Does family have any developmental concerns about the child's development in the areas of: Cognitive, Physical, Communication, Social/Emotional, or Adaptive? YES _____ NO _____

If yes, what are they?

(STATE OFFICE USE ONLY)

Date received by SDHR: _____ Date received by State AEIS: _____

Date Mailed to AEIS/DEIC: _____

(DEIC OFFICE USE ONLY)

Child Find Referral Activated: _____ Child already in AEIS: _____ No further action needed: _____

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APPENDIX 16

National Resource Center Technical Assistance Synopsis

Technical assistance from the National Resource Centers has been requested, and is at various stages of utilization. A synopsis of the practice areas for which technical assistance has been sought, along with the APSR items that the state believes can be impacted, are identified below. Further, the state may explore additional technical assistance, as work continues in other practice areas:

Practice Area: Child Protective Services

National Resource Center Involved: The National Resource Center on Child Protective Services

Nature of technical assistance: Assistance in reviewing draft material as part of existing work on the Multi-State Consortium designed to develop CPS Supervisors as safety experts and assistance in developing the implementation plan for this project. Additionally this T/TA will also assist in the strengthening of CPS intake policy to enable staff to conduct accurate assessments at intake while supporting goals of the PIP.

Outcomes/items impacted: It is believed that safety items 1-4 (safety outcomes 1 and 2) will be impacted in a favorable manner by the initiatives that this technical assistance is supporting. As supervisors grow in the practice of being safety experts, it is believed their own professional capacities will be enhanced and in turn it will hopefully enable them to more effectively supervise and coach their staff in the areas of more accurately assessing and addressing safety issues.

Practice Area: Supervision:

National Resource Center Involved: The National Resource Center for Organizational Improvement
The National Resource Center for Child Welfare Data and Technology

Nature of Technical Assistance: Assistance and guidance in developing a strategic plan that would be designed to lead to improved capacities and supports for supervisors, as well as improved outcomes for children and families. The T / TA may also involve assistance in the implementation of the plan that is developed.

Outcomes/items impacted: It is believed that supervision impacts all items (e.g. all outcomes and systemic areas). However, there is particular relevancy to the outcome areas of safety, permanency and well-being. As supervisors are supported and their capacities are strengthened, it is hoped that a number of critical practice issues will improve, such as engagement, assessment, meaningful caseworker visits, etc. As the strategic supervision plan is developed and implemented, more specifics about the activities will be available.

Practice Area: Recruitment and Retention of Resource Families

National Resource Center Involved: The National Resource Center for Recruitment and Retention of Foster/Adoptive Families (through the Collaboration of AdoptUSKids)

Nature of Technical Assistance: Review of policies related to the preparing, assessing, approval and re-approval of resource families. Technical assistance on the development of targeted recruitment and retention strategies. Providing training to agency staff on implementing said strategies and monitoring outcomes.

Outcomes/items impacted: It is anticipated that these strategies will have a favorable contribution on improving permanency outcomes around placement stability, sibling placements, establishing permanency plans and item 44 on the recruitment and retention of resource families.