

HB

151

<TARGET><BILL>HB 151</BILL><SUBJECT>HB
151</SUBJECT><COMM>HHSS30</COMM></TARGET>

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

Sponsor Statement

HB 151: Children Deserve a Loving Home Act

Foster youth in Alaska are not getting the chances they deserve. The *Children Deserve a Loving Home Act* aims to increase the likelihood that foster youth will have the same opportunities in life, and same health and well-being, as their peers. When roughly 40% of our foster youth end up homeless at some point in their lives after leaving care, and roughly 20% end up in jail, it's a call for reform. The nation's leading foster care non-profit, Casey Family Programs, has the correct goal to reduce the number of youth languishing in foster care by 50% by 2020. Alaska should join that effort. We should achieve it not by leaving youth in neglect and abuse to keep our foster care numbers down, but by getting neglected and abused youth out of the foster care system, into a permanent, loving home, much more quickly than we do now.

Many Alaskans recognize that our child welfare system has room to improve; this bill seeks to make real positive changes that support youth and families, as well as the caseworkers who serve them. It's been well documented by many sources that when case workers are overworked, outcomes for children and families suffer. The Office of Children's Services (OCS) recommends standards of approximately 12 cases or families per worker – but today, most caseworkers are carrying caseloads that vastly exceed that amount (as high as 43 families in Wasilla, 36 in Homer, and 30 or more in six of the state's main OCS offices). Conditions in rural Alaska, especially the challenges of remote travel, make even a 12 family caseload overwhelming for workers in such regions. Beyond the risk of poorer outcomes, high caseloads contribute to high worker turnover, a costly problem that slows timelines to permanency.

This bill seeks to improve both caseload levels and worker retention by implementing significant new training and workforce standards. New workers would receive a minimum of six weeks of training and would carry no more than six cases/families in the first three months, and 12 families in the first 12 months. The bill also provides for the employment of mentors to help caseworkers become more effective and make the transition from training to a full caseload. These standards are recognized to improve outcomes, enable faster timelines to permanency, and allow case workers to perform their duties as intended.

In addition, this bill provides for a number of other changes to support the well-being of youth in care, and to promote quicker timelines for children returning to, or finding new, permanent homes. The bill extends subsidies for adoptions and guardianships to age 21, to incentivize permanency and the closing of cases, and promotes contact with siblings and with previous out-of-home caregivers to promote the well-being of children and maintain a network of support for them.

Another important tenet of this bill is enacting timelines for waivers and exemptions to licensing requirements for relatives who may want to care for a child, but are not licensed foster parents.

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

The bill also makes it easier for youth and foster parents to engage in normal day to day activities, such as going on vacation without prior caseworker approval, with fewer requirements. In addition, youth at age 14 are empowered to participate in their case plan with a larger role. This bill also strengthens the requirement to search for relatives before placing a child with foster parents, recognizing that placements with family are often the best and most loving option for youth.

Providing support, and a voice, for youth and families who need our help is perhaps one of our most important duties in public service. This bill seeks to give caseworkers the tools they need to carry out their duties to the best of their abilities, and it seeks to support youth and families with provisions that support well-being, make it easier for children to move out of the system and into a permanent home more quickly, and provide the necessary resources for a system that can function well. This bill is intended to create an environment where loving homes are the priority for all youth.

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

Brief Explanation of Changes: HB 151 Committee Substitute

Several changes were made between version U of HB 151 (introduced 3/1/17) and Committee Substitute version R (to be introduced 3/16/17).

In all instances, the words “waiver” and “exemption” were removed, leaving only the word “variance” which is a more accurate and succinct term, according to the Department.

Sections 5, 11, 15, and 20 were removed. The intent of those sections was accomplished by language already in the bill.

In section 13 (in U version, section 17) the caseload provision for new workers in their first six months was amended, such that the 12 family caseload applies to the first six months, rather than the first 12 months. According to the Department, six months is the standard needed to apply for federal matching funds. The bill’s intent is to match this standard.

Several other minor changes were made in word choice and phrasing.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-CSM-03-10-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Children's Services Management
OMB Component Number: 2666

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
Personal Services	326.3		326.3	326.3	326.3	326.3	326.3	326.3
Travel	12.0		12.0	12.0	12.0	12.0	12.0	12.0
Services	4.0		4.0	4.0	4.0	4.0	4.0	4.0
Commodities	25.6							
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	367.9	0.0	342.3	342.3	342.3	342.3	342.3	342.3

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	132.4		123.2	123.2	123.2	123.2	123.2
1004 Gen Fund (UGF)	235.5		219.1	219.1	219.1	219.1	219.1
Total	367.9	0.0	342.3	342.3	342.3	342.3	342.3

Positions

Full-time	4.0		4.0	4.0	4.0	4.0	4.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By: Christy Lawton, Director	Phone: (907)465-3170
Division: Office of Children's Services	Date: 03/10/2017 06:00 PM
Approved By: Shawnda O'Brien, Asst. Commissioner	Date: 03/10/17
Agency: Health and Social Services	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday. Additional staff will be necessary to determine eligibility under Title IV-E and process additional subsidy payments:

Two Accounting Technician IIs to ensure fiscal expenditure transactions meet appropriate state and federal program requirements (Range 14, Juneau, salary and benefits \$167.3, one-time commodities including desk, chair, phone, computer \$12.8, lease space for office \$2.0)

One Eligibility Technician II to determine eligibility for adoption and guardianship subsidies (Range 14, Juneau, salary and benefits \$83.6, one-time commodities including desk, chair, phone, computer \$6.4, lease space for office \$1.0)

One Social Services Associate to provide the Title IV-E eligibility determination to ensure that the youth meet one of the extension criteria and the traditional eligibility criteria (Range 12, Juneau, salary and benefits \$75.4, travel \$12.0, one-time commodities including desk, chair, phone, computer \$6.4, lease space for office \$1.0)

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-CST-03-10-17
Title: DHSS;CINA; FOSTER CARE; CHILD
PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Children's Services Training
OMB Component Number: 2667

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	784.2		784.2	784.2	784.2	784.2	784.2	784.2
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	784.2	0.0	784.2	784.2	784.2	784.2	784.2	784.2

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	337.3		337.3	337.3	337.3	337.3	337.3	337.3
1004 Gen Fund (UGF)	446.9		446.9	446.9	446.9	446.9	446.9	446.9
Total	784.2	0.0	784.2	784.2	784.2	784.2	784.2	784.2

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By: Christy Lawton, Director Phone: (907)465-3170
Division: Offices of Children's Services Date: 03/10/2017 06:00 PM
Approved By: Shawnda O'Brien, Asst. Commissioner Date: 03/10/17
Agency: Health and Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB151

Analysis

Section 17 adds new subsection AS 47.14.112, *Training and workload standards; report to legislature*, to implement workload standards and training programs for the Office of Children's Services front line case carrying staff. The amendment recommends a longer training period of a minimum of six weeks.

The Department's current training occurs over a period of three weeks. The Department maintains a contract with the University of Alaska Anchorage, Child Welfare Academy, in the amount of \$917.5 for the existing three week training. An additional \$784.2 would be required to extend the training for front line case carrying staff to six weeks.

30-LS0451\R
Glover
3/7/17

CS FOR HOUSE BILL NO. 151()
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTIETH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE GARA

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to the duties of the Department of Health and Social Services; relating**
2 **to training and workload standards for employees of the Department of Health and**
3 **Social Services; relating to foster care home licensing; relating to placement of a child in**
4 **need of aid; relating to the rights and responsibilities of foster parents; relating to**
5 **subsidies for adoption or guardianship of a child in need of aid; requiring the**
6 **Department of Health and Social Services to provide information to a child or person**
7 **released from the department's custody; and providing for an effective date."**

8 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

9 *** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
10 to read:

11 **SHORT TITLE.** This Act may be known as the Children Deserve a Loving Home Act.

12 *** Sec. 2.** AS 25.23.210(b) is amended to read:

13 (b) A subsidy granted by the department under this section may be

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(1) paid for a specified length of time not to extend after the child's 21st [18TH] birthday; and
(2) a deferred subsidy; in this paragraph, "deferred subsidy" means that no monetary reimbursement is paid to a family but other benefits are paid for the child.

* Sec. 3. AS 47.05.065 is amended to read:

Sec. 47.05.065. Legislative findings related to children. The legislature finds that

(1) parents have the following rights and responsibilities relating to the care and control of their child while the child is a minor:

- (A) the responsibility to provide the child with food, clothing, shelter, education, and medical care;
- (B) the right and responsibility to protect, nurture, train, and discipline the child, including the right to direct the child's medical care and the right to exercise reasonable corporal discipline;
- (C) the right to determine where and with whom the child shall live;
- (D) the right and responsibility to make decisions of legal or financial significance concerning the child;
- (E) the right to obtain representation for the child in legal actions; and
- (F) the responsibility to provide special safeguards and care, including appropriate prenatal and postnatal protection for the child;

(2) it is the policy of the state to strengthen families and to protect children from child abuse and neglect; the state recognizes that, in some cases, protection of a child may require removal of the child from the child's home; however,

- (A) except in those cases involving serious risk to a child's health or safety, the Department of Health and Social Services should provide time-limited family support services to the child and the child's family in order to offer parents the opportunity to remedy parental conduct or conditions in the home that placed the child at risk of harm so that a child may return home

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safely and permanently; and

(B) the state also recognizes that when a child is removed from the home, visitation between the child and the child's parents or guardian and family members reduces the trauma for the child and enhances the likelihood that the child will be able to return home; therefore, whenever a child is removed from the parental home, the Department of Health and Social Services should encourage frequent, regular, and reasonable visitation of the child with the child's parent or guardian and family members;

(3) it is the policy of the state to recognize that, when a child is a ward of the state, the child is entitled to reasonable safety, adequate care, and adequate treatment and that the Department of Health and Social Services as legal custodian and the child's guardian ad litem as guardian of the child's best interests and their agents and assignees, each should make reasonable efforts to ensure that the child is provided with reasonable safety, adequate care, and adequate treatment for the duration of time that the child is a ward of the state;

(4) it is in the best interests of a child who has been removed from the child's own home for the state to apply the following principles in resolving the situation:

(A) the child should be placed in a safe, secure, and stable environment;

(B) the child should not be moved unnecessarily;

(C) a planning process should be followed to lead to permanent placement of the child;

(D) every effort should be made to encourage psychological attachment between the adult caregiver and the child;

(E) frequent, regular, and reasonable visitation with the parent or guardian and family members should be encouraged; [AND]

(F) parents and guardians must actively participate in family support services so as to facilitate the child's being able to remain in the home; when children are removed from the home, the parents and guardians must actively participate in family support services to make return of their children

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to the home possible; and

(G) to the extent practicable, the Department of Health and Social Services should enable a child's contact with previous out-of-home caregivers when appropriate and in the best interests of the child;

(5) numerous studies establish that

(A) children undergo a critical attachment process before the time they reach six years of age;

(B) a child who has not attached with an adult caregiver during this critical stage will suffer significant emotional damage that frequently leads to chronic psychological problems and antisocial behavior when the child reaches adolescence and adulthood; and

(C) it is important to provide for an expedited placement procedure to ensure that all children, especially those under the age of six years, who have been removed from their homes are placed in permanent homes expeditiously.

* Sec. 4. AS 47.10.080(s) is amended to read:

(s) The department may transfer a child, in the child's best interests, from one placement setting to another, and the child, the child's parents or guardian, the child's foster parents or out-of-home caregiver, the child's guardian ad litem, the child's attorney, and the child's tribe are entitled to advance notice of a nonemergency transfer. A party opposed to the proposed transfer may request a hearing and must prove by clear and convincing evidence that the transfer would be contrary to the best interests of the child for the court to deny the transfer. A foster parent or out-of-home caregiver who requests a nonemergency change in placement of the child shall provide the department with reasonable advance notice of the requested change. When the department transfers a child from one out-of-home placement to another, the department shall search for an appropriate placement with an adult family member or a family friend who meets the foster care licensing requirements established by the department. **A supervisor at the department shall certify in writing in the case file whether the department has searched for an appropriate placement with an adult family member or family friend. If the department has not complied with**

1 the search requirements under this subsection, the supervisor shall work to
2 ensure that the department completes the search in the shortest time feasible.

3 * Sec. 5. AS 47.10.084 is amended by adding a new subsection to read:

4 (d) When the child is placed in foster care, the foster parent has the right and
5 responsibility to use a reasonable and prudent parent standard to make decisions
6 relating to the child. The foster parent may make decisions under (a) or (b) of this
7 section that include decisions relating to the child's participation in age-appropriate or
8 developmentally appropriate activities, including travel, sports, field trips, overnight
9 activities, and extracurricular, enrichment, cultural, and social activities. The
10 department shall provide foster parents with training regarding the reasonable and
11 prudent parent standard. In this subsection, "reasonable and prudent parent standard"
12 means a standard characterized by careful and sensible decisions to maintain the
13 health, safety, and best interests of the child while encouraging the emotional and
14 developmental growth of the child.

15 * Sec. 6. AS 47.10.086 is amended by adding a new subsection to read:

16 (h) The department shall engage a child who is 14 years of age or older in the
17 development or revision of a case plan, permanency goal, or alternative permanency
18 plan for the child. The department shall also allow the child to select not more than
19 two adults to participate in the development or revision of the plan in addition to the
20 child's foster parents or department employees who are supervising the care of the
21 child. The department may reject an adult selected by the child if the department has
22 good cause to believe that the adult will not act in the best interests of the child. If the
23 department rejects an adult, the child may select another adult. The child may
24 designate one of the adults to be the child's advisor, and the advisor may advocate for
25 the child.

26 * Sec. 7. AS 47.10.093(b) is amended to read:

27 (b) A state or municipal agency or employee shall disclose appropriate
28 confidential information regarding a case to

29 (1) a guardian ad litem appointed by the court;

30 (2) a person or an agency requested by the department or the child's

31 legal custodian to provide consultation or services for a child who is subject to the

- 1 jurisdiction of the court under AS 47.10.010 as necessary to enable the provision of
2 the consultation or services;
- 3 (3) an out-of-home care provider as necessary to enable the out-of-
4 home care provider to provide appropriate care to the child, to protect the safety of the
5 child, and to protect the safety and property of family members and visitors of the out-
6 of-home care provider;
- 7 (4) a school official as necessary to enable the school to provide
8 appropriate counseling and support services to a child who is the subject of the case, to
9 protect the safety of the child, and to protect the safety of school students and staff;
- 10 (5) a governmental agency as necessary to obtain that agency's
11 assistance for the department in its investigation or to obtain physical custody of a
12 child;
- 13 (6) a law enforcement agency of this state or another jurisdiction as
14 necessary for the protection of any child or for actions by that agency to protect the
15 public safety;
- 16 (7) a member of a multidisciplinary child protection team created
17 under AS 47.14.300 as necessary for the performance of the member's duties;
- 18 (8) the state medical examiner under AS 12.65 as necessary for the
19 performance of the duties of the state medical examiner;
- 20 (9) a person who has made a report of harm as required by
21 AS 47.17.020 to inform the person that the investigation was completed and of action
22 taken to protect the child who was the subject of the report;
- 23 (10) the child support services agency established in AS 25.27.010 as
24 necessary to establish and collect child support for a child who is a child in need of aid
25 under this chapter;
- 26 (11) a parent, guardian, or caregiver of a child or an entity responsible
27 for ensuring the safety of children as necessary to protect the safety of a child;
- 28 (12) a review panel established by the department for the purpose of
29 reviewing the actions taken by the department in a specific case;
- 30 (13) the University of Alaska under the Alaska higher education
31 savings program for children established under AS 47.14.400, but only to the extent

1 that the information is necessary to support the program and only if the information
2 released is maintained as a confidential record by the University of Alaska;

3 (14) a child placement agency licensed under AS 47.32 as necessary to
4 provide services for a child who is the subject of the case; [AND]

5 (15) a state or municipal agency of this state or another jurisdiction
6 that is responsible for delinquent minors, as may be necessary for the administration of
7 services, protection, rehabilitation, or supervision of a child or for actions by the
8 agency to protect the public safety; however, a court may review an objection made to
9 a disclosure under this paragraph; the person objecting to the disclosure bears the
10 burden of establishing by a preponderance of the evidence that disclosure is not in the
11 child's best interest; and

12 (16) a sibling of a child who is the subject of the case to allow the
13 siblings to contact each other if it is in the best interests of the child to maintain
14 contact; in this paragraph, "sibling" means an adult or minor who is related to
15 the child who is the subject of the case by blood, adoption, or marriage as a child
16 of one or both of the parents of the child who is the subject of the case; a sibling
17 who is adopted by a person other than the parent of the child who is the subject
18 of the case remains a sibling of the child.

19 * Sec. 8. AS 47.10.142(i) is amended to read:

20 (i) When the department takes emergency custody of a child under this section
21 or a court orders a child committed to the department for temporary placement under
22 this section, the department shall, to the extent feasible and consistent with the best
23 interests of the child, place the child according to the criteria specified under
24 AS 47.14.100(e). A supervisor at the department shall certify in writing in the
25 case file whether the department has searched for an appropriate placement with
26 an adult family member or family friend. If the department has not complied
27 with the search requirements under this subsection, the supervisor shall work to
28 ensure that the department completes the search in the shortest time feasible if it
29 is consistent with the best interests of the child.

30 * Sec. 9. AS 47.14.100(d) is amended to read:

31 (d) In addition to money paid for the maintenance of foster children under (b)

1 of this section, for a child who is under 21 years of age, the department

2 (1) shall pay the costs of caring for a foster child [CHILDREN] with a
3 physical or mental disability [DISABILITIES], including the additional costs of
4 medical care, habilitative and rehabilitative treatment, services and equipment, and
5 special clothing, and the indirect costs of medical care, including child care and
6 transportation expenses;

7 (2) may pay for respite care; in this paragraph, "respite care" means
8 child care for the purpose of providing temporary relief from the stresses of caring for
9 a foster child; and

10 (3) may pay a subsidized guardianship payment under AS 25.23.210
11 when a foster child's foster parents or other persons approved by the department
12 become court-appointed legal guardians of the child.

13 * Sec. 10. AS 47.14.100(e) is amended to read:

14 (e) When a child is removed from a parent's home, the department shall
15 search for an appropriate placement with an adult family member or family
16 friend. A supervisor at the department shall certify in writing in the case file
17 whether the department has searched for an appropriate placement with an
18 adult family member or family friend. If the department has not complied with
19 the search requirements under this subsection, the supervisor shall work to
20 ensure that the department completes the search in the shortest time feasible. The
21 department shall place the child, in the absence of clear and convincing evidence of
22 good cause to the contrary,

23 (1) in the least restrictive setting that most closely approximates a
24 family and that meets the child's special needs, if any;

25 (2) within reasonable proximity to the child's home, taking into
26 account any special needs of the child and the preferences of the child or parent;

27 (3) with, in the following order of preference,

28 (A) an adult family member;

29 (B) a family friend who meets the foster care licensing
30 requirements established by the department;

31 (C) a licensed foster home that is not an adult family member

1 or family friend;

2 (D) an institution for children that has a program suitable to
3 meet the child's needs.

4 * Sec. 11. AS 47.14.100(i) is amended to read:

5 (i) A child may not be placed with an out-of-home care provider if the
6 department determines that the child can remain safely at home with an adult family
7 member [ONE PARENT] or guardian who lives with the child. In this subsection,
8 "out-of-home care provider" means an agency or person, other than the child's legal
9 parents, with whom a child who is in the custody of the state under
10 AS 47.10.080(c)(1) or (3), 47.10.142, or (c) of this section is currently placed; "agency
11 or person" includes a foster parent, a relative other than a parent, a person who has
12 petitioned for adoption of the child, and a residential child care facility.

13 * Sec. 12. AS 47.14.100(r) is amended to read:

14 (r) The department shall make reasonable efforts to place siblings in the same
15 placement if the siblings are residing in the same home when taken into the custody of
16 the department. If siblings are not placed together after reasonable efforts have been
17 made, the case supervisor for the division with responsibility over the custody of
18 children shall document in the file the efforts that were made and the reason separating
19 the siblings for placement purposes is in the best interest of the children. If it is in the
20 best interests of the children to maintain contact, the department shall provide
21 each sibling with contact information for the other sibling and encourage the
22 children's caregivers to provide opportunities for contact between the siblings. In
23 this subsection, "sibling" means two or more persons who are related by blood,
24 adoption, or marriage as a child of one or both parents.

25 * Sec. 13. AS 47.14 is amended by adding a new section to read:

26 **Sec. 47.14.112. Training and workload standards; report to legislature. (a)**
27 The department shall implement workload standards and a training program for
28 employees who supervise the care of children committed to the supervision or custody
29 of the department under AS 47.10. Except as provided under (b) of this section, the
30 department shall prepare a staffing report if the department is unable

31 (1) to employ the number of qualified employees necessary to ensure

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that

(A) the department reasonably and safely minimizes the time a child is not in a permanent living arrangement or under a permanent guardianship;

(B) a child is not removed from the child's home when it is possible and in the child's best interest for the department to work with the child's family to prevent the removal of the child from the child's home;

(C) each child is placed in a permanent home not more than 24 months after the date the child is first removed from the child's home;

(2) to meet best practices standards set by the department requiring the employment of mentors for employees who supervise the care of children committed to the supervision or custody of the department under AS 47.10;

(3) for a new employee who supervises the care of a child committed to the supervision or custody of the department under AS 47.10, to

(A) provide a minimum of six weeks of training unless the department finds that the new employee has sufficient experience to justify a shorter training period;

(B) limit the employee's workload as follows:

(i) before the beginning of an employee's fourth month of work with the department, the employee may supervise not more than six families;

(ii) after the beginning of the employee's fourth month of work but before the end of the employee's sixth month of work with the department, the employee may supervise not more than 12 families;

(iii) when an employee supervises families in a region where travel distances negatively affect the employee's ability to supervise families and the employee has worked for the department for less than 12 months, the employee may not supervise the maximum number of families provided under (i) and (ii) of this subparagraph.

(b) If a staffing report is required under this section, the department shall explain in the staffing report why the department is not able to meet the standards, the

1 amount of funding that would be necessary to meet the standards, and the effects on a
2 child and the child's family of not meeting the standards. The department shall include
3 the staffing report in the annual report to the legislature required under AS 18.05.020.

4 (c) The department is not required to submit a staffing report under this
5 section if the department is unable to maintain adequate staffing levels because
6 qualified applicants are not available and the department is actively recruiting
7 qualified applicants.

8 * Sec. 14. AS 47.14.115 is amended by adding a new subsection to read:

9 (b) If the department determines that it is in the best interests of a child in the
10 department's custody to place the child with an adult family member who does not
11 have a foster care home license under AS 47.32, the department shall assist the adult
12 family member in obtaining a license, including assisting the adult family member
13 with obtaining any variances necessary to obtain the license, so that the family
14 member is eligible for payments under AS 47.14.100(b) and (d).

15 * Sec. 15. AS 47.18.320 is amended by adding a new subsection to read:

16 (d) When an individual 16 years of age or older who has been in state custody
17 under AS 47.10 for at least six months is released from state custody, the department
18 shall, in addition to any training, services, and assistance provided under (a) - (c) of
19 this section, provide the individual with or assist the individual with obtaining the
20 individual's

21 (1) birth certificate; the birth certificate may be an official or certified
22 copy;

23 (2) social security card;

24 (3) health insurance information;

25 (4) medical records;

26 (5) driver's license or identification card; and

27 (6) certificate of degree of Indian or Alaska Native blood, if
28 applicable.

29 * Sec. 16. AS 47.32.032 is amended by adding a new subsection to read:

30 (c) To the extent feasible, the department shall approve or deny a foster care
31 home license, including a request for a variance under this section, not more than 45

1 days after the date the department receives the application for a foster care home
 2 license. If it is not feasible to approve or deny a foster care home license not more than
 3 45 days after receiving the application, a supervisory-level employee may authorize a
 4 longer period of time for the decision, but the period must be the shortest period
 5 feasible.

6 * **Sec. 17.** The uncodified law of the State of Alaska is amended by adding a new section to
 7 read:

8 **APPLICABILITY.** (a) Sections 3 - 8 and 10 - 16 of this Act apply to a child in the
 9 custody or under the supervision of the Department of Health and Social Services under
 10 AS 47.10 on or after the effective date of secs. 3 - 8 and 10 - 16 of this Act.

11 (b) Sections 2 and 9 of this Act apply to a person who is eligible for a subsidy or
 12 payment for the care of a child under AS 25.23.190 - 25.23.240 or AS 47.14.100 on or after
 13 the effective date of secs. 2 and 9 of this Act, including a person who was ineligible for a
 14 payment under AS 25.23.190 - 25.23.240 or AS 47.14.100 before the effective date of secs. 2
 15 and 9 of this Act solely because the child turned 18.

16 * **Sec. 18.** The uncodified law of the State of Alaska is amended by adding a new section to
 17 read:

18 **TRANSITION: REGULATIONS.** The Department of Health and Social Services may
 19 adopt regulations necessary to implement the changes made by this Act. The regulations take
 20 effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the
 21 law implemented by the regulation.

22 * **Sec. 19.** The uncodified law of the State of Alaska is amended by adding a new section to
 23 read:

24 **TRANSITION: IMPLEMENTATION OF DEPARTMENT OF HEALTH AND**
 25 **SOCIAL SERVICES STAFFING AND TRAINING STANDARDS.** The Department of
 26 Health and Social Services shall implement all of the provisions of this Act as expeditiously
 27 as possible, and, not later than

28 (1) one year after the effective date of sec. 13 of this Act, shall adopt training
 29 regulations necessary to meet the standards in AS 47.14.112(a)(3)(A), added by sec. 13 of this
 30 Act;

31 (2) two years after the effective date of sec. 13 of this Act, hire the staff

1 necessary to meet the workload standards in AS 47.12.112(a)(1), (2), and (3)(B), added by
2 sec. 13 of this Act;

3 (3) three years after the effective date of secs. 1 - 12 and 14 - 16 of this Act,
4 shall implement the changes made by secs. 1 - 12 and 14 - 16 of this Act.

5 * **Sec. 20.** Section 18 of this Act takes effect immediately under AS 01.10.070(c).

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-FCBR-03-10-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Foster Care Base Rate
OMB Component Number: 2236

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits	(1,200.0)		(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)
Miscellaneous								
Total Operating	(1,200.0)	0.0	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	(1,200.0)		(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)
Total	(1,200.0)	0.0	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)	(1,200.0)

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	<u>Christy Lawton, Director</u>	Phone:	<u>(907)465-3170</u>
Division:	<u>Office of Children's Services</u>	Date:	<u>03/10/2017 06:00 PM</u>
Approved By:	<u>Shawnda O'Brien, Asst. Commissioner</u>	Date:	<u>03/10/17</u>
Agency:	<u>Health and Social Services</u>		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday.

Title IV-E has an option to extend Title IV-E federal payments to children through their 21st birthday; however that extension must apply to all Title IV-E programs that include foster care, adoption, and guardianship.

Foster care subsidies for foster youth age 18 and up to their 21st birthday are currently paid with Office of Children's Services general funds. The state does not currently roll this age group into its Title IV-E federal claiming, as it would inadvertently affect the Title IV-E penetration rate, reducing the federal reimbursement.

By extending subsidy payments for foster youth up to their 21 birthdays, this legislation would alter the division's federal claiming calculations. When the foster youth are added to the eligibility universe for all children in foster care, it is anticipated that there will be a loss of about 2% percent in the eligibility penetration rate (due to a 'dilution effect' in the math), which will lead to a loss of \$1,200.0 in federal revenue across the division.

Based on the most recent reporting fiscal year quarter 12/31/2016, approximately 80 youth were in the foster care population and receiving services from the Office of Children's Services through General Fund dollars. We do not claim Title IV-E for these youth due to the precise requirements they must meet to qualify as noted below. It is fiscally not beneficial for Alaska to include them in the IV-E population. With the expansion up to the 21st birthday for subsidies, these 80 youth would have to be newly included in the formula and they would reduce our overall federal reimbursement for the entire population.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E eligible and reimbursable foster care payment was 1,574 and the total population was 2,351. To come up with the penetration rate we must take 1,574 divided by 2,351 = 66.95%. If we were to extend the subsidy program to the 21st birthday, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate 2% percent reduction in the penetration rate overall, which is applied to our total administrative costs across the board.

$1,574/2,351 = 66.95\%$ current federal reimbursement rate
 $1,574/(2,351 + 80 \text{ additional youth}) = 64.75\%$ revised federal reimbursement rate

$66.95\% - 64.75\% = (2.2\%)$

Note: The following must be verified at least annually for the department to continue to claim Title IV-E funding for the individual child:

- 1) Completing secondary education or a program leading to an equivalent credential;
- 2) Enrolled in an institution which provides postsecondary or vocational training;
- 3) Participating in a program or activity designed to promote, or remove barriers to, employment;
- 4) Employed at least 80 hours per month; or
- 5) Incapable of doing any of the activities described in sub-clauses (1-4) due to a medical condition, which incapability is supported by regulation updated information in the case plan of the child.

The number of youth the department doesn't claim Title IV-E for foster care is expected to remain fairly static, hence the 2% percent reduction in the penetration rate would likely not change significantly over time.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-FLSW-03-10-17
Title: DHSS;CINA; FOSTER CARE; CHILD
PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Front Line Social Workers
OMB Component Number: 2305

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates				
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES							
Personal Services	2,288.0		4,576.0	6,864.0	6,864.0	6,864.0	6,864.0
Travel	130.0		260.0	390.0	390.0	390.0	390.0
Services	27.0		54.0	81.0	81.0	81.0	81.0
Commodities	172.8		172.8	172.8			
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	2,617.8	0.0	5,062.8	7,507.8	7,335.0	7,335.0	7,335.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	1,125.7		2,177.0	3,228.4	3,154.0	3,154.0	3,154.0
1004 Gen Fund (UGF)	1,492.1		2,885.8	4,279.4	4,181.0	4,181.0	4,181.0
Total	2,617.8	0.0	5,062.8	7,507.8	7,335.0	7,335.0	7,335.0

Positions

Full-time	27.0		54.0	81.0	81.0	81.0	81.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	Christy Lawton, Director	Phone:	(907)465-3170
Division:	Office of Children's Services	Date:	03/10/2017 06:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/10/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB151

Analysis

Section 15 amends AS 47.14.100(m), *Powers and duties of department over care of child*, increasing the responsibility of the Department to assess adult family members and family friends for meeting licensing requirements for foster care, to include granting appropriate waivers, variances and exemptions, to ensure placement with family members or relatives when that is in the child's best interest. The division will require two additional licensing staff.

qty	title	BU	range	location	salary & benefits	TOTAL
1	Community Care Licensing Specialist II	GP	18	Wasilla	\$ 100.4	\$ 100.4
1	Community Care Licensing Specialist II	GP	18	Fairbanks	\$ 102.9	\$ 102.9
2						\$ 203.3

One-time commodities (desk, chair, phone, computer) - 2 x \$6.4 = \$12.8
Space - 2 x \$1.0 = \$2.0

Section 17 adds new subsection AS 47.14.112, *Training and workload standards; report to legislature*, that increases the length of training for new front line case workers and recommends that no more than six cases are assigned to a new front line worker in the first four months of employment and no more than twelve cases in the first year of employment. In order to ensure the maximum assigned caseloads do not exceed these new recommended volumes, the Department will need a total of 46 additional Protective Services Specialists, along with the associated support staff that enable them to be successful in managing their caseloads. In addition to the front line staff, the Department recommends the following ratios of support and supervision: 1 Supervisor for 5 front line workers, 1 Social Services Associate for every 4 front line workers, and one office assistant for every 4 front line workers.

qty	title	BU	range	location	salary & benefits	TOTAL
26	Protective Services Specialist I/II	GP	15/17	Wasilla	\$ 84.6	\$ 2,199.6
20	Protective Services Specialist I/II	GP	15/17	Fairbanks	\$ 86.6	\$ 1,732.0
6	Social Services Associate II	GP	12	Wasilla	\$ 72.1	\$ 432.6
6	Social Services Associate II	GP	12	Fairbanks	\$ 73.8	\$ 442.8
5	Protective Services Specialist IV	SS	20	Wasilla	\$ 115.9	\$ 579.5
4	Protective Services Specialist IV	SS	20	Fairbanks	\$ 118.9	\$ 475.6
6	Office Assistant II	GP	10	Wasilla	\$ 65.8	\$ 394.8
6	Office Assistant II	GP	10	Fairbanks	\$ 67.3	\$ 403.8
79						\$ 6,660.7

One-time commodities (desk, chair, phone, computer) - 79 x \$6.4 = \$505.6
Space - 79 x \$1.0 = \$79.0
Travel for Fairbanks Protective Service Specialists, Social Services Associates - 30 x \$13.0 = \$390.0

The Department would bring on twenty-seven new staff each year for three years.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-SAG-03-10-17
Title: DHSS;CINA; FOSTER CARE; CHILD
PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Subsidized Adoptions & Guardianship
OMB Component Number: 1962

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits	2,880.0		5,760.0	8,640.0	8,640.0	8,640.0	8,640.0	8,640.0
Miscellaneous								
Total Operating	2,880.0	0.0	5,760.0	8,640.0	8,640.0	8,640.0	8,640.0	8,640.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	1,036.8		2,073.6	3,110.4	3,110.4	3,110.4	3,110.4
1004 Gen Fund (UGF)	1,843.2		3,686.4	5,529.6	5,529.6	5,529.6	5,529.6
Total	2,880.0	0.0	5,760.0	8,640.0	8,640.0	8,640.0	8,640.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 12/31/17

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	Christy Lawton, Director	Phone:	(907)465-3170
Division:	Office of Children's Services	Date:	03/11/2017 06:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/10/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday. The increase in subsidies would be rolled out as follows: adding youth who are age 18 in year one; youth who are 18 and 19 in year two; and adding youth 18, 19, and 20 in year three. Currently, an average of 25 subsidies are closed each month as children reach the current age threshold of 18, which results in about 300 closures annually.

Projected additional subsidy costs resulting from this legislation were determined by looking at the number of existing adoption and guardianship assistance children who have aged out, and the average subsidy costs. Prior to the finalization of an adoption or a guardianship, the agency evaluates the special needs of the child and what financial assistance the prospective family may require. The subsidy starts at a \$0 base level and moves up from there, based on the individual child's identified needs. Currently, the average subsidy payment is about \$800.00 per child.

Projected additional subsidy costs:

FY 2018: 300 children X \$800.00 X 12 months = \$2,880,000.00

FY 2019: 600 children X \$800.00 X 12 months = \$5,760,000.00

FY 2020: 900 children X \$800.00 X 12 months = \$8,640,000.00

FY 2021 and forward would remain at the FY 2020 level

Note: Not all youth will qualify for continuing subsidies after age 18 due to eligibility requirements for federal adoption and guardianship subsidies. The following must be verified at least annually for the department to continue to claim Title IV-E funding for the individual child:

- 1) Completing secondary education or a program leading to an equivalent credential;
- 2) Enrolled in an institution which provides postsecondary or vocational training;
- 3) Participating in a program or activity designed to promote, or remove barriers to, employment;
- 4) Employed at least 80 hours per month; or
- 5) Incapable of doing any of the activities described in subclauses (1-4) due to a medical condition, which incapability is supported by regulation updated information in the case plan of the child.

Regulations for foster care, adoption, and guardianship eligibility and payment requirements (7 AAC 53) will need to be changed to reflect the expansion of the eligibility requirements for title IV-E eligibility for youth ages 18 through the 21st birthday. It is expected that these regulatory changes will be in place six months from the date the bill is adopted.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
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MEMORANDUM

March 15, 2017

SUBJECT: Sectional summary (Work Order No. 30-LS0451\R)

TO: Representative Les Gara
Attn: Laura Chartier

FROM: Kate S. Glover *KG*
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

Section 1 provides that the short title of the bill is the Children Deserve a Loving Home Act.

Section 2 provides that an adoption subsidy for a hard-to-place child may be paid until the child turns 21; under current law, the subsidies are available until the child turns 18.

Section 3 amends legislative findings related to children to add a finding that the Department of Health and Social Services (the department) should enable a child's contact with previous out-of-home caregivers if it is in the best interests of the child.

Section 4 amends requirements relating to the transfer of a child from one placement to another to require a supervisor at the department to certify in writing whether the department has conducted a search for an appropriate placement with an adult family member or family friend.

Section 5 provides that a foster parent has the right and responsibility to use a reasonable and prudent parent standard to make decisions relating to the child in care, and requires the department to provide foster parents with training relating to the reasonable and prudent parent standard.

Section 6 requires the department to engage a child in an out-of-home placement who is 14 years of age or older in the development or revisions of a case plan or permanency plan for the child and allows the child to select up to two adults to participate in the development of the plan.

Section 7 amends confidentiality provisions to require a state or municipal agency or employee to disclose appropriate confidential information regarding a case to the sibling of a child who is the subject of the case if it is in the best interests of the child to maintain contact with the sibling.

Section 8 requires a supervisor at the department, when the department takes emergency custody of a child, to certify in writing whether the department has conducted a search for an appropriate placement with an adult family member or family friend.

Section 9 requires the department to pay the costs of caring for a foster child with a physical or mental disability, and for respite care, until the child turns 21; under current law, the payments are available until the child turns 18.

Section 10 requires the department to search for an appropriate placement with an adult family member or friend when the child is removed from the parent's home. The section also requires a supervisor at the department to certify in writing whether the department has conducted the search.

Section 11 amends AS 14.14.100(i) to provide that when a child can remain safely at home with an adult family member or guardian who lives with the child, the child may not be placed with an out-of-home care provider.

Section 12 requires the department to provide contact information to siblings who are in separate placements if it is in the best interests of the children to maintain contact.

Section 13 requires the department to implement workload standards and a training program for department employees and to provide a report to the legislature if the department is not able to meet certain standards.

Section 14 adds a new subsection requiring the department to assist an adult family member in obtaining a foster care license, including any necessary variances, if placing the child with the adult family member is in the best interests of the child.

Section 15 requires the department, for a person who is 16 years of age or older, to provide the person, or assist the person with obtaining, the person's birth certificate, social security card, health insurance information, medical records, driver's license or identification card, and certificate of degree of Indian or Alaska Native blood, if applicable, when the person is released from state custody under AS 47.10.

Section 16 requires the department, to the extent feasible, to approve or deny a foster care home license, including a request for a variance, not more than 45 days after the date the department receives the application for a foster care home license.

Representative Les Gara
March 15, 2017
Page 3

Section 17 provides that sections 2 and 9 of the Act, which relate to payments for foster care, guardianship, and adoption, apply to a person who is eligible for a payment on or after the effective date of sections 2 and 9, including a person who was ineligible for a payment solely because the child turned 18. All other sections of the Act apply to a child in the custody or under the supervision of the department under AS 47.10 on or after the effective dates of sections 3 – 8 and 10 – 16 of the Act.

Section 18 allows the department to adopt regulations necessary to implement the changes made by the Act. The regulations may not take effect until the effective date of the section of the Act implemented by the regulation.

Section 19 requires the department to (1) adopt training regulations necessary to meet the standards in AS 47.14.112(a)(3)(A) (sec. 13 of the Act), not later than one year after the effective date of sec. 13 of the Act, (2) hire the staff necessary to meet the workload standards in AS 47.12.112(a)(1), (2), and (3)(B) (sec. 13 of the Act), not later than two years after the effective date of sec. 13 of the Act, and (3) implement the changes made by the remainder of the Act not later than three years after the effective date of secs. 1 – 12 and 14 – 16 of the Act.

Section 20 provides that sec. 18 of the Act take effect immediately.

If I may be of further assistance, please advise.

KSG:dls
17-236.dls



**Written Testimony from Casey Family Programs to
Alaska State House Health and Social Services Committee
March 16, 2017**

Casey Family Programs would like to thank the Chair of the Committee, Chair Spohnholtz, for the invitation to present written testimony. We would also like to recognize Vice Chair Edgmon and the other members of the committee. We are grateful for your leadership and focus on improving the foster care system in Alaska. Thank you for inviting Casey Family Programs to share our national expertise and experience regarding foster care and strengthening child welfare systems.

Casey Family Programs is the largest operating foundation in the United States dedicated to safely reducing the need for foster care and building communities of hope across America. Founded in 1966, Casey Family Programs has been analyzing, studying and informing best practices in child welfare for 50 years. We work with child welfare agencies in all 50 states, the District of Columbia and Puerto Rico, with tribal nations, including the Tlingit and Haida, Tanana Chiefs Conference and Kawerak, and with the federal government on child welfare policies and practices. We are a provider of foster care and related services as well, serving 1,400 children and families each year through our field offices in Arizona, California, Idaho, Texas and Washington. We partner with child welfare systems, policymakers, families, community organizations, American Indian tribes and courts to support practices and policies that increase the safety and success of children, strengthen the resilience of families and create supportive communities that can help reduce the need for foster care.

Re-Directing Child Welfare to Improve Child and Family Outcomes

Casey Family Programs is committed to protecting children from abuse and neglect. We believe that many children can be kept safe without being removed from their homes. Our goal is to ensure that more children grow up in safe, stable and supportive families. To accomplish this, we believe we must move beyond our current mindset and reimagine child welfare for the 21st century.

We base this approach on our belief that every child in America deserves a safe, stable and permanent family. Research shows that many children can safely thrive within their families when evidence-based services and networks of support are available. Research also shows that permanency and maintaining connections to family and culture are important for children to achieve better life outcomes. While foster care can be a necessary, temporary intervention for some children, we should prioritize effective interventions –including the support of kin –to help families safely keep children at home. Most children enter the child welfare system due to neglect-related issues, often as the result of parental mental health or substance abuse challenges. Foster care, as you know, is an intervention that takes place *after* a child has been mistreated. That is why it is so important to focus on preventing the need for foster care in the first place by using approaches to help strengthen families before removal from the home becomes



necessary. When a child must be removed from home, the priority is remediation of the risks that led to removal and then timely reunification. To maintain the emotional connection and stability of family, best practices and federal policy -including the Indian Child Welfare Act as it relates to Indian or Alaskan Native families -support a preference for timely placement first and foremost with siblings and kin. To avoid the negative consequences for children who linger in foster care and experience multiple placement changes, the goal is timely permanency through reunification. If reunification is not possible, the goal is to achieve a permanent legal home with kin or alternatively with a loving and committed non-relative family where the child will thrive.

The legislature provides direction for improving the lives of vulnerable children in a variety of ways. In addition to providing a legal framework that supports safety, permanency and well-being for children, legislators can invest public resources toward these goals. Aligning child welfare resources and financing strategies with the desired outcome of keeping children safe at home is critical. The legislature also can direct and align financing across public agencies to achieve better outcomes for vulnerable children and their families.

Reform of child welfare financing to expand support for prevention services has long been a goal of Casey Family Programs. We work to educate federal policy makers and their constituents about the need for finance reform that will allow states to use child welfare funds to safely prevent foster care. Currently, the vast majority of dedicated federal child welfare funds (Title IV-E dollars) and state matching funds are available to serve children only after they have been placed in foster care. The goal of child welfare finance reform is to provide flexibility to reinvest these funds in evidence-based and promising practices that will safely reduce the unnecessary use of out-of-home placement and improve child outcomes.

In addition, state legislatures can play a key role in moving child welfare forward by effective oversight. By actively monitoring the state's progress and capacity, legislators can support and guide implementation of policies and use of resources to keep children and families safely together whenever possible and to improve foster care for those children who do need that temporary intervention.

Improving Outcomes for Children

It is important to consider the realities of foster care in Alaska when discussing what changes should be considered. In Alaska, the rate of youth entering into foster care is very high, roughly three times the national average. And, while exits from care have been increasing, entries into care are still higher than exits. This means that the overall population of youth living in foster care is growing every year. In fact, while there were 1,751 children and youth in foster care in 2005, this grew to 2,830 children and youth in 2016. Alaska's rate of repeat maltreatment – a measurement of the number of children who are victims of abuse or neglect after a prior substantiated incident of abuse or



neglect – is also very high at 13% of children after 6 months and 20% of children after 12 months, while the national average is 5.6% and 10%, respectively.

In our work with the child welfare agency, Casey Family Programs has been focused on achieving permanency for children who have experienced long stays in foster care as well as for children who are close to legal permanency – either reunification, adoption or guardianship. Another critical factor in Alaska is the disproportionate rate at which Alaska Native children enter foster care and remain in placement. That rate is about 55% for Alaska Native children even though they comprise less than 30% of the statewide population.

We believe that many children in out-of-home care today could be kept safely at home if a continuum of services and supports were available for families and if we could better engage families in service planning and delivery. The long standing Tribal State Collaboration Group and the current Strategic Plan is attempting to do that. Engagement of Tribes is vital to this endeavor and is very active in Alaska in the current administration. Casey's Indian Child Welfare Program has also entered into Indian Child Welfare Agreements with three Alaska Tribes. Those Tribes are increasing their infrastructure to keep children safely at home, provide culturally responsive services to youth and families, license tribal homes, and engage Tribal staff throughout service delivery.

Workforce Capacity and Performance

In addition to engaging families in a continuum of services, a strong and stable child welfare workforce is critical to improving outcomes for children and families. In many states, child welfare workforce turnover has reached crisis proportions. Research shows that high worker turnover has a negative impact on repeat maltreatment, achievement of permanency for children, and child welfare system performance, including timely response in child protection investigations, timely closure of investigations, and frequency of caseworker contact with children.

Child welfare workers need to be supported by manageable caseloads and workloads; adequate compensation, benefits and career ladders; quality supervision and coaching; and reduction of unnecessary paperwork and other burdensome administrative requirements. In addition, we need to team caseworkers with other professionals who have expertise that can help address and strengthen families' protective factors, such as nurses, early childhood specialists, substance abuse treatment workers, mental health counselors, and domestic violence specialists. Teaming can also facilitate mentoring and coaching for staff and support safety for workers in isolated areas.

Promoting Positive Outcomes for Children in Temporary Foster Care

While a small number of children do need to be removed from their families as the only option for their protection, it is important to recognize that removing a child from his or her home — even under such circumstances — is traumatic. Children do best in a



nurturing and permanent family, and when the trauma of removal can be avoided. In addition, serving them at home is a less costly option for the state. Therefore, for children who must be removed from their homes, it is critical that the placement of a child in foster care is temporary, with the focus on returning a child to their home or identifying another permanent home as quickly as possible. Having loving and supportive caregivers throughout their time in care is a critical factor in ensuring a child's well-being.

Placements should be in as family-like a setting as possible, ideally with relatives, close family friends or other adults known to have a supportive relationship with the child, and ideally in the child's same community, where school and other connections can be maintained. Best practices include diligent efforts to find, engage and support willing and able kin that are conducted immediately when emergency placement is necessary, whenever temporary placement options are considered, and when permanency planning takes place. In addition, best practice and federal policies require efforts to place siblings together, a practice that is critical to maintaining strong emotional relationships and reducing the trauma of placement. In the unusual circumstances when sibling placement is not possible, frequent and meaningful contact with siblings must be provided as long as it is in the child's best interest.

Research demonstrates that children placed in a family setting experience better outcomes than children who are placed in group homes or other similar non-family like settings. Children in these placement types experience increased negative outcomes, including higher rates of school dropout, higher likelihood of being arrested, and higher likelihood of aging out of foster care without achieving legal permanency. In addition, placing children who have already experienced trauma in group settings can put them at greater risk of further physical abuse when compared with children placed in family settings.

In addition to ensuring that a child's stay in foster care is temporary and short term, it is equally important to ensure stable placement for children while they are in foster care. While placement with kin or with other ICWA preferred placements is always the goal, if this is not possible on an initial placement or subsequent move, then research and our national experience indicate that reducing the number of moves while in foster care leads to improved outcomes. Research has shown that minimizing placement changes from one unknown foster home to another reduces trauma, lessens child attachment disorders and child emotional and behavior disorders, increases academic achievement, decreases foster parent stress and lowers program costs.

Many child welfare agencies use an approach of "first placement, best placement", which is critical to promoting better outcomes for children in foster care. Some basic practice principles specific to placement stability include:

- Effective training and supports for kin and foster parents,
- Matching the placement of children to the most appropriate home within their school district as opposed to placing simply based on availability,



- Targeted, need-specific training for foster parents (i.e. infant and toddler, adolescents, disability-specific, special needs),
- Frequency of face-to-face visits with foster parents and children by the caseworker.

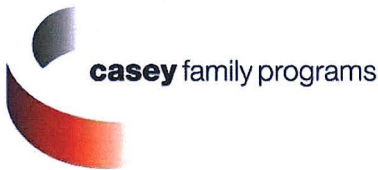
It is critical to keep a child's time in foster care as short as possible. Research shows that the longer a child stays in foster care and the more moves a child has while in foster care – the poorer the outcomes for that child. Extended periods in care can harm the sense of belonging that comes from a permanent, lifelong connection and can reduce the ability of youth to develop relationships, connect with their community, and acquire life skills. Therefore, ensuring that children do not linger in foster care is a critical responsibility of any child welfare system. Timely permanency requires that Alaska's child welfare agencies, courts and Alaska's regional non-profits work closely together, as well as tribes where appropriate. The child welfare agency is responsible for developing case plans and for assisting families in accessing services to address the challenges that brought their children into care. The court is responsible for providing oversight of the process and ultimately deciding on a child's permanent placement.

A Comprehensive Approach to Improving Child Safety and Well-Being

Another priority is promoting child well-being. A large body of research indicates that maltreatment harms the cognitive, physical, behavioral, and social dimensions of children's development and overall well-being. We know that it can be doubly traumatic when a child is removed from his or her family. While safety is always going to be our primary concern, it is important to recognize that there is a difference between risk of harm and immediate or imminent danger. As such, these factors should be assessed and considered when making a decision about removal. It is important to critically consider "Is this child better off?" by being removed. This question requires a larger perspective that includes community and other systems in order to move to a paradigm of safe and thriving children within healthy families and strong communities.

Casey Family Programs' Executive Vice President for Systems Improvement, Dr. David Sanders, co-chaired the federal Commission to Eliminate Child Abuse and Neglect Fatalities, which was established by the Protect Our Kids Act of 2012 and charged with developing a national strategy for reducing child fatalities resulting from abuse and neglect. Beginning in 2014, twelve Commissioners, appointed by the President and Congress, began a two-year process of holding public hearings in 11 jurisdictions across the country before concluding its work in March of last year. The commission heard from child protection officials, pediatricians, law enforcement professionals and other stakeholders from across the country to inform a comprehensive set of recommendations.

The commission found that, to keep children safe, a system must have a comprehensive strategy that fosters a collective sense of responsibility for protecting children. This



strategy must be backed by strong, coordinated leadership and accountability and must incorporate decisions about practice, policy and resource allocation that are based on the highest-quality data available. Decisions should be outcome-focused, data-driven and multidisciplinary. A comprehensive approach should also include active and effective oversight by elected officials to stimulate improvements and, more importantly, to sustain them.

Other key recommendations of the Commission include the following:

- First, focus on children at elevated risk of fatality. Children from birth to age 5, particularly infants, are the most vulnerable population.
- Second, require more cross-agency and cross-sector coordination. For example, we should require hospitals to also be responsible for child safety.
 - For newborns who meet risk criteria, health care professionals should collaborate with child welfare agencies to develop federally required plans to ensure these infants' safety and well-being following release from hospitals.
 - We also need to work together on parental substance use, which is a major challenge for Alaska and many other child welfare systems.
- Third, support data-sharing across the health care, education and law enforcement sectors for child protection. This can help anticipate harm to children not known to child protection agencies and help the agencies improve their response.

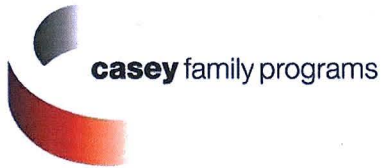
Implementation of the Indian Child Welfare Act

As most of the children in foster care in Alaska are Native, we would be remiss if we did not mention the importance of implementing the Indian Child Welfare Act (ICWA). For Casey, ICWA is the gold standard for child welfare. It emphasizes keeping children with their parents whenever possible and providing the necessary support for those families. It also prioritizes involvement of the extended family, as supports for the parents or as a preferred placement option if there the child must be removed for his or her own safety. It also emphasizes keeping children connected with their communities and cultures, which are important for the well-being of all children. We are aware of Alaska's efforts to improve compliance with the law and the state's efforts to work with the tribes and regional Native non-profit organizations to better comply with ICWA's requirements and protect the well-being of Native children and families. We believe that it is critically important that these efforts continue to be supported and prioritized.

Conclusion

In conclusion, we would like to emphasize the following points:

- Make support of the child welfare workforce a top priority. A strong and stable workforce is critical to the success of any strategy.



- Clearly define success. Oversight should be driven by meaningful and transparent outcomes that everyone is working toward.
- Examine what more can be done to stem the rate of entries into foster care. Slowing entries and a focus on timely permanency are the keys to reducing the safely number of children in out-of-home care.
- Continue efforts to better implement the Indian Child Welfare Act in collaboration with tribes and regional Native non-profit organizations.
- Finally, recognize that the child welfare agency cannot do it alone. Most children in the system are served for neglect – in Alaska 77 percent of the children entered foster care due to neglect. It is critical that there is coordination with tribes, as well as with other departments and professionals, including those working in health, mental health, domestic violence, substance abuse and law enforcement.

Thank you for your attention and leadership in improving outcomes for children and families. Casey Family Programs would welcome the opportunity to be an ongoing resource to the Alaska Legislature moving forward.

Average Caseloads in Alaska OCS Offices

Anchorage Region	Average Caseload per worker
Anchorage Office	30

Northern Region	Average Caseload per worker
Barrow office	32
Delta Office	15
Fairbanks Office	23
Interior Rural Office	18
Kotzebue	21
McGrath	30

South Central Region	Average Caseload per worker
Wasilla	43
Dillingham	22
Kodiak	22
Homer	36
Seward	16
Gakona	7
Kenai	16
Valdez	5
King Salmon	22

Western Region	Average Caseload per worker
Aniak	16
St. Mary's	20
Bethel	30

South East Region	Average Caseload per worker
Craig	17
Ketchikan	17
Sitka	10
Juneau	16
Petersburg	26

Information provided by the Office of Children's Services



High Caseloads: How do they Impact Delivery of Health and Human Services?

High caseloads lead to increased staff turnover as well as increased costs and decreases in quality delivery of services.

Overview

The current tight economic times are affecting many health and human service agencies. Budgets are being cut and agencies must make difficult choices that may result in increased caseloads and workloads for front-line and supervisory staff. This may further exacerbate already strained workplace conditions, potentially affecting worker performance, worker retention, and the well-being of child, youth and families being served.

Concern about high caseloads, especially in child welfare agencies is longstanding. This *Research to Practice Brief* highlights recent studies that can provide guidance about how high caseloads might impact retention of workers. While it is understood that worker retention is affected by a combination of **personal factors** (i.e., education, self-efficacy, professional commitment to children and families, previous work experience and job satisfaction [burn-out; emotional exhaustion; role overload/conflict and stress]) and **organizational factors** (i.e., salary, workload, coworker support, supervisory support, opportunities for advancement, organizational commitment to valuing employees) (Zlotnik, DePanfilis, Daining & Lane, 2005), as indicated below, several research studies do indicate that high caseloads specifically affect staff turnover and service outcomes.

What Does the Research Tell Us about the Impact of Caseload on Retention?

- Results of the 2004 survey of state public child welfare administrators found that high caseloads and/or workloads are among the top reasons for preventable turnover (APHSA, 2005)
- In a systematic review of research on child welfare worker retention, examination of nine studies that used multivariate analysis found that emotional exhaustion was a significant factor in predicting retention, intent to remain and turnover. Few studies specifically examine caseload or workload. However, factors that may be related to workload including emotional exhaustion and lack of supervisory and administrative support, have been found to relate to turnover or intention to leave (DePanfilis & Zlotnik, 2008).
- A comparison of high turnover and low turnover counties in New York State found that low turnover counties have lower median caseloads than higher turnover counties (Lawson, et al., 2005).
- A comparison of counties in California found that those counties with lower rates of child abuse reports also had the best paid staff, lowest rates of staff turnover and compliance with recognized practice standards (NCCD, 2006). Practice standards address caseload size (i.e., national Child Welfare League of America and Council on Accreditation Standards).
- An Illinois study found that to complete all statutory and policy requirements for foster care cases, workers could have no more than 15 foster care cases per month. Investment in low caseloads was offset by reduced child removal, reductions in residential placements and shorter lengths of stay in foster care (McDonald, 2003).
- A study of the retention of California's public child welfare workers found that workers who more slowly assumed a full caseload upon hire were more likely to stay while those who were given a full caseload upon hire were more likely to leave (Weaver & Chang, 2004).

Considerations for Policy

- **Staff turnover affects case outcomes**
 - ◊ In Milwaukee County, there was a direct relationship between the number of foster care placements and the number of caseworkers serving a particular child (Flower, McDonald, & Sumski, 2005).
 - ◊ Staff turnover and high caseloads result in a lack of relationships between workers and families and a limited focus on child safety while also affecting the timeliness of decisions regarding safe and stable placements (GAO, 2003).
- **Staff turnover is costly to agencies**
 - ◊ Costs of staff turnover are estimated to be between 1/3 and 2/3 of the worker's annual salary. Costs include separation, recruitment and training costs (Cowperthwaite, 2006; Dorch, McCarthy & Denofrio, 2008; Graef, 2000, Tooman & Fluke, 2002).
 - ◊ Turnover affects the workload of the workers and supervisors who remain, sometimes resulting in decreased efficiency and burnout, which may lead to additional staff turnover as well as poorer case outcomes.

References

- American Public Human Services Association. (2005). *Report from the 2004 Child Welfare Workforce Survey: State Agency Findings*. Washington, DC: Author.
- Cowperthwaite, A. (2006). Cost of child welfare caseworker turnover. Paper prepared for the University of Southern Maine Child Welfare Recruitment and Retention Project.
- DePanfilis, D., & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research, *Children and Youth Services Review*, 30 (9) 995-1008.
- Dorch, E., McCarthy, M & Denofrio, D. (2008). Calculating child welfare separation and replacement costs. *Social Work in Public Health*. 23(6). 39-54.
- Flower, C., McDonald, J., & Sumski, M. (2005). *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff*. Retrieved from <http://louisville.edu/kent/projects/iv-e/turnoverstudy.pdf>.
- General Accounting Office. (2003). *Child Welfare: HHS Could Play a Greater Role In Helping Child Welfare Agencies Recruit and Retain Staff*. GAO-03-357. Washington, DC: Author.
- Graef, M.I., & Hill, E.L. (2000). Costing child protective services staff turnover. *Child Welfare*, 79, 517-533.
- Lawson, H., Claiborne, N., McCarthy, M., Strolin, J., Briar-Lawson, K., Caringi, J., Auerbach, C., McGowan, B., Dorn, N., Sherman, R. (2005). *Retention Planning to Reduce Workforce Turnover in New York State's Public Child Welfare Systems*. Albany, NY: New York State Social Work Education Consortium, University at Albany School of Social Welfare.
- McDonald, J. (November 4, 2003). Workload is Key to CPS Performance. *Arizona Capitol Times*.
- National Council on Crime and Delinquency (2006). *Relationship between Staff Turnover and Child Welfare System Functioning and Recurrent Abuse*. Retrieved from www.cornerstones4kids.org/images/nccd_relationships_306.pdf.
- Tooman G. & Fluke, J. (2002). *Beyond Caseload: What Workload Studies Can Tell Us About Enduring Issues In The Workplace*. Retrieved from http://site.americanhumane.org/site/DocServer/v17_3_Tooman_Fluke.pdf?docID=1281.
- Weaver, D. & Chang, J. (2004). *The Retention of Public Child Welfare Workers*. Prepared for the California Social Work Education Center, <http://calswec.berkeley.edu>.
- Zlotnik, J.L., DePanfilis, D., Daining, C. & Lane, M.M. (2005). *Factors Influencing Retention of Child Welfare Staff: A Systematic Review of Research*. Washington, DC: Institute for the Advancement of Social Work Research. Retrieved from www.family.umaryland.edu/ryc_research_and_evaluation/systematic_review_files/finalreport.pdf.

For More Information

NASW Center for Workforce Studies –
<http://workforce.socialworkers.org/>

NASW Social Work Policy Institute –
www.socialworkpolicy.org

National Child Welfare Workforce Institute –
www.ncwwi.org

ABOUT THE SOCIAL WORK POLICY INSTITUTE

The Social Work Policy Institute was established in October 2009 and is a division of the NASW Foundation. Its mission is:

- To strengthen social work's voice in public policy deliberations.
- To inform policy-makers through the collection and dissemination of information on social work effectiveness.
- To create a forum to examine current and future issues in health care and social service delivery.

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**Children in Public Foster Care on September 30th of Each Year Who Are Waiting to Be Adopted
 FY 2005–FY 2014**

State	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Alabama	2,128	1,658	1,824	1,751	1,475	1,271	1,297	1,156	1,077	1,027
Alaska	520	698	766	769	720	696	720	805	866	704
Arizona	2,478	2,648	2,516	2,323	2,792	2,673	2,822	2,914	3,579	3,641
Arkansas	1,191	945	780	872	850	1,604	1,414	1,023	994	1,034
California	16,700	21,202	20,830	17,847	15,665	14,892	14,630	13,136	15,667	14,098
Colorado	1,785	2,100	1,762	1,897	1,506	1,246	1,098	917	896	1,008
Connecticut	1,377	945	1,122	1,389	1,355	1,261	1,344	1,385	1,158	1,227
Delaware	274	302	311	304	239	253	244	243	218	202
District of Columbia	620	667	560	493	486	419	357	303	268	243
Florida	7,379	7,480	7,927	7,942	6,364	5,022	4,994	5,129	3,465	5,558
Georgia	2,370	2,305	2,162	2,245	1,802	1,690	1,567	1,648	1,799	1,983
Hawaii	980	808	733	555	428	351	296	223	154	187
Idaho	373	555	593	576	498	389	334	278	328	322
Illinois	3,408	5,746	5,598	4,608	2,728	2,944	3,272	2,936	3,103	2,854
Indiana	3,194	3,345	3,210	3,090	3,224	3,192	2,886	2,451	2,437	2,731
Iowa	1,265	1,419	1,299	1,158	1,003	1,068	1,088	961	964	1,050
Kansas	1,811	2,004	1,812	1,960	1,852	1,825	1,817	1,853	1,843	2,116
Kentucky	2,125	2,091	2,153	2,101	2,048	1,951	1,918	1,999	2,224	2,420
Louisiana	1,162	1,079	1,137	1,069	1,093	1,091	1,162	1,089	961	1,033

State	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Maine	787	679	614	619	571	575	511	480	564	590
Maryland	1,954	1,626	1,660	1,506	1,221	883	772	559	498	464
Massachusetts	2,925	2,705	2,868	2,846	2,839	2,758	2,675	2,469	2,492	2,771
Michigan	7,061	6,164	6,116	5,674	4,902	5,235	4,237	3,586	3,337	3,584
Minnesota	1,579	1,638	1,674	1,393	1,227	1,073	1,143	1,191	1,219	1,188
Mississippi	858	903	898	996	975	843	880	955	1,000	1,184
Missouri	3,532	2,722	2,853	1,788	2,214	1,992	2,056	2,067	2,162	2,325
Montana	646	606	597	521	537	495	460	403	498	587
Nebraska	916	972	805	881	831	768	831	904	705	690
Nevada	1,701	1,786	1,936	2,200	2,098	2,094	1,970	1,880	1,957	2,059
New Hampshire	272	252	325	297	272	227	167	182	189	159
New Jersey	4,845	4,725	3,262	3,009	2,694	2,464	2,294	2,227	2,443	2,593
New Mexico	711	860	963	907	870	777	786	834	880	990
New York	9,238	8,039	7,659	7,014	6,890	6,603	6,417	6,061	5,843	5,463
North Carolina	3,137	3,116	3,095	2,903	2,722	2,427	2,234	2,071	2,172	2,416
North Dakota	344	321	337	288	298	227	230	211	237	262
Ohio	4,350	4,086	3,762	3,477	3,380	3,013	2,789	2,655	2,976	2,942
Oklahoma	3,504	3,657	4,022	3,766	3,429	2,872	2,956	2,803	3,241	3,975
Oregon	3,441	2,776	2,527	2,206	1,840	1,827	1,830	1,873	1,854	1,783
Pennsylvania	3,679	3,559	3,408	3,525	2,943	2,551	2,066	1,924	1,908	1,896
Rhode Island	407	405	400	415	333	309	267	222	250	212
South Carolina	1,819	1,771	1,781	1,823	1,862	1,699	1,415	1,336	1,226	1,211

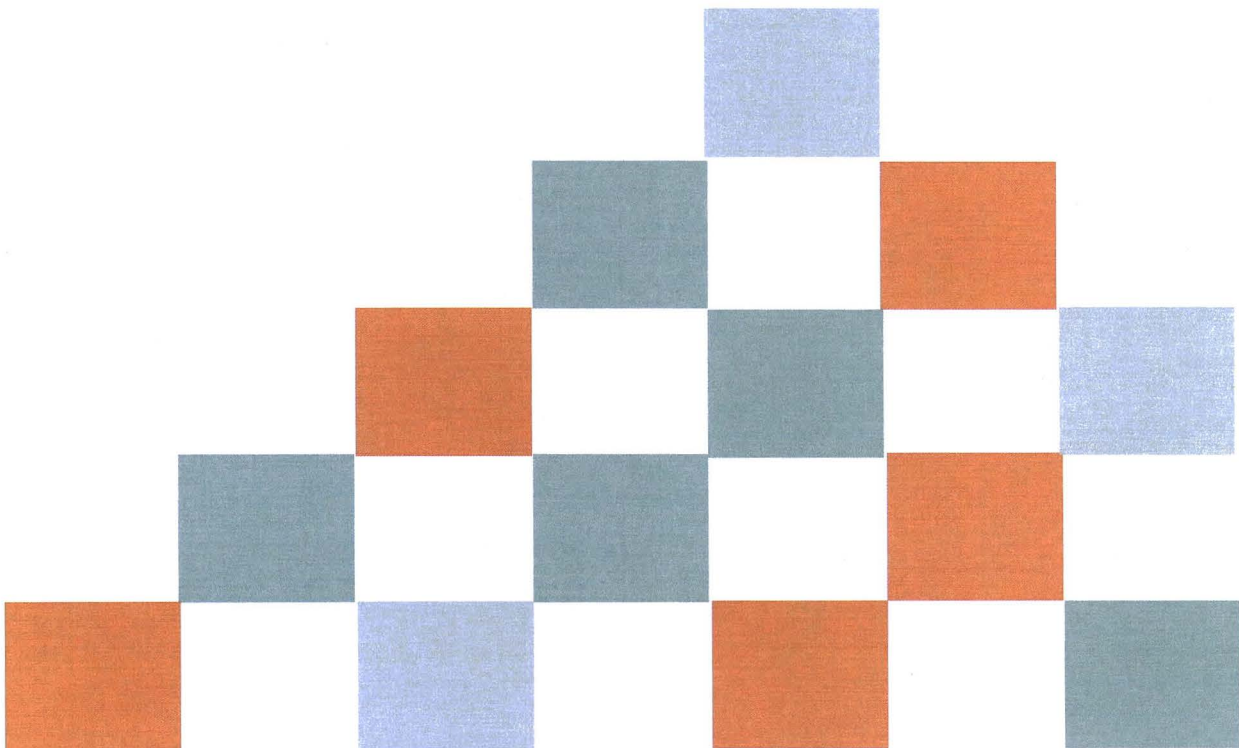
State	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
South Dakota	472	507	452	423	380	418	376	397	354	336
Tennessee	1,717	1,788	1,622	1,477	1,326	1,692	2,027	2,517	2,668	2,652
Texas	10,948	12,542	13,552	13,414	12,844	13,108	13,481	13,154	12,991	13,238
Utah	436	475	574	553	565	553	567	570	612	629
Vermont	265	251	257	225	231	180	196	226	213	232
Virginia	1,823	1,783	1,834	1,769	1,617	1,563	1,372	1,519	1,503	1,532
Washington	2,168	2,360	2,837	3,035	3,147	3,089	2,783	2,860	3,101	3,213
West Virginia	1,312	1,204	1,278	1,300	1,220	1,241	1,474	1,407	1,364	1,388
Wisconsin	1,365	1,237	1,284	1,329	1,256	1,159	1,163	1,129	1,153	1,147
Wyoming	103	149	154	113	98	111	130	115	85	81
Puerto Rico	1,542	1,615	1,148	1,071	39	83	746	822	797	688
Total	130,997	135,276	133,649	125,712	113,799	108,747	106,561	102,058	104,493	107,918

NOTE: There is no federal definition for a child waiting to be adopted. For analytical purposes, the definition used in the table above includes children in foster care on the last day of the Federal Fiscal Year who have a goal of adoption and/or whose parental rights have been terminated. It excludes children 16 years old and older, whose parental rights have been terminated and who have a goal of emancipation. The number of children waiting to be adopted reported by individual States will likely differ somewhat from those in this table because State definitions vary according to State policies and practices.

Because AFCARS data are being continuously updated and cleaned, the numbers reported here may differ from data reported elsewhere. These data reflect all AFCARS submissions received by July of 2015.

SCIENCE TO POLICY AND PRACTICE

Applying the
Science of Child Development
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The Center on the Developing Child at Harvard University's mission is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity. We believe that the science of development provides a powerful source of new ideas focused on the early years of life. Founded in 2006, the Center catalyzes local, national, and international innovation in policy and practice for children and families. We test and implement these ideas in collaboration with a broad network of research, practice, policy, community, and philanthropic leaders. Together, we seek transformational improvements in lifelong educational achievement, economic security, and physical and mental health.

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Introduction

THE HEALTHY DEVELOPMENT OF ALL CHILDREN IS ESSENTIAL FOR A THRIVING AND PROSPEROUS community, and we now know a great deal about how child development works, as well as how to prevent and address problems. In publications over the past decade, the Center on the Developing Child and the National Scientific Council on the Developing Child have sought to explain the ways in which infants and young children acquire a strong foundation for lives of health, learning, and well-being; how adversity disrupts healthy development; and how to build resilience.

How can we use these insights from cutting-edge science to improve the well-being and long-term life prospects of the most vulnerable children in our society? This is both a critical challenge and a powerful opportunity to affect the trajectories of millions of children in the United States and around the world. It is a question of particular importance to those who make, or seek to affect, public policy—from elected officials to leaders of a wide range of public systems such as education, health care, and income support.

In this paper, we show how the science of child development can be leveraged to strengthen one of these public systems: child welfare. Our intended audience includes leaders in the public agencies responsible for child protection and related functions; in the private, non-profit agencies that provide many of the services in these systems; in the courts, which play a critical role in child welfare; in legislative committees that oversee child welfare and related services; and in the many other public systems, such as early childhood education, mental health, and juvenile justice, whose support is essential to success in child welfare. While this paper is focused on child welfare systems in the United States, we believe it may be relevant to other countries with similar systems. Leaders in these areas have the unique opportunity to both drive changes in child welfare policy and practice and model the kinds of actions, from front-line workers and parents, needed to promote healthy child development. We hope the paper will be equally valuable to front-line practitioners and supervisors, who are the essential deliverers of effective child welfare services.

In 2013, state and county child welfare systems in the United States investigated or as-

sessed reports of alleged abuse or neglect involving more than three million children.¹ Three quarters of the children for whom maltreatment was substantiated had experienced neglect (for example, lack of supervision, inadequate food or clothing, or emotional neglect), 17 percent were physically abused, and 8 percent were sexually abused.² These data reflect situations made known to the child welfare system, and are widely considered to underestimate the actual incidence of child abuse and neglect.³ While most maltreated children remain with their families, more than 250,000 enter the foster care system each year, and as of September 2014 there were more than 415,000 children in foster care in the United States.⁴ New scientific understanding of how abuse and neglect affect development, and what children need to build resilience, offers a powerful opportunity to change the life trajectories of maltreated children.

How can we use insights from cutting-edge science to improve the well-being and long-term life prospects of the most vulnerable children in our society?

Throughout this paper, we focus on the ways that developmental science points to changes that could improve the child welfare system and better support the children, families, and communities that it serves. Our primary focus is on the need to build the capabilities of *all* the important adults whom vulnerable children rely on—birth parents; foster and adoptive parents (including both kinship and non-relative caregivers); the staff who care for young peo-

ple in group homes and residential treatment centers; child welfare caseworkers; and court personnel, child care providers, and others who regularly interact with children. While we take note of the special needs of infants and very young children, our observations and recommendations apply to children and youth of all ages, from birth through adolescence and young adulthood.

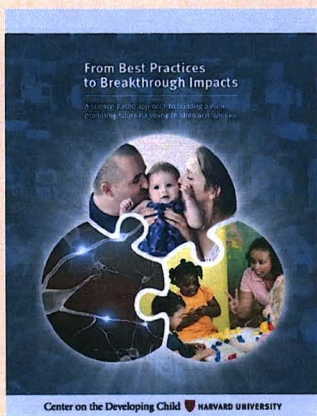
This paper has been developed in consultation with child welfare leaders and practitioners, whose comments on early drafts have helped to shape the recommendations. In Part I, we consolidate some of the key scientific concepts relevant to child welfare systems, including the science underlying child development, neglect, and the basic capabilities adults need in order to buffer the effects of adversity and promote healthy child development. In Part II, we set out five organizing principles for how these scientific findings can be applied to child welfare systems, providing examples to show how each principle can be used.

These examples are best read as a set of “science-informed hypotheses”—ideas for action that are consistent with the science and worth

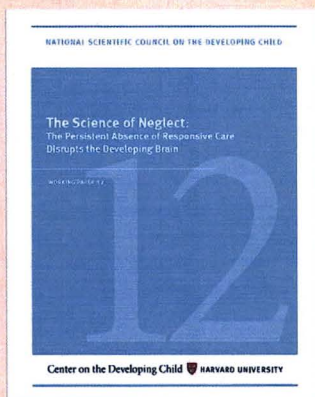
testing. Some may be relatively new in the child welfare context, while others build upon ideas long in circulation. Child welfare systems face significant resource constraints, and it would not be feasible to take up all of the ideas presented here. Rather, we hope these ideas will help leaders in two ways. For some, the principles can help to frame and communicate an agenda for change. Others may scan their systems to find a few opportunities, well matched to their particular needs, to apply some of the examples provided for the principles. We also encourage leaders to use the scientific concepts presented here to stimulate the development and testing of additional hypotheses.

Finally, we have chosen not to refer to specific programs or treatment models, or to the efforts of specific child welfare systems to address many of the issues we raise. The risk of making judgments based on insufficient knowledge, and of inadvertently omitting promising work, is too great. We acknowledge with great respect those who have been leading the effort to incorporate scientific findings into the work of child welfare systems, and trust that others will highlight their accomplishments.

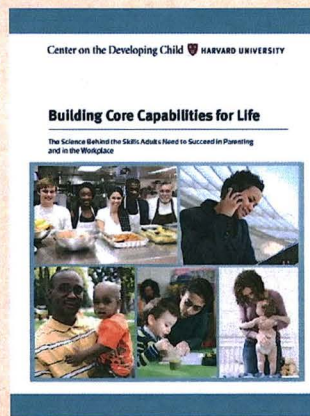
The following section, Part I: The Science of Child Development, presents a brief overview of key scientific findings that help to explain the context within which child welfare systems work. It is drawn (and quotes liberally) from previous publications of the Center on the Developing Child, including:



From Best Practices to Breakthrough Impacts⁵



The Science of Neglect (Working Paper No. 12)⁶



Building Core Capabilities for Life⁷

Interested readers may wish to consult those documents for additional information and citations of the underlying scientific literature. Go to <http://developingchild.harvard.edu/resources> for more. Readers already familiar with this material may wish to skip to the Conclusion of this section, on page 9.

Part I: The Science of Child Development

Responsive Relationships and Positive Experiences Build Strong Brain Architecture

Brains are built over time, and a substantial proportion of the brain is constructed during the early years of life.

The architecture of the developing brain is established through an ongoing process that begins before birth, continues into adolescence and adulthood, and establishes either a sturdy or weak foundation for all the health, learning, and behavior that follow.

Connections between neurons, the brain cells that are the basic unit of the nervous system, are the bricks, mortar, and wiring of brain architecture. During the first few years after birth, 700-1,000 new neural connections are formed *every second*. After a period of rapid proliferation, these connections are reduced through a normal process called pruning, which enables remaining brain circuits to become more efficient. Experiences affect the nature and quality of the brain's developing architecture by influencing which circuits are reinforced and which are pruned due to lack of use.

The interaction of genes and experiences shapes the circuitry of the developing brain. The experiences children have early in life also affect how genes are turned on and off and even whether some are expressed at all. The old ideas that genes are “set in stone” or that they alone determine developmental outcomes have been fully disproven. It is more accurate to think about genes as packages of biological instructions that require an authorization, called an epigenetic signature, to be carried out.

Supportive environments and rich learning experiences can generate epigenetic signatures that activate *positive* genetic potential, such as the capacity for goal-directed behavior or a well-functioning immune system. On the other hand, highly stressful early experiences

can trigger genetic instructions that disrupt the development of systems that manage responses to adversity later in life.

Children develop within an environment of relationships that begins in the family but also involves other adults who play important roles in their lives. This can include extended family members, substitute caregivers, providers of early care and education, teachers, nurses, social workers, coaches, and neighbors.

The developmental process is fueled by reciprocal, “serve-and-return” interaction between children and the adults who care for them. Infants and young children naturally reach out for interaction through babbling, facial expressions, gestures, and words while nurturing adults respond with similar vocalizing, gesturing, and emotional engagement. This serve-and-return behavior continues like a game of tennis or passing a ball back and forth. If the adult's responses are



unreliable, inappropriate, or simply absent, the game falls apart. Without the responsive interaction that builds neural connections, the architecture of the child's developing brain may be weakened, and later learning, behavior, and health may be impaired. Young children and their caregivers both can initiate and respond in this ongoing process.

Skill begets skill as brains are built from the bottom up, with increasingly complex circuits building on simpler circuits, and increasingly complex and adaptive skills emerging over time.

The gradual acquisition of higher-level executive function skills, including the ability to retain and use new information, flexibly adjust to different situations, and control impulsive behavior, is supported by the development of the prefrontal cortex (the front third of the brain) from infancy through late adolescence and into early adulthood. A significant part of the formative development of the prefrontal cortex occurs during early childhood, as critical connections are forged between this region and other parts of the brain that it controls. This circuitry continues its development and becomes more efficient during adolescence and the early adult years.

Adversity Disrupts the Process of Development

Toxic stress* responses impair development, with lifelong effects on learning, behavior, and health. When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure, inflammatory reactivity, and blood sugar. These changes are brought about by the rapid deployment of stress hormones such as adrenaline and cortisol. This “fight or flight” response† can be life-saving in the face of an acute threat, but its continuous activation can have a wear and tear effect on a wide range of important biological functions.

Learning how to cope with adversity is an important part of healthy child development. When a young child’s stress response systems are activated within an environment of supportive adult relationships, these physiological effects can be either blocked by the adult’s presence or restored to baseline

quickly. The result is the development of a well-functioning stress response system. However, if the stress response is extreme and long-lasting and buffering relationships are unavailable to the child or inadequate, the result can be a system that is set to learn fear rapidly, shift into defensive mode with very little provocation (act now, think later), react strongly even when not needed, or shut down completely. This may have negative repercussions across the lifespan, requiring more intensive and costly solutions later.

Any child who experiences prolonged adversity is at risk for physical and mental health problems, and individuals who are more vulnerable to stress are even more likely to experience long-term impacts.

Early exposure to child abuse or neglect, family turmoil, neighborhood violence, extreme poverty, racial discrimination, or other hardships can prime biological systems to become hyper-responsive to adversity. Stress-inducing experiences such as these early in life, particularly for children with constitutional vulnerabilities, are associated with increased risk of lifelong physical and mental health problems, including major depression, heart disease, and diabetes.⁸ Earlier and longer-lasting stresses are associated with greater risks.

Neglect disrupts the development of brain architecture in multiple ways.

Scientists understand neglect as the persistent absence of responsive care, and have learned that neglect threatens development in two important ways. First, a neglected child has too few of the serve-and-return experiences that are necessary to build strong and solid brain architecture. Second, because responsive relationships are developmentally expected and biologically essential, their absence signals a serious threat to child well-being, particularly during the earliest years, and activates the body’s stress

* “Traumatic stress” is another widely used term; when used to describe a set of physiological responses that may be precipitated by a wide range of adverse experiences, including neglect, we understand it to be similar in meaning to “toxic stress.”

† Sometimes referred to as “fight, flight, or freeze.”

response systems, which can have lifelong physiological consequences.

Deprivation, neglect, or emotional abuse, though less visible and easier to ignore than overt physical abuse, can actually cause more harm to a young child's development, with effects including subsequent cognitive delays, impairments in executive functioning, and increased risk of a wide range of health problems over a lifetime. Severe neglect has been associated with decreased development of the pre-frontal cortex as well as abnormal activities in areas of the brain associated with emotion, stress regulation, attention, and self-control.

Protective Factors Build Resilience

Providing the right conditions for healthy development from the start produces better outcomes than trying to fix problems later.

Scientists use the term “plasticity” to refer to the capacity of the brain to learn from experience, which is greatest early in life and decreases with age. Although windows of opportunity for re-shaping the brain remain open for many years, trying to change behavior or build new skills on a foundation of brain circuits that were not wired to support these behaviors or skills from the beginning requires more effort—for both individuals and society.

Positive early experiences, support from responsive adults, and the early development of adaptive skills can counterbalance the consequences of adversity.

No matter what form of hardship or threats may have been experienced, research shows that the children who end up doing well are most often those who have had at least one stable and responsive relationship with a parent, caregiver, or other adult.⁹ These relationships add the support, scaffolding, and protection to children's lives that both buffer them from developmental disruptions and help build key capabilities—such as the ability to plan, regulate behavior, and adapt to changing circumstances—that enable them to respond to adversity and thrive. Positive experiences, supportive relationships, and adaptive skills build the foundation of what is commonly known as *resilience*.

**“It can be the first step to healing—
just acknowledging what has happened
to them and that it is not their fault—
their brains were doing exactly what they needed
to do in that environment.”**

— Moira Szilagy, M.D., Ph.D., UCLA

Positive life outcomes can be achieved when there are nurturing, capacity-building experiences to counterbalance the effects of adversity. Like weights on either side of a simple balance scale, positive experiences accumulate to tip a child's life trajectory toward good outcomes, and a pile-up of negative experiences tip it toward bad outcomes. Resilience happens when a child's health and development are tilted in the positive direction, even when a heavy load of negative forces is stacked on the other side.

Adults Require a Set of Core Capabilities to Meet Life's Basic Demands

These core capabilities—which work like an air traffic control system in the brain—include self-regulation and executive function. For adults, these skills and abilities are essential to both effective parenting and meaningful participation in the workforce and community. *Self-regulation* helps us draw on the right skills at the right time, respond effectively to the world around us, and resist inappropriate responses. *Executive function* includes the ability to focus and sustain attention, set goals, follow rules, solve problems, and delay gratification. Overcoming the effects that adversity can have on the development and use of these capabilities requires both reducing sources of significant stress and actively building skills.

The foundations of executive function and self-regulation are built in early childhood, but these skills continue to develop into adolescence and early adulthood. Most

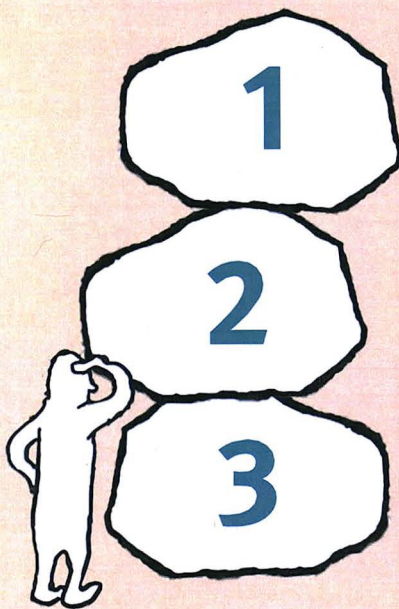
young children begin showing the early building blocks of executive function skills before age 3, with a remarkable burst of improvement between ages 3 and 5, followed by another significant increase between ages 15 and 25-30. These changes reflect improved communication between the prefrontal cortex and other brain regions. Acquiring the foundations of executive function and self-regulation is one of the most important and challenging tasks of the early childhood years. The opportunity to build further on these core capacities is critical to healthy development through middle childhood, adolescence, and into adulthood.

A pile-up of adversity makes it difficult to develop and use these foundational skills. Three interlocking problems stand in the way. First, serious early adversity overdevelops the “fear circuitry” in the brain, making people more likely to perceive and focus attention on potential threats throughout life. Second, severe and frequent stress experienced as an adult overloads our ability to use the skills we do have. Chaotic, threatening, or unpredictable environments activate the “fight or flight” response and make it difficult to engage executive functions. The same individual, faced with significant financial

stress, is likely to show diminished cognitive capacity, compared to when he or she has sufficient resources available.¹⁰ Third, frequently experiencing circumstances that seem beyond our control can lead to a low sense of self-efficacy—the belief that we can be agents in improving our own lives—which is needed to engage in planning, goal-oriented behaviors.

Helping adults build and use these core capabilities is essential not only to their own success as parents and workers, but also to the development of the same capabilities by the children in their care. There are two complementary and mutually reinforcing ways to approach this work. The first is to change the environments in which adults live, work, and access services—for example, by reducing the ways in which systems and services designed for adults living in poverty overload and deplete their self-regulation skills; minimizing stigma; and addressing basic needs to relieve some of the key stressors in people’s lives. The second is to provide individuals with coaching or training in specific self-regulatory and executive function skills, such as strategies for assessing stressful situations and considering alternatives.

The Triple Burden for Adults



1 A steady supply of highly stressful circumstances with important consequences continually activates the stress response.⁷

2 A stress response system that is easily aroused and that remains on high alert depletes cognitive resources, impairs self-regulation, and imposes a high burden on health and well-being.

3 The stigma and shame associated with child welfare system involvement reinforce the **belief that they are fundamentally flawed and unable to change their condition.**

Linking the Science to Child Welfare

How might these scientific findings from child development help us come up with powerful new solutions that could help to improve child welfare systems? Three directions emerge as particularly promising.

Science points to the prevalence of individuals in child welfare systems who are experiencing toxic stress. Many people involved with child welfare systems have experienced toxic stress, and this is true for parents as well as children. It is not true, however, for everyone. There are vast individual differences in how people respond to stressors. The type, duration, and intensity of stressors varies widely. The extent to which adults have had the benefit of supportive relationships for part or all of their childhood also varies. Nevertheless, it makes sense to think about toxic stress and to look for its consequences when we attempt to engage with and help both the children and the adults who become involved with the child welfare system.

The science of toxic stress gives us a way of understanding developmental and behavioral challenges common in child welfare. Many of the most common behavioral challenges encountered by child welfare systems are predictable responses to

toxic stress. The neglected baby who appears unresponsive to her new caregiver's attempts to comfort her; the teenager who becomes furious at even slight provocation; the parent who has difficulty planning and following through—all of these show in one form or another challenges of a stress response system that has been disrupted, with negative effects on the development of key capabilities. *From a biological standpoint, this is adaptation, not pathology.* If the environment is perceived as dangerous, it makes sense to tune up the stress response system for immediate survival rather than to devote resources to planning for a future that may never arrive. But these responses can persist even when the environment becomes less threatening and, in many cases, can't be simply switched off.

Science provides insights into factors for both children and adults that help build resilience and prevent or moderate the toxic stress response. These factors include: responsive caregiving that promotes healthy development and buffers the stress response; focused attention on building core capacities; and a safe, well-regulated, and supportive environment that makes the risk of trying and testing new skills and behaviors manageable. We elaborate on these factors—relationships, skill-building, and environmental context—in Part II below.

Part II: Opportunities to Apply Developmental Science to Child Welfare

Use Science to Open Up New Ways of Thinking and Acting

In our view, science is best positioned as a guide to *informed action*. By helping us to understand *how* and *why* experiences good and bad affect the developing brain and other biological systems, the science can inspire changes in both policy and practice that *support* healthy development.

By itself, translating the science and making it available to those involved in child welfare

is insufficient to drive change. But making the science usable is an important step in creating a context within which positive and innovative change becomes more feasible. An understanding of the science of child development by system leaders, judges and court staff, caseworkers, kinship and foster parents, and also by birth parents and older youth involved with the system, has the potential to open up new ways of examining and explaining what they encounter in

their life and work. In so doing, it can promote openness to change and create new possibilities for action.

At the Center on the Developing Child, we have seen this repeatedly in our own work and heard similar reactions from people engaged with closely related issues such as trauma-informed care and Adverse Childhood Experiences (ACEs). A good deal of important work has already been done in these areas across multiple systems, including some child welfare agencies, both public and private. For parents and youth involved with child welfare, understanding the science can help to reduce shame and stigma, as they come to view their own history in terms of coping with and adapting to toxic stress, rather than as a story of personal failure. For child welfare staff and foster parents, learning more about the effects of adversity on development commonly produces a mix of validation (e.g., “this helps me understand what I encounter every day”) and a new understanding of the

sources of challenging behaviors. For everyone concerned, this knowledge can lead to fresh thinking about possible new ways of dealing with enduring problems.

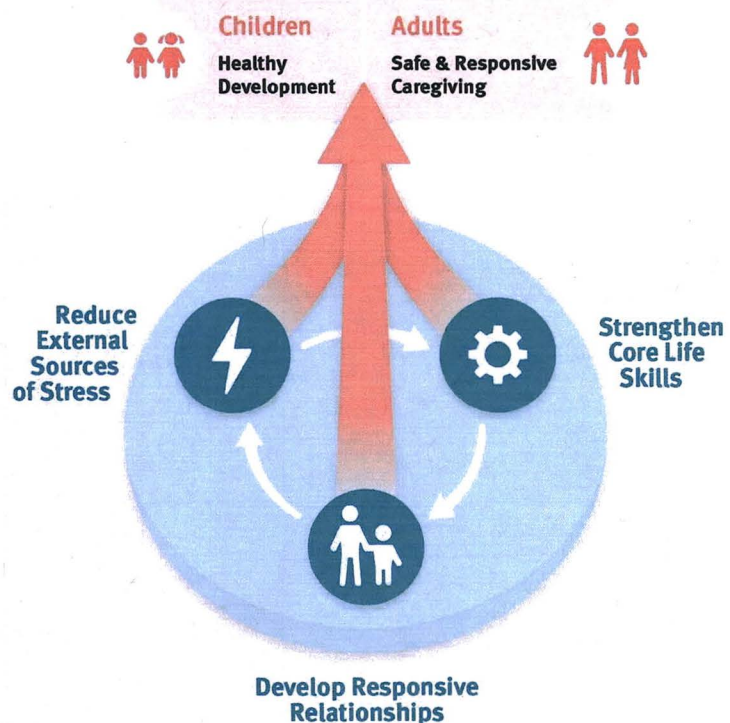
Below is one initial set of implications for how those in child welfare might apply the science to the benefit of their work and ultimately to the families and children they serve.

Reduce External Sources of Stress

Stress—often powerful, unremitting, long-lasting stress—is a defining feature of life for almost everyone involved with the child welfare system. This is true not only for children who have been abused or neglected, but also for their parents, who in many cases have experienced toxic stress in their own childhood. Both children and their parents are usually dealing with powerful external stressors such as poverty, racism, and living in dangerous neighborhoods; these may be compounded by individual situations such

Three Ways to Improve Outcomes

The three factors in the figure—reduce external sources of stress, develop responsive relationships, and strengthen core life skills—are mutually reinforcing. For example, a well-regulated environment reduces stress on developing children, and this supports both a responsive relationship with caregivers (who are themselves less stressed by the child’s behavior) and the child’s developing self-regulation. Similarly, an adult’s improved executive function supports her ability both to engage in serve-and-return interactions with children and to create a safer, more predictable caregiving environment. Promoting positive change in all three of these areas is our best chance to help adults provide safe and responsive parenting, and children to get on track for healthy development.



as living as an undocumented immigrant, or having a sexual orientation or gender identity that is not accepted by relatives and neighbors. Many also struggle with challenges such as domestic violence, substance abuse, and mental health problems. Involvement with the child welfare system, with the risk that children will be separated from their family, is itself an additional source of extraordinary stress. Functioning well under these circumstances would challenge anyone, but the challenge is even greater for parents and children who have experienced toxic stress, with its implications for executive function and self-regulation.

The ideas below suggest ways in which child welfare systems might be able to interrupt this cycle by creating safer, more predictable, better regulated, and less stressful environments that do a better job of promoting healthy development, improving self-regulation, and helping both children and adults build critical skills.

Child welfare systems can work with other systems to reduce environmental stressors by meeting basic needs (for example, dangerous housing conditions, urgent unpaid bills, or insufficient food or household supplies) in the lives of parents and children. These concrete supports reduce the immediate burden of stress pressing upon parents, allowing them to focus on longer-term priorities such as building the skills needed to care effectively for their children. Moreover, alleviating financial stress can help parents involved with child welfare reduce their reliance on people who have harmed them through domestic violence or past child maltreatment.

Child welfare systems can simplify and streamline processes in order to reduce demands on limited, easily depleted attention resources. For example, they can co-locate and coordinate services (so people can access multiple services in one place at one time) and simplify and integrate forms and enrollment processes (so one form, with one set of required documents, addresses multiple needs). They can limit the number of

services and activities people are expected to participate in at one time; multiple needs may require a sequence of services over time, rather than participation in numerous programs simultaneously. They can reduce the frequency with which services must be reauthorized, with the attendant requirements to collect information and resubmit documents. They can provide information in easy to understand formats. Systems can also help people navigate complex tasks by routinely providing reminders (for example, via text messaging) to help them manage and keep track of what they need to do.

“Child welfare systems need to attend to parents’ sense of safety, and have the first step in working with parents be around having them feel that they are safe and their child is safe.”

— Nora McCarthy, *Rise*

Child welfare systems can provide well-regulated environments that help build a sense of being in control in order to enhance self-regulation. Significant work in this area has been done by researchers and practitioners who focus on trauma, and parents and youth who have had first-hand experience with the child welfare system can be a useful source of guidance. Here are just a few examples of the many ways in which even small changes can promote safety, convey respect for clients, and reduce threats that overload self-regulation. Systems can: minimize exposure to chaotic environments, such as visiting rooms where many families are interacting at once; give people the ability to choose from a clearly defined set of options, rather than imposing a single option; provide rubrics for success, such as checklists of what makes for a successful parent-child visit; and provide timelines to help people understand what is likely to happen, and what they will need to do, over time. Support from peers who have been successful (parents who were reunified with their children, adolescents who

have moved on from foster care to successful young adulthood) can help build hope; having a capable attorney can reassure people that someone with authority is on their side and the system is not "rigged" against them.

Child welfare systems can attend to supports needed by their front-line staff and supervisors, who themselves are subject to extraordinary stresses on a daily basis. These staff members are asked to be highly observant and attentive and to do the complex, high-stakes thinking required for planning and risk assessment, often in an atmosphere of crisis. This creates two sets of risks. First, because the cognitive resources needed to carry out these tasks are easily depleted, the quality of important decisions (for example, about whether to remove a child from her family) may be compromised. Child welfare systems can build in supports (for example, empirically validated approaches to risk assessment, and the participation of supervisors or staff who are not so highly stressed) to mitigate this risk. Second, some front-line staff members who are continually exposed to the trauma experienced by their clients will experience secondary trauma, which can challenge both their health and their ability to perform job responsibilities

“Secondary trauma is real, it is pervasive, and it affects not only individuals but entire organizations and systems, if left unchecked.”

— Ann Leinfelder Grove, SaintA (human services agency in Milwaukee, WI)

well. Accordingly, a work environment that includes supervision that is supportive and attentive to secondary trauma; manageable caseloads; easy access to needed equipment; and regular opportunities for staff to attend to their own well-being and relieve stress, is particularly important. Elected officials with responsibility for resource allocation should regard these supports not as luxuries, but as essential to the effective functioning of the child welfare system and ultimately to the

health and safety of the children and families within it.

Develop Responsive Relationships

For children, healthy relationships confer a double benefit, both stimulating brain development and providing the buffering protection that can keep even very challenging experiences from producing toxic stress effects. Healthy relationships are also essential for adults who need to make substantial changes in their own lives, as is typically the case for adults involved with the child welfare system. These relationships are a source of emotional and practical support for adults, and knowing that another person cares about them helps build hope and the possibility of change.

Helping to build and support strong relationships should therefore be an essential element of all child welfare work. The ideas below suggest opportunities to apply this concept in policy and practice.

Child welfare systems can, in selecting and training caseworkers, emphasize the skills needed to build relationships with the adults and children they will work with. Practice models can specify these necessary skills and attributes, including the ability to treat clients respectfully and navigate both the power imbalance involved and, in many instances, differences in race and class. Hiring mechanisms can screen for these skills; professional development offerings can help staff build them; and ongoing supervision can provide coaching to support their use. Building relationships also takes time, including time spent listening, away from forms and required tasks. In relating to their clients, workers can model the kinds of interactions that promote healthy development, and can provide positive reinforcement when they see parents having such interactions with their children.

Child welfare systems can provide opportunities for birth, foster, kin, and adoptive parents to build their capacity to provide responsive caregiving for the children in their care. Keeping a child safe

and meeting requirements for participation in activities related to the child's service plan are surely necessary, but these basic skills alone are insufficient to support healthy development and to support children facing adversity. Moreover, children experiencing toxic stress pose challenges that go beyond those of ordinary parenting, including challenges to the self-regulation of those who care for them. Caregivers need to be prepared for these challenges and supported to develop strategies for dealing with them. In recruiting foster and adoptive parents, systems can prioritize finding people committed to providing responsive caregiving and willing to work to develop the skills needed to do so.

Child welfare systems can, as they engage with adults and children and assess their strengths and needs, identify existing important relationships and ways to strengthen them. Family members and friends (and others such as clergy, mentors in the community, and child care providers) are not just potential placement resources for children who enter foster care. They are also people with whom children have relationships that can be essential to their healthy development, wherever the child lives. These are also people whom adults depend upon for support, both material and emotional. Moreover, in many cultures, reliance upon a network of kin to help raise children is expected. Child welfare systems can support these connections, rather than basing policy and practice on the assumption that a single parent or set of parents will meet all of the child's needs. Attending to key relationships also entails strengthening parent-child relationships, for example through frequent visiting supported by coaching on how to make visits successful, and evidence-based interventions that specifically target parent-child interactions.

Child welfare systems can strive to minimize the number of placements experienced by children and youth in foster care. Abundant evidence shows that placement disruptions are a potent source

of stress and are associated with negative outcomes. Models that monitor developing problems in care and provide early alerts of the risk of placement disruption have shown considerable success in reducing such transitions.

“Tell us you want us to succeed. If you don't say it, we will assume you want us to fail.”

— A parent in the foster care system

Child welfare systems can, whenever feasible, promote positive relationships between birth and foster parents in the service of children's healthy development.

Such relationships are sometimes presumed to be mostly adversarial and neutral at best, and there are surely challenges involved in building collaborative relationships and a sense of shared parenting. Nevertheless, achieving the best feasible partnership between birth and foster parents promotes the stable and consistent caregiving needed to help children manage short-term transitions, such as visits with birth parents while a child is in foster care, as well as durable changes in caregiving brought about by reunification or adoption.

Child welfare systems can institute policies and practices aimed at providing continuity in important relationships even after placement or permanency changes.

In divorce and custody cases, it is now widely understood that in most situations children need the benefit of continuing relationships with both their parents, even if those parents are in conflict with one another. In child welfare law and practice, by contrast, an “all-or-nothing” approach to parenting typically still applies, especially when a child leaves foster care. If she is reunified with her birth parent(s), her foster parents and foster siblings are expected to disappear from her life; if she is adopted, she is expected to no longer have any contact with her birth parents and extended family. Science tells us that this mindset is fraught with problems, and that policies and practices should help to maintain important

relationships unless there are compelling reasons not to do so.

Strengthen Core Life Skills

As described in Part I, scientists have identified a set of foundational skills that adults need both to parent effectively and to earn a living, and that children need to develop as they move toward adulthood. These capabilities are collectively described as “self-regulation”—that is, the ability to draw upon the right skills at the right time, manage our responses to the world, and resist inappropriate responses. Self-regulation is in turn built upon “executive function,” which consists of three primary components: inhibitory control (the ability to resist impulsive behavior); working memory (the capacity to hold and manipulate information in our heads over short periods of time); and mental flexibility (adjusting to changed demands, priorities, rules, or perspectives).

“It makes a tremendous difference, particularly for people who have previously experienced trauma, to feel that there is someone capable who believes in you.”

— Family Court Judge Judith Waksberg

Child welfare systems can focus on helping people develop and practice these skills. This is true both for the children and youth involved with child welfare and for their parents, many of whom have experienced adversity in their own childhood without sufficient support from their primary caregivers. These challenges mean that many people have not developed on a healthy trajectory, and may not have attained age-appropriate levels of self-regulation and executive function. But we know these skills can still be built, even into early adulthood. Foster parents and front-line staff have an important role to play in modeling these skills and in helping adults and children strengthen their own capabilities. Emphasizing skills can

also reorient the emphasis on compliance that sometimes prevails in child welfare, changing the relevant question from, for example, whether a parent has attended a parenting program to how the parent is progressing in building the skills needed to support healthy development.

Child welfare systems can prioritize approaches that focus on active skill-building, both in day-to-day interactions and as they choose which formal service programs to offer. They can routinely ask what skills the recipients are expected to develop as a result of their participation in a program; what opportunities they will have to practice those skills during the intervention; and whether there will be follow-up coaching to help them apply the skills in real-world contexts. Programs that are strong on each of these dimensions will be more effective than those that provide only information, or those that aim solely to change attitudes without building capacities.

Child welfare systems can support skill-building efforts in other systems (for example, employment training). Self-regulation and executive function skills can be developed and practiced in the context of preparation to be a productive, working adult. This is an important goal for many of the adults and young adults involved with child welfare, and for some parents it may provide a safer, less stigmatizing way to work on these skills than addressing them directly with regard to parenting.

Child welfare systems can explore approaches specifically designed to target elements of executive function and self-regulation. These include, for example, interventions that teach people to re-focus attention away from potentially negative and threatening aspects of their environment and toward those that present positive opportunities; to recognize and interrupt automatic responses, allowing more time for planning; and to identify goals that are important to them and make realistic plans, including identification of likely obstacles and

how they would deal with those obstacles. Interventions that help parents build on their existing strengths (for example, by highlighting moments when they effectively engage in serve-and-return interactions) may have the additional benefit of building hope and motivation for additional change.

Child welfare systems can change the ways in which they develop and record service plans, focusing on incremental steps and frequent opportunities for feedback. The capacity to make plans, follow them, evaluate progress, and make necessary modifications requires self-regulation and executive function. Experiencing toxic stress in childhood interferes with the development of these skills, and being bombarded with stressors at any time of life interferes with using them effectively. Accordingly, planning that is broken down into component steps and supported by reminders and feedback, especially positive feedback to reinforce progress, can both encourage success in the short run and help to develop skills over the long term.

Child welfare systems can experiment with coaching models instead of traditional casework approaches for individuals who will likely benefit from such an approach.

Coaching begins with an exploration of a person's goals and motivation, and seeks to intentionally build the skills and mindsets necessary for sustained behavior change.¹¹ Coaching is hypothesized to be most likely to benefit individuals who have hope about the future and believe that their actions can lead to changes in their circumstances. Child welfare systems might therefore use existing tools to assess motivation and agency; experiment with a coaching model for those individuals evaluated as having significant motivation and agency; and experiment with alternative approaches designed to help others build that missing sense of hope.

Attend to the Distinctive Needs of Infants and Young Children

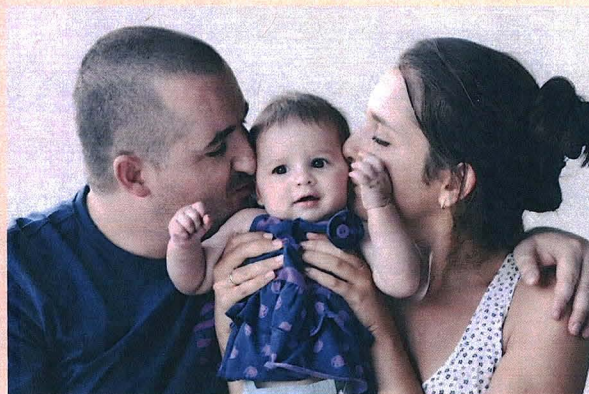
Early childhood is the period during which the brain develops most rapidly and flexibly. In this section, we suggest some of the ways in which child welfare policy and practice might recognize the specific needs of infants and toddlers, and the special opportunities they present to create the foundation for lifelong health and learning. Many of the practices noted below would be beneficial for most or all of the children encountered by child welfare systems, but they are especially important for young children.

Why Is Infancy So Important?

During the first few years after birth, **700 to 1,000 new neural connections form every second** in the brain.

Early experiences affect the development of **brain architecture, which provides the foundation for all future learning, behavior, and health.**

Scientists use the term **“plasticity”** to refer to the capacity of the brain to learn from experience, which is **greatest early in life and decreases with age.**



Child welfare systems can promote frequent contact between birth parents and young children who have been placed in foster care. For children who have a significant likelihood of ultimately being reunified with their parent(s), the schedule of visits typical in foster care systems, in which contact is weekly at best and sometimes considerably less frequent, is insufficient to build the bonds that will be a stable base for promoting healthy development when and if reunification occurs.

Child welfare systems can promote strong, secure, responsive connections between foster parents and babies. Many parents of young children involved with the child welfare system can benefit from coaching about the importance of serve-and-return relationships, especially when accompanied by opportunities to practice and get feedback. For children who enter foster care, there are additional challenges. For example, foster parents are sometimes cautioned not to get “too attached” to children, especially babies, because of the possibility that the children will ultimately be removed from their care. Quite the opposite, they should be encouraged and supported to have frequent serve-and-return interactions with children, and to model these interactions for birth parents.

Child welfare systems can ensure that infants and young children receive high-quality medical care (including developmental screening); early intervention and mental health services when needed; and high-quality early childhood education. This is true not only for children entering foster care, but for the larger population of children who come to the attention of child protective services, who are, compared to other children, considerably more likely to experience developmental challenges. Ensuring that those who need intervention are identified early and that they and their caregivers receive appropriate services is one

of the most important steps child welfare systems can take toward their long-term health and educational success.

Final Thoughts: Toward Responsive Caregiving for All Children

As noted in Part I, scientists define child neglect as the persistent absence of responsive caregiving. This is very different from the legal definition of neglect, which focuses on the absence of sufficient food, clothing, shelter, or supervision. Many children who have not been neglected in a legal sense could nevertheless benefit if their caregivers were better able to provide the kinds of responsive interactions that support healthy development. This is, emphatically, not a call to expand the jurisdiction of child welfare systems, which are not well-positioned to help this larger population of children and their parents. Those systems are already overburdened, and the fact that they exercise a police power makes it exceedingly difficult for families to trust them as helpers.

Instead, we should consider this issue more broadly: How can we build a universal understanding of responsive caregiving, and help parents and other caregivers develop their capacity to provide it? This question directs attention away from the relatively small number of children and families involved with child welfare systems and toward a much broader array of social norms and practices. It also shifts focus away from unhelpful dichotomies (are parents good or bad?) toward a more useful emphasis on learning and improvement. Answering this question is beyond the scope of this paper; we note only that the first principle set out above—advancing an understanding of the science of child development in order to open up new ways of thinking and acting—is surely a piece of the answer. We look forward to robust discussion of this issue, involving a far wider group of actors than just those concerned with child welfare systems.

References

Note: Additional references for the scientific material in this paper can be found in the three reports from the Center on the Developing Child listed on page 4 (also #5, #6, #7 below).

1. Data are for Federal Fiscal Year 2014, the most recent time period for which they have been published. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child maltreatment 2014*, ii. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.
2. Ibid, 25.
3. See, for example, Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/fourth-national-incidence-study-of-child-abuse-and-neglect-nis-4-report-to-0>.
4. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *The AFCARS Report*, No. 22.
5. Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. Retrieved from www.developingchild.harvard.edu.
6. Center on the Developing Child at Harvard University (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper No. 12*. Retrieved from www.developingchild.harvard.edu.
7. Center on the Developing Child at Harvard University (2016). *Building Core Capabilities for Life: The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace*. Retrieved from www.developingchild.harvard.edu.
8. Shonkoff, J.P. (2016). Capitalizing on Advances in Science to Reduce the Health Consequences of Early Childhood Adversity. *JAMA Pediatrics*. Published online August 22, 2016.
9. Center on the Developing Child at Harvard University (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper No. 13*. Retrieved from www.developingchild.harvard.edu.
10. Mani, A., Mullainathan, S., Shafrir, E., Zhao, J. (2013). Poverty Impedes Cognitive Function. *Science*, 341(6149), 976-980.
11. Ruiz De Luzuriaga, N., (2015). *Coaching for Economic Mobility*. Boston: Crittenton Women's Union. Retrieved from <https://www.empathways.org/>. See this document for an extensive discussion of the components of effective coaching.

WORKING PAPER SERIES

Working Paper 1

Young Children Develop in an Environment of Relationships (2004)

Working Paper 2

Children's Emotional Development Is Built into the Architecture of Their Brains (2004)

Working Paper 3

Excessive Stress Disrupts the Architecture of the Developing Brain (2005, updated 2014)

Working Paper 4

Early Exposure to Toxic Substances Damages Brain Architecture (2006)

Working Paper 5

The Timing and Quality of Early Experiences Combine to Shape Brain Architecture (2007)

Working Paper 6

Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood (2008, updated 2012)

Working Paper 7

Workforce Development, Welfare Reform, and Child Well-Being (2008)

Working Paper 8

Maternal Depression Can Undermine the Development of Young Children (2009)

Working Paper 9

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NJ DCF WORKFORCE REPORT:

*A Commitment to Child Welfare Excellence through
Comprehensive Workforce & Leadership Development*



2015-2016



RUTGERS

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New Jersey's child welfare workforce is...



Qualified



Competent



Stable & Consistent



Diverse & Reflective of Children Served



Committed



Adequately Compensated



Well-supported



Well-supervised



Well-trained



Led with Vision & Heart

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ABOUT THIS REPORT

KEY HIGHLIGHTS FROM 2015-2016

From 2015 to 2016, the New Jersey Department of Children and Families (NJ DCF) has continued its substantial workforce and leadership investments to maintain and advance a high level of professional and organizational functioning. As a result, the current NJ DCF workforce can be described as...

KEY HIGHLIGHTS 2015-2016		
Descriptor	Performance Indicator(s)	Achievements
Qualified	<i>Position requirements include Bachelor's Degree and relevant child welfare or social work experience</i>	NJ DCF requires applicants have a BA and child welfare or social work experience, and gives preference for BSW/MSW
Competent	<i>Specialized child welfare competencies and degree programs</i>	NJ DCF supports specialized child welfare Bachelor's and Master's Degrees (MCWEP/BCWEP)
Stable & Consistent	<i>Low vacancy rate</i>	NJ DCF achieved a 2.31% vacancy rate
	<i>Turnover rate below national average (30%)</i>	NJ DCF achieved a 6.97% turnover rate
Diverse & Reflective of Children Served	<i>Staff race/ethnicity reflects trends of children receiving services</i>	NJ DCF staff are 44% Black, 20% Hispanic, 34% White, and 2% Asian/American Indian/Alaska Native/Pacific Islander/Native Hawaiian
	<i>Mixed gender and age range, with majority of workforce in prime working age span of 25-54 years</i>	11% of NJ DCF staff are 20-29yr; 47% are 30-39yr; 24% are 40-49yr; 18% are 50+yr NJ DCF staff are 83% female, 17% male
Committed	<i>Long length of tenure at the agency</i>	71% have been with agency 6-30+ years
Adequately Compensated	<i>Starting salaries on par with other NJ human and protective service professions</i>	Caseworkers: \$49,000 - \$59,000 Supervisors: \$65,000 - \$70,000
Well-supported	<i>Caseloads for intake, adoption, and permanency reflect national standards and Sustainability & Exit Plan benchmarks</i>	93% of Intake staff, 94% of Adoption staff, and 100% of Permanency staff have caseloads that meet these standards
Well-supervised	<i>Low supervisor-staff ratio</i>	NJ DCF's average supervisory ratio is 1 supervisor for 4.7 caseworkers
Well-trained	<i>Caseload-carrying staff and supervisors receive at least 40 hours of annual in-service training</i>	NJ DCF delivered 237,341 hours of training annually, with 100% receiving at least 40 hours per year and 74 hours provided on average
Led with Vision & Heart	<i>Leadership team implements strong plan of investment in workforce development</i>	All 10 NCWWI workforce development framework components are addressed

REPORT PURPOSE

This annual report provides an in-depth review of key indicators of performance and related strategies that reflect the New Jersey Department of Children and Families' ongoing commitment to and investment in child welfare workforce development, leadership, and organizational health.

The report explores the workforce capacity of the New Jersey Department of Children and Families (NJ DCF) and offers key stakeholders, policy makers, advocates, and the general public answers to the following set of inquiries:

WHO

Who are the staff of the New Jersey Department of Children and Families—the demographics and characteristics of family service specialists, supervisors, managers, and leaders—in particular, those within the Division of Child Protection and Permanency?

WHAT

What are the performance indicators and achievements related to child welfare workforce development in New Jersey?

WHEN

When were key benchmarks achieved over the last five to ten years, and specifically during the timeframe from 2015 to 2016?

WHERE

Where has NJ DCF made key investments to develop a qualified and stable staff capable of delivering effective child welfare services?

WHY

Why has NJ DCF advanced workforce and leadership development as a key element to the achievement of system reform benchmarks and sustainability of agency performance?

HOW

How has NJ DCF's unique and comprehensive approach been implemented over time?

REPORT CONTENT & STRUCTURE

The structure of this report is designed to highlight the multi-pronged, comprehensive approach NJ DCF has utilized to achieve a high level of workforce and leadership functioning as well as system reform benchmarks. The report relies on the [New Jersey DCF Sustainability and Exit Plan](#), the [New Jersey DCF Commissioner's Dashboard](#), [New Jersey Kids Count](#), [New Jersey Civil Service Commission Job Descriptions](#) and a range of other available national data and benchmarks, along with current data, information, and materials provided by NJ DCF's Office of Training and Professional Development (OTPD), Office of Human Resources (OHR), Office of Performance Management and Accountability (OPMA), and Office of the Commissioner.

Ultimately, this 2015-2016 report is structured into two main sections:

1. **A SUMMARY OF AVAILABLE DATA AND INFORMATION REGARDING THE QUALITY AND CAPACITY OF THE CHILD WELFARE WORKFORCE**, including key demographics and characteristics of the current child welfare workforce as well as performance achievements related to ten (10) key indicators
2. **SPECIFIC INVESTMENTS AND STRATEGIES IN NJ DCF'S COMPREHENSIVE WORKFORCE DEVELOPMENT APPROACH**, which encompasses the ten (10) components of effective workforce development articulated by the National Child Welfare Workforce Institute's best practices framework (NCWWI, 2015b)

NJ DCF WORKFORCE CAPACITY & ACHIEVEMENTS

INTRODUCTION

According to the *Positioning Public Child Welfare Guidance on Workforce* (2010), workforce development should be a child welfare agency priority because:

- A well-trained, highly skilled, well-resourced, and appropriately deployed workforce is foundational to a child welfare agency's ability to achieve best outcomes for the vulnerable children, youth, and families.
- The workforce is the agency's public face to the children, youth, and families it serves. Additionally, the actions of the workforce are what stakeholders use most to judge an agency's competence and effectiveness.
- The workforce is both the most important and most expensive resource in which child welfare agencies must invest to achieve their goals and objectives.
- Studies have established a causal relationship between a capable child welfare agency workforce and positive case outcomes. This includes the influence of workforce capacity on placement stability, maltreatment recurrence, reunification, and foster care and permanency outcomes.
- When a workforce possesses adequate attributes, skills, knowledge, abilities, and resources, the agency will be better positioned to engage clients and improve client outcomes through the services they provide.
- When a clear understanding of what goes into building a strong and vibrant workforce is present, management will be able to use resources more effectively and efficiently.
- When a workforce has credibility in the community, it will be able to engage the resources of other agencies to provide service that the agency is unable to provide.

For these reasons, NJ DCF has made workforce development an agency priority and has realized a number of significant outcomes as a result (Munson, 2015). The performance indicators and achievements in ten (10) different categories are provided in the sub-sections that follow.

A QUALIFIED WORKFORCE

Available positions require bachelor's degrees, New Jersey residency, and relevant child welfare and social work experience—*professional social work, direct support counseling, guidance, or case management involving high-risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems, including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.* NJ DCF has articulated preferred qualifications for all positions (Table 1 below):

TABLE 1: POSITION REQUIREMENTS & RESPONSIBILITIES ¹	
Position Title	Position Requirements & Preferred Qualifications
Family Service Specialist Trainee (FSS TR)	<ul style="list-style-type: none"> • Graduation from an accredited college or university with a bachelor's degree • Preferred: Bachelor's or master's degree in social work or a related degree, with six (6) months of experience
Family Service Specialist 2 (FSS 2)	<ul style="list-style-type: none"> • Graduation from an accredited college or university with a bachelor's degree • One (1) year of related experience
Family Service Specialist 1 (FSS 1)	<ul style="list-style-type: none"> • Graduation from an accredited college or university with a bachelor's degree • Two (2) years of related experience
Supervising Family Service Specialist 2 (SFSS 2)	<ul style="list-style-type: none"> • Graduation from an accredited college or university with a bachelor's degree • Three (3) years of related experience
County Services Specialist (CSS)	<ul style="list-style-type: none"> • Graduation from an accredited college or university with a bachelor's degree • Four (4) years of related experience • Two (2) years of experience in program administration
Supervising Family Service Specialist 1 (SFSS 1)	<ul style="list-style-type: none"> • Graduation from an accredited college or university with a bachelor's degree • Four (4) years of related experience • One (1) year of experience in supervisory capacity

NJ DCF has also identified the core responsibilities and competencies needed for quality practice (Appendix A). Competencies in specific areas—such as *Judgment/Decision Making, Oral Communication, Problem Analysis, Interpersonal Responsiveness, Organization, and Time Management*—are sought during the screening and selection process (detailed in the strategies section later on).

As a result, NJ DCF receives more than 10,000 resumes annually and is able to fill positions from a well-qualified pool of applicants.

A COMPETENT WORKFORCE

The Council on Social Work Education's Educational Policy and Accreditation Standard (EPAS), adopted in 2008, created revised standards for social work education that shifted the focus from teaching disparate topics to a set of holistic competencies for effective social work

¹ Retrieved from http://www.state.nj.us/csc/seekers/jobs/announcements/title_search.html

practice (Holloway, Black, Hoffman, & Pierce, 2009). In child welfare, coordinating educational competencies with those reflected in a child welfare agency’s practice model helps to ensure a natural progression of students into staff, and ensure that the curriculum taught in social work programs fulfills an agency’s priority needs for its incoming workforce as well as its emerging leaders (NCWWI, 2015a).

Child welfare agencies develop stronger, more committed staff when social work curricula and field experiences are in alignment with the reality of post-graduation employment. Tailoring degree programs’ educational content to better reflect current child welfare practice and context is an important driver of effective recruitment and retention: students who are dissatisfied with their social work education, specifically in relation to insufficient or irrelevant practice skills, are more likely to leave the social work field (Wermeling, Hunn, & McLendon, 2013). Hence, students heading towards child welfare careers or current staff who are looking to advance their careers must have educational programs designed to build relevant child welfare practice competencies so that they can become committed child welfare professionals more likely to be retained over time.

NJ DCF supports specialized child welfare educational programs for both Bachelor’s and Master’s degree students who are committing to child welfare careers or seeking to enhance them: the **Baccalaureate Child Welfare Education Program (BCWEP)** and the **Masters Child Welfare Education Program (MCWEP)**.² Core competencies for both programs are located in Appendix B. While these two programs are described in greater detail in the strategies section later on, they have had some notable achievements:

TABLE 2: SPECIALIZED CHILD WELFARE EDUCATION

Program	Focus	Total Students	Demographics	Graduates
BCWEP	Bachelor’s degree students with specialization & commitment to child welfare	Across all twelve years of BCWEP, a total of 418 individuals have been funded.	Of the hired BCWEP graduates, 118 (28.2%) are bilingual.	Of the 418 students who graduated and moved into positions within the child welfare workforce, 312 (75%) are still employed at NJ DCF DCP&P.
MCWEP	Supervisors at NJ DCF DCP&P	A total of 74 supervisors have been funded over the first three years of MCWEP; 19 are SFSS1s or Casework Supervisors, 54 are SFSS2s, and one is a Local Office Manager.	The majority are women (84%), and as a group, these students have hundreds of years of combined supervisory experience at NJ DCF. 36% are African American, 28% are Latino, and 28% are Caucasian. Students represent approximately 75% of the NJ DCF DCP&P local area offices.	The first cohort saw its first students graduate in May 2014, and 100% had graduated by May of 2016. The second cohort saw its first graduates in May of 2015, and 100% will graduate by December of 2016. Cohort 3 saw its first graduates in May of 2016, and 100% will graduate by December of 2017.

² See <http://www.stockton.edu/bcwep> and <http://www.stockton.edu/mcwep> for annual reports

A STABLE & CONSISTENT WORKFORCE

One of the most important indicators of an effective child welfare agency is the stability and consistency of frontline staff, which is captured by vacancy and turnover rates. *Vacancies* refer to the number of appropriated full-time equivalent (FTE) positions that are unfilled, while *turnover* reflects how often staff leave an organization.

Vacancy rates are a good reflection of agency effectiveness with marketing and recruitment efforts. Higher vacancy rates may reflect an organization's problems connecting with appropriate applicant pools or indicate that prospective applicants do not find available positions all that attractive.³

Low vacancy rates are required for effective child welfare practice—unfilled positions mean that cases are left uncovered or covered by multiple staff unfamiliar with the family, negatively impacting engagement and relationship-building with children and families (Faller, Masternak, Grinnell-Davis, Grabarek, Sieffert, & Bernatovicz, 2009; Graef & Potter, 2002; Wagner, Johnson, & Healy, 2009). One national study found an average vacancy rate of nearly 10%, with agencies taking between 7 to 13 weeks to fill vacant positions (APHSA, 2005). In some areas, documented vacancy rates have been as high as 31% (NC Office of State Personnel, 2004).

By contrast, as Table 3 highlights, NJ DCF has very few open, unfilled positions: *vacancy rates are less than 3%* in all categories of its child welfare staff and supervisors. While the vacancy rate increased slightly this year—from 1.27% in 2015 to 2.34% in 2016—this modest increase was due to the fact that an additional 82 new positions were added during the year (the total number of positions grew from 4098 to 4180). Once these newly added positions have been filled, it is anticipated that the rate will return to below 2%.

Position Title	Total Positions	Current Employees	Approved to Fill Vacancies	Vacancy Rate
Family Service Specialist Trainee	305	302	3	0.98%
Family Service Specialist 2	2159	2108	51	2.36%
Family Service Specialist I	766	740	26	3.39%
Supervising Family Service Specialist 2	659	648	11	1.67%
County Services Specialist	85	82	3	3.53%
Supervising Family Service Specialist I	206	202	4	1.94%
TOTAL/AVERAGE	4180	4082	98	2.34%

Turnover has been found to have a negative impact on organizational health and functioning: when caseworkers leave, the workloads of remaining staff increase and morale declines, which in turn leads to another cycle of turnover and more cases being left uncovered or covered by

³ NJ DCF does not have this issue, as the agency receives more than 10,000 resumes per year.

multiple staff or staff unfamiliar to the family (Faller, Masternak, Grinnell-Davis, Grabarek, Sieffert, & Bernatovicz, 2009; Graef & Potter, 2002; McKenzie, McKenzie, & Jackson, 2007; Wagner, Johnson, & Healy, 2009). Staff turnover also has a negative impact on services and has been found to be related to increased placement disruptions, length of time in out-of-home care, maltreatment recurrence, and re-entry into foster care (Flower, McDonald, & Sumski, 2005; National Council on Crime and Delinquency, 2006; Strolin, McCarthy, & Caringi, 2007; Strolin-Goltzman, Kollar, & Trinkle, 2009; U.S. GAO, 2003). For example, one study found that agencies with a 9% turnover rate had a 6.1% rate of children who experienced re-abuse, while agencies with a 23.4% rate of turnover had a 14.9% rate of re-abuse (NCCD, 2006). In another study, youth with only one caseworker in a given year had a 74.5% chance of achieving permanency, while youth with two caseworkers had a 17.5% chance of permanency, and youth with more than three caseworkers had only a 1% chance of permanency (Flower et al., 2005).

Staff turnover impacts an agency's budget, costing 45% to 115% of an employee's annual salary (CPS Human Resources, 2006). A 2014 Texas study by the Sunset Advisory Commission estimated that the cost to the State of each caseworker leaving the child welfare agency was approximately \$54,000, given the expenses of recruiting, screening, selecting, training, and onboarding new staff. Studies indicate that average turnover rates for public child welfare/protection agencies range from 20% to 40% (NCWWI, 2011). Across all industries, turnover rates that fall below 10-15% are typically considered "healthy" or "optimal" (Gallant, 2013). By comparison, even as DCF has expanded the size of its caseload-carrying workforce (CLC), *it has reduced its turnover rate by more than half over the last ten years, and between CY2014 and CY2015, the rate dropped an additional .23%:*

TABLE 4: CASELOAD-CARRYING STAFF TURNOVER (CY2015)⁴

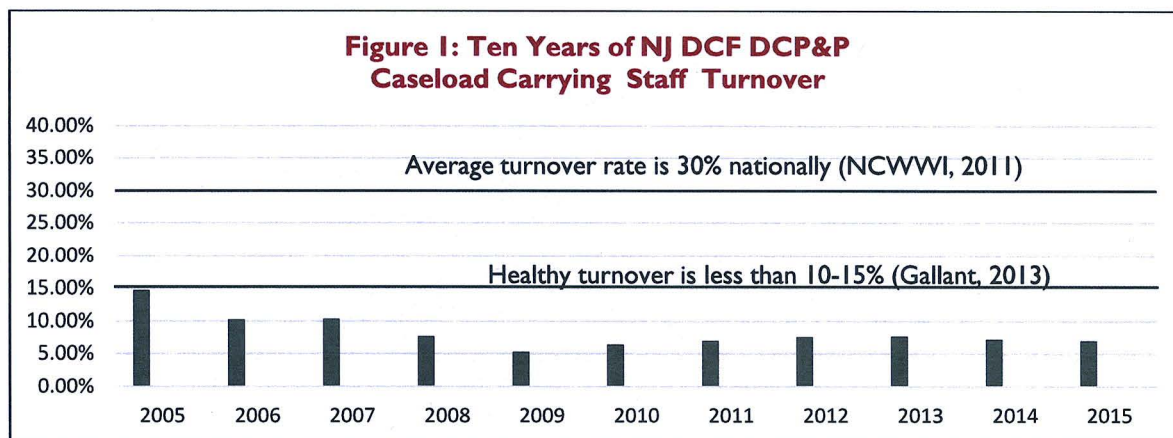
Indicator	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Total CLC Staff⁵	2559	2545	2511	2590	2495	2494	2449	2513	2498	2401	2155
Average CLC Staff	2552	2528	2550.5	2542.5	2494.5	2471.5	2481	2505.5	2449.5	2278	2038
CLC Growth	.55%	1.35%	-3.05%	3.81%	0.04%	1.84%	-2.55%	0.60%	4.04%	11.42%	12.18%
Total CLC Separations⁶	178	183	195	192	175	158	130	194	254	235	299
Turnover Rate	6.97%	7.2%	7.7%	7.6%	7.0%	6.4%	5.2%	7.7%	10.4%	10.3%	14.7%

Figure 1 highlights that DCF's turnover rate continues to remain well below the national average and reflects national benchmarks of a stable, consistent workforce:

⁴ Turnover is defined as separation from DCF and does not include internal promotions or position changes.

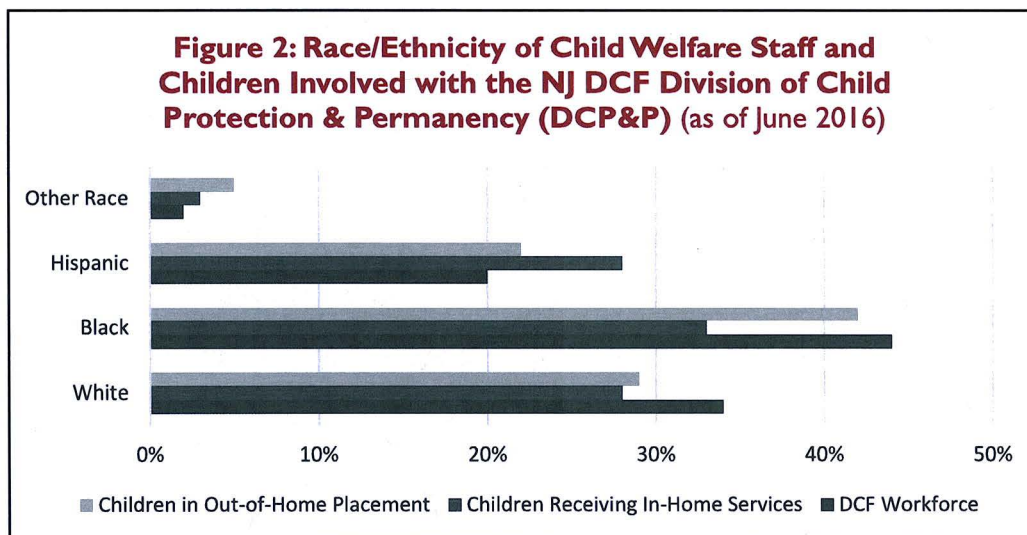
⁵ Data from December 2015 "Workload by Worker Type" report (NJ SPIRIT) by NJ DCF Office of Human Resources

⁶ Data from NJ Personnel Management Information System (PMIS) by NJ DCF Office of Human Resources



A DIVERSE WORKFORCE REFLECTIVE OF CHILDREN SERVED

Diversity in staff demographics is another indicator of effective workforce development. An agency that employs staff reflective of the communities served is better equipped to engage and partner with its consumers and stakeholders (NCWWI, 2015b). As Figure 2 underscores, the *race and ethnicity of the child welfare staff generally reflect children served by NJ DCF*⁷:



⁷ Data from NJ Kids Count, http://acnj.org/downloads/2016_06_06_nj_kids_count_state_of_child_well_being.pdf

More than one-third (34%) of the NJ DCF workforce identifies as White, compared with 28% of children receiving in-home services and 29% in out-of-home placement. More than two-fifths of the workforce is Black (43.6%), compared with 33% of children receiving in-home services and 42% in out-of-home placement. Finally, the proportion of Hispanic/Latino staff (20%) is also similar to the proportion of Hispanic/Latino children in out-of-home care (22%) and children receiving in-home services (28%).

A healthy organization also has the largest proportion of its workforce *in the prime working age span of 25-54 years*. A workforce composed of different age demographics creates an environment where each generation brings different skills and talents to the table, ensuring that an organization isn't overly dependent on young staff who may not be ready to settle into a specific position or organization, or older staff who may soon retire. As Table 5 indicates, one tenth of the staff (11.7%) are in their twenties, and less than one-fifth (17.1%) are older than 50, with the vast majority (71.2%) between 30 and 49 years of age:

TABLE 5: NJ DCF STAFF GENDER & AGE (as of June 2016)							
Position Title	Gender		Age (Years)				
	Female	Male	20-29	30-39	40-49	50-59	60 +
Family Service Specialist Trainee	258	46	171	92	34	7	-
Family Service Specialist 2	1697	409	298	1103	441	198	66
Family Service Specialist I	622	120	6	369	189	122	56
Supervising Family Service Specialist 2	547	101	1	277	218	111	41
County Service Specialist	70	12	-	34	24	19	5
Supervising Family Service Specialist I	177	23	-	49	79	52	20
TOTAL	3371	711	476	1924	985	509	188
PERCENTAGE	83%	17%	11.7%	47.1%	24.1%	12.5%	4.6%

While there continues to be less gender diversity at NJ DCF, with more than three-quarters (83%) of the workforce being female (Table 5 above) and only 17% male, this trend reflects other national and state findings regarding gender distribution in the social services (NCWWI, 2011).

A COMMITTED WORKFORCE

Tenure refers to the length of continuous employment at a single organization. Studies have shown that child welfare/protection staff remain an average of two years on the job (US GAO, 2003). As Table 6 illustrates, the *tenure of DCF staff remains high*: nearly three-quarters (70.3%) have been employed by the State for more than six (6) years, and approximately two-thirds (62.5%) have been employed by the State for more than ten (10) years.

TABLE 6: TENURE IN YEARS⁸ (as of June 2016)

TOTAL	< 1	1	2	3	4-5	6-10	11-15	16-20	21-30	> 30
FSS TR	304	266	29	-	3		5	1	-	-
FSS 2	2106	4	213	149	209	312	823	369	20	6
FSS I	742	-	-	-	1	7	255	344	58	64
SFSS 2	648	-	-	-	-	-	101	326	147	64
CSS	82	-	-	-	-	-	4	44	13	17
SFSS I	200	-	-	-	-	-	-	75	52	47
Total	4082	270	242	149	213	319	1188	1159	290	198
Percentage		3.4%	6.6%	5.9%	3.7%	5.2%	7.8%	29.1%	28.4%	7.1%

While there was a slight increase in the proportion of staff who have been employed by the State for two years or less (from 10% in 2015 to 15.9% in 2016), this is also attributed to the addition of new positions and the staff hired to fill them.

AN ADEQUATELY COMPENSATED WORKFORCE

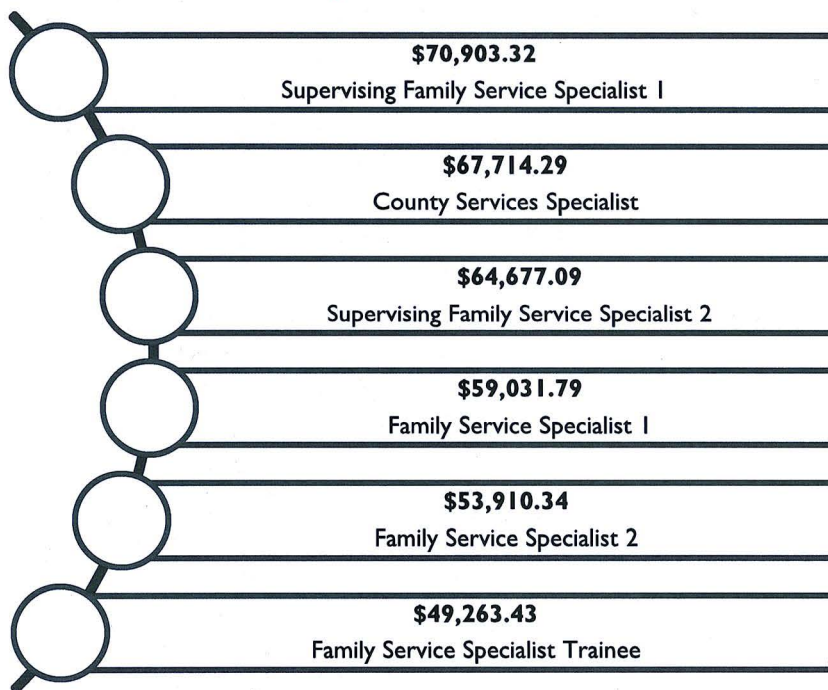
Compensation is an important benefit and a reflection of agency investment in staff well-being and retention. Adequate pay means the organization can remain competitive within the marketplace, while low pay can have a negative impact on successful recruitment and retention of staff. Child welfare agencies frequently struggle to provide salaries on par with comparable occupations, often losing current and potential staff to higher-paying human service and protective professions, such as nursing, teaching, corrections, and clinical social work practice (US GAO, 2003).

Nationally, average child welfare/protection staff salaries range from \$30,000 to \$49,999 per year (NCWWI, 2011), yet NJ DCF's starting salaries (noted in Figure 3) are on par with the higher cost of living and other State human service professions⁹--such as protective services (\$42,060); community and social services (\$50,380); and education, training, and library services (\$55,760):

⁸ 95% of current DCF employees have been employed by DCF, and its predecessor DHS/DYFS, for their entire tenure with the State. 5% of the current DCF child welfare workforce entered State service through other departments/divisions.

⁹ See <http://livingwage.mit.edu/states/34>

FIGURE 3: NJ DCF STARTING SALARIES



A WELL-SUPPORTED WORKFORCE

Large caseloads and excessive workloads pose challenges for child welfare staff to effectively serve children and families. The average caseload for frontline/caseload-carrying staff in many agencies often exceeds recommended levels, sometimes by double or more (NCWWI, 2011). Heavy caseloads can negatively impact essential child welfare/protection processes, such as visitation, relationship building, family engagement, and permanency planning (Child Welfare Information Gateway, 2016). Because these core case management and clinical processes are time intensive, it is critical that caseloads are kept low so that staff can devote adequate energy and attention to them. NJ DCF performance in this area is high, as *all permanency caseworkers (100%) and more than nine out of ten intake and adoption caseworkers (93-94%) have caseloads that meet standards as well:*

TABLE 7: CASELOADS

CLC Staff	Aligned with CWLA & Other National Standards	NJ DCF Exit & Sustainability Plan Benchmark	Caseloads meeting standard (as of June 2014)	Caseloads meeting standard (as of June 2015)	Caseloads meeting standard (as of June 2016)
Intake	No more than 12 open cases and no more than 8 new case assignments per month	90% target	85%	89%	93%
Permanency	No more than 15 families and no more than 10 children in out-of-home care	95% target	96%	99%	100%
Adoption	No more than 15 children	95% target	83%	90%	94%

A WELL-SUPERVISED WORKFORCE

Frontline supervisors play a critical role in child welfare organizations as facilitators of effective service delivery, employee functioning, and staff retention (Dickinson & Perry, 2002; Hess, Kanak, & Atkins, 2009). According to a meta-analysis of more than 10,000 supervisory studies across a variety of disciplines, when supervisors provide tangible, work-related advice and instruction and have high-quality interpersonal interactions with staff, staff experience improved levels of well-being, a sense of competence, agency commitment, and job satisfaction (Mor Barak, Travis, Pyun, & Xie, 2009).

Supervisory ratios—the number of staff assigned to a single supervisor—reflect an organization’s commitment to high-quality practice and providing the resources needed to support the supervisor-staff relationship and workforce well-being. The Child Welfare League of America’s standards articulate a benchmark ratio of one supervisor for every five frontline staff, although the results of a national survey reflect average ratios of 1:6 (NCWWI, 2011).

As Figure 4 highlights, *NJ DCF supervisors are responsible for an average of 4.66 frontline caseworkers* across all areas, reflecting DCF’s commitment to effective support and oversight of all of its staff on the frontlines.

Figure 4: Number of Caseworkers per Frontline Supervisor
(as of June 2016)



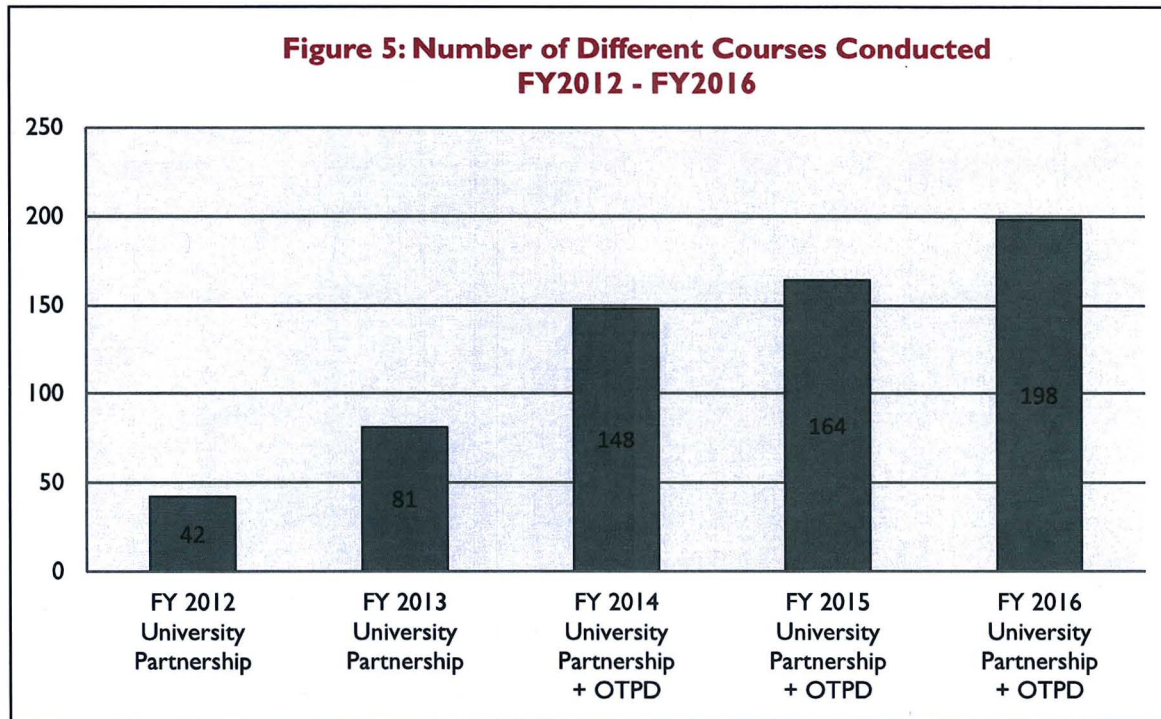
A WELL-TRAINED WORKFORCE

Educational preparation and training are also essential components to building and maintaining an effective child welfare/protection workforce. A robust menu of professional development opportunities ensures that prospective and current staff are provided with a well-organized, systematic training program that communicates a consistent practice model and standards, and the knowledge, skills, and abilities to perform their jobs and effectively serve vulnerable children and families (NCWWI, 2015b).

Through the NJ DCF Office of Training and Professional Development (OTPD) and its University-agency Child Welfare Training Partnership (NJCWTP, or “The Partnership”), created in 2007 to provide professional development to the NJ DCF workforce, a comprehensive catalog of course offerings and training days is provided annually. As noted in Figure 5 and expanded on in Appendix C, in FY2016, OTPD and the Partnership together provided an extensive menu of professional development to the entire NJ DCF workforce: new worker pre-service, hybrid new worker, mandatory in-service, elective, and Family Preservation classes.

Nearly two hundred (198) unique course titles were delivered in FY2016, representing an increase of a total of 34 courses from the previous fiscal year.¹⁰

Figure 5 below highlights the continued increase of course offerings for NJ DCF:



For CY2015 (January-December 2015), caseload-carrying (CLC) staff and their supervisors (3192) received *nearly a quarter of a million hours of annual training (237,341 hours)*. All (100%, or 3192) of DCF’s CLC staff and their supervisors received at least 40 hours of annual training. Overall, they completed an *average of 74.4 hours of training last year*. More than three-fourths (2421, or 76%) completed more than 40 hours, and more than one-fifth (643, or 21%) completed at least double or more hours of training required (80+ hours of training).

¹⁰ See the full Course Catalog at <https://socialwork.rutgers.edu/file/1626/download>

Figure 6: Annual Training for Caseload-Carrying (CLC) Staff & Supervisors



NJ DCF staff continue to report *high levels of satisfaction with the training provided*, with an average overall training satisfaction rating for all trainings of 3.65 out of 4.0, as noted in Table 8:

TABLE 8: TRAINING SATISFACTION ¹¹			
Satisfaction Survey Statements	FY2014 Average Satisfaction Score	FY2015 Average Satisfaction Score	FY2016 Average Satisfaction Score
The trainer was able to engage participants.	3.7	3.64	3.7
The trainer demonstrated expertise related to the training topic through her/his knowledge, skills, and practice experience.	3.7	3.62	3.7
The trainer's presentation was clear, concise, and organized, resulting in an effective training.	3.7	3.59	3.6
The trainer was able to answer participants' questions.	3.7	3.59	3.6
The content of the curriculum/training materials provided me with knowledge and skills I will need to meet my responsibilities in this area of work.	3.6	3.53	3.6
The instructional materials (PowerPoint slides, handouts, and participant manual) were helpful in building participants' knowledge and skills in this topic.	3.6	3.52	3.6
The activities (role plays, small group exercises, lectures, and discussions) were helpful to building participants' knowledge and skills in this topic.	3.6	3.48	3.5
The training curriculum provided different instructional activities in a way that will enable participants to use the information with children and families.	3.6	3.48	3.5

¹¹ The scale ranges from one (strongly disagree) to four (strongly agree). A high score signifies higher satisfaction with the training.

TABLE 8: TRAINING SATISFACTION ¹¹			
Satisfaction Survey Statements	FY2014 Average Satisfaction Score	FY2015 Average Satisfaction Score	FY2016 Average Satisfaction Score
Children and families will benefit from knowledge and skills participants gained during this training.	3.7	3.53	3.6
Overall, the training was a useful experience.	3.7	3.53	3.6
AVERAGE OVERALL SCORE	3.7	3.55	3.6

In addition, available data from the most recent pre- and post-test analyses over the last two years demonstrate a *continued increase in knowledge gained, with an average increase in knowledge gain from before and after trainings of 24 percentage points this past year*, noted in Table 9 below:

TABLE 9: KNOWLEDGE GAIN			
Average Scores	FY2013-2014	FY2014-2015	FY2015-2016
Pre-Test	60%	60%	60%
Post-Test	81.75%	82%	84%

A WORKFORCE LED WITH VISION & HEART

Strong, thoughtful leadership enables an organization to identify and operationalize the critical components of workforce development (NCWWI, 2015a). Dynamic, effective leaders create an environment where comprehensive workforce development is taken seriously, using a menu of interconnected strategies that foster an organizational climate and culture that values its staff and their work.

The NJ DCF Commissioner and leadership are committed to being visible and accessible—communicating frequently and with respect to staff, stakeholders, and community partners, and engaging in collaborative decision making at all levels throughout the agency. NJ DCF leadership team members recognize change begins at the top; if they model the core values—respect, empathy, genuineness, and competence—and celebrate successes, through a parallel process, staff will model these values with youth and families and be more likely to invite the family and youth voice.¹²

Ultimately, NJ DCF leadership reflects the foundational elements of effective leadership practice in child welfare: adaptive, collaborative, distributive, inclusive, and outcome-focused (NCWWI, 2010). As a result, NJ DCF leadership has been able to successfully facilitate the implementation

¹² <http://muskie.usm.maine.edu/helpkids/telefiles/061912tele/NJ%20NRCOI%20Webinar%206-19-2012%20Rev.ppt>

of an array of strategies in each of the ten (10) essential components of a national best practice approach to comprehensive workforce development (NCWWI, 2015b):

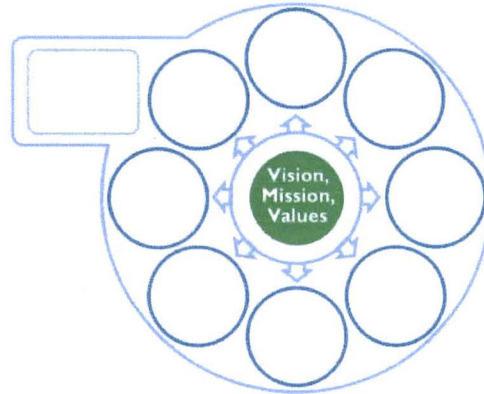


KEY INVESTMENTS & STRATEGIES

The subsections that follow highlight where, why, and how NJ DCF has made key investments and implemented strategies to develop a qualified and stable staff capable of delivering effective child welfare services to vulnerable children and families in New Jersey.

VISION, MISSION & VALUES

Agency vision, mission, and values are a central feature of workforce development, as they provide a unifying foundation for the work and inform the competencies needed for quality practice. A clear statement of agency mission, vision, and values—along with a comprehensive practice model—set the stage and help guide effective workforce development strategies.



MISSION & VISION STATEMENTS

The mission of NJ DCF, as the State's first comprehensive child protection and child welfare agency, is to ensure the safety, well-being, and success of New Jersey's children and families. Created in July 2006, DCF's vision is to ensure a better today and even a greater tomorrow for every individual the agency serves.

CORE VALUES & PRACTICE MODEL IMMERSION PROCESS

NJ DCF has crafted a range of resources to support the application of its mission and vision. In order to operationalize its mission, the agency crafted a set of Core Values.¹³ NJ DCF also developed a Case Practice Model¹⁴ and then engaged in a comprehensive, five-year-long immersion process to roll it out across the state¹⁵:

1. Four original Immersion Offices were identified: Bergen Central, Burlington East, Gloucester East, and Mercer North.
2. National consultants assisted with training and developing coaches (Child Welfare Policy & Practice Group).
3. A phased statewide roll-out was initiated, with the NJ Child Welfare Training Partnership and Office of Training and Professional Development providing training as new sites were identified.

¹³ See <http://www.state.nj.us/dcf/about/strategic.html>

¹⁴ See <http://www.state.nj.us/dcf/about/welfare/case/>

¹⁵ See <http://muskie.usm.maine.edu/helpkids/telefiles/061912tele/NJ%20NRCOI%20Webinar%206-19-2012%20Rev.ppt>

4. DCF Implementation Specialist positions were created to support the statewide roll-out. Initially there were four Implementation Specialists hired to cover the entire state. The function of the Implementation Specialist was to coach and mentor staff to develop their ability in facilitating Family Team Meetings. As the roll-out expanded, additional Implementation Specialists were brought on board. (There is now a Case Practice Specialist/Liaison assigned to each Area Office). The position has evolved to assist in other areas of case practice, including but not limited to identifying areas for performance improvement and facilitating case practice forums.
5. The agency used three tiers in its coaching process: Master Coach, Coach, and Facilitator.
6. Coaching was initially based on the “See One Do One” Model—staff would observe a Family Team Meeting and then facilitate one. However, it was recognized that this model did not provide sufficient experience for most staff to feel ready to lead Family Team Meetings, so further opportunities for observations and practice were incorporated into the immersion model.

NJ DCF continues to provide intensive Case Practice Model training and offers a Case Practice Guide¹⁶ as well. In order to refresh and reorient the workforce to the practice model, the agency launched a “Back to Basics” training and coaching program, delivered in Local Offices to re-immense staff in the essential elements of the Case Practice Model. NJ DCF also developed Case Practice Liaison/Specialist positions across the agency to support the application of the model to direct practice efforts with children, youth, and families.

STRATEGIC PRIORITIES & PLAN

Finally, in order to operationalize its vision, NJ DCF has developed a set of strategic priorities and every two years creates an accompanying Strategic Plan¹⁷ to guide its continued advancement and effectiveness.

¹⁶ See <http://www.nj.gov/dcf/documents/divisions/Case Practice Case Guide 2016.pdf>

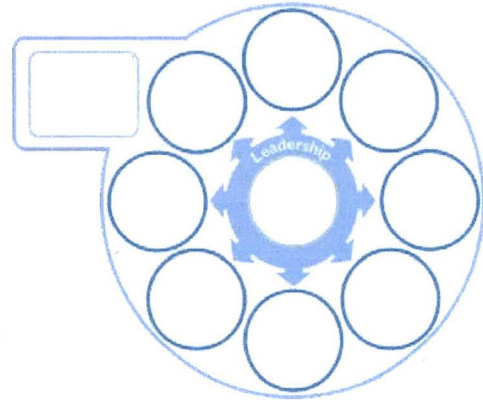
¹⁷ See http://www.nj.gov/dcf/about/NJ_DCF_Strategic_Plan_2016_2018_1116_FINAL.pdf

LEADERSHIP

NJ DCF utilizes a variety of leadership strategies to support workforce development and promote positive organizational health.

PERSONAL CONNECTION

The Commissioner encourages staff and partners to “*call me Allison,*” inviting authentic interaction and reducing the distance often experienced or perceived between a top executive and his or her frontline staff.



COMMUNICATION, COMMUNICATION, COMMUNICATION

NJ DCF holds quarterly *Leadership Meetings*, monthly *Statewide Managers/Area Directors Meetings*, and bi-weekly, three-hour *Executive Leadership Team Meetings*. In these meetings, senior staff spend time together going over interdepartmental initiatives and engaging in group decision-making processes. Members of the executive team then return to their own agency teams and implement a similar type of process. NJ DCF leadership believes that everyone needs to know what is going on, and the team works hard to effectively communicate and spread important information at all levels throughout the agency.

WALKING TOURS

Every year, the Commissioner and her team focus on a select issue (this year the focus is on intake) and conduct a walking tour of Local Offices on this issue. This strategy allows them to better understand the issues facing the staff on the frontlines, receive feedback and ideas from those who would be most impacted by any policy or practice change, and identify need for new resources or support.

KUDOS BOARD

Agency leadership also implemented a *Kudos Board* on the agency intranet to celebrate individual staff and highlight the good work of staff:



Dear Colleagues,

You may not know this, but every week I receive heartfelt letters and emails from the women, children, youth, and families we serve expressing their gratitude. Sometimes these expressions come years after our intervention, and sometimes they come within days of having worked with a representative of our department. Regardless of the timing, all serve as a constant reminder for me of how positive an impact we make in the lives of New Jersey citizens every day.

As we strive to be a learning organization, welcoming feedback on the opportunities we have for growth and improvement, I believe it is also important to be reminded of the important contributions we make every day for the women, children, youth, and families we serve. And it is in that spirit that we have created the "Kudos for Staff" button on the DCF Intranet. As I receive positive feedback about our work, I will share those anecdotes with all of you through this section of our intranet.

I encourage you all to share the letters and emails you receive through your supervisors and managers so that we can share those messages with each other across the department.

Thank you all for your hard work in support of those we serve.

Warm regards,
Alison

Alison Blake, PhD LSW
Commissioner
NJ Department of Children and Families

List of Kudos for Staff

- KUDOS to Donna R Davis from Adoption Operations** 9/27/2016 4:31 PM
by DCF
The following email was recently receiving expressing appreciation for Donna's customer service skills.
"I recently was in contact with your agency concerning the submission of an adoption registry application. I initially contacted your department..."
- KUDOS to Jennifer Harding from CSOC** 9/12/2016 1:34 PM
by DCF
The below email was received praising Jennifer's work!
"This is to recognize the excellent collaboration and partnership that we at _____ have had with Jennifer around the efforts to send confidential information to the SRTL.

In getting..."
- KUDOS to Jason Smith from the Mercer North Local Office** 9/12/2016 12:58 PM
by DCF
The following note of appreciation was received from CASA regarding Jason's work.
"... I know that you don't always get to hear the positives and I wanted to make sure you knew how appreciated Jason is by me and will be by my advocates.
..."
- KUDOS to James Patton from the Office of Legal Affairs CARL Unit** 9/6/2016 1:46 PM
by DCF
The attached letter was received praising James' for his exemplary customer service.

KUDOS James!!

***** To: Taylor, Beth of the Family Court Unit *****

On a daily basis, the agency receives letters, calls, and emails from stakeholders and community partners praising the work of specific staff or agency teams—such as resource family licensing or the business office. Instead of letting that feedback sit in a box or on a desk somewhere, every communication (author names or case specifics are redacted) is subsequently posted to the DCF Kudos Board, along with a short message from the Commissioner. The Commissioner, who could certainly delegate this task to her executive staff, posts these messages herself in order to stay in contact with the field and to internalize and be strengthened by hearing about the good work of staff.

AGENCY NOTEBOOKS & COMMISSIONER LETTERS

The Commissioner also distributes *DCF Notebooks* as a method of recognizing staff accomplishments and milestones, such as graduation from one of its multiple certificate programs. These professional notebooks feature the agency logo on the front and are accompanied by a *personalized, signed letter from the Commissioner*. The notebooks reflect the agency's commitment to raising up the profession of child welfare casework and making sure that all staff are treated as talented professionals who should receive the same types of professional recognition as other industries.



COMMITMENT DURING CRITICAL INCIDENTS

The Commissioner approaches critical incidents as opportunities for learning and improvement at all levels. Agency leadership has made a commitment to not automatically firing or demoting staff following a critical incident—choosing instead to spend time and energy debriefing, learning from the incident, and instituting system changes that may be needed.

The agency has also developed a Worker2Worker crisis response services to ensure peer support and critical incident debriefing from experienced agency retirees (described in greater detail in “Incentives & Work Conditions” section later on).

EMPLOYEE RECOGNITION EVENTS

Finally, the agency has also instituted an annual department-wide employee recognition event. Staff and their families are invited, framed certificates are provided, photographs are taken, and awards are given for teamwork and other achievements.

The awards are based on nominations solicited from staff:

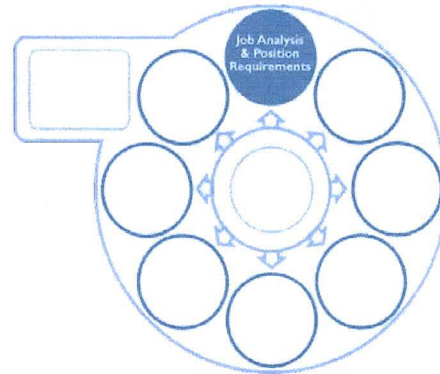
“The Employee Recognition Awards Program is an opportunity for us to recognize and acknowledge co-workers and/or supervisors/managers for their dedication in providing a positive impact in our lives and those we serve. This is the time to nominate that co-worker that inspires you, to recognize a unit or office that has demonstrated and worked as a team, or acknowledge the employees who excel in providing exceptional customer service. Let a co-worker, supervisor or manager know that their hard work is noticed, appreciated and deserving of acknowledgment for the impact they have made.”

JOB ANALYSIS & POSITION REQUIREMENTS

NJ DCF has instituted a variety of key strategies to clearly articulate and recruit for staff with specific competencies.

EMPLOYEE QUALIFICATIONS

NJ DCF provides clear degree requirements and preferences for all positions (see Table 1) and the knowledge and skills sought for each position (see Appendix A). Not only does this streamline the recruitment and screening process, but it also helps employees have a clearer sense of the agency's career ladder and opportunities for promotion.



SPECIALIZATIONS

All positions also can have a bilingual designation or variant added as needed, allowing the agency to do targeted recruitment and incentivize the outreach and selection of potential staff who speak more than one language. NJ DCF also analyzed its workforce and service gaps, which resulted in the addition of a variety of specialized positions designed to support effective casework, such as domestic violence liaisons, case practice liaisons/specialists, youth advocates, LGBTQ-Safe Space liaisons, and others.

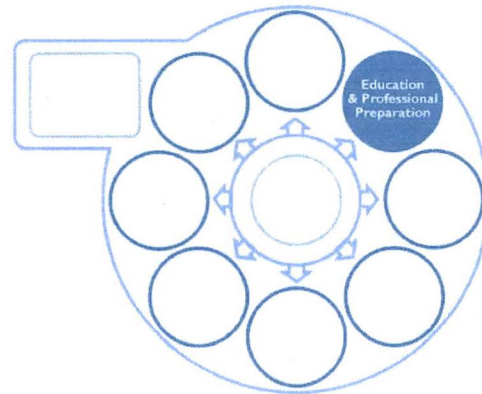
CASELOAD STANDARDS & SUPERVISORY RATIOS

NJ DCF set caseload standards to align with national standards, such as the Child Welfare League of America's caseload standards for intake, permanency, and adoption caseworkers. These caseload standards were designed to ensure reasonable workloads (see Table 7) so that staff have the time needed to develop relationships with and provide effective services to children, youth, and families. NJ DCF also used the national standard for effective supervisory ratios to ensure that supervisor to staff ratios across the agency allow supervisors the time to be available and engaged with their staff (see Figure 4).

EDUCATION & PROFESSIONAL PREPARATION

As noted previously in the accomplishments section, NJ DCF supports specialized programs for students who are committed to child welfare careers or to current NJ DCF supervisors seeking to enhance their own career trajectories within the agency.

Core competencies for both of the current programs are located in Appendix B and are described in greater detail below:



SPECIALIZED CHILD WELFARE DEGREE PROGRAMS

Formally initiated in November 2005, the **Baccalaureate Child Welfare Education Program (BCWEP)** is a partnership among a consortium of baccalaureate social work education programs, the New Jersey Department of Children and Families, and the New Jersey Chapter of the National Association of Social Workers. Participating undergraduate social work programs in the 2015-2016 academic year were Centenary University BSW Program; Georgian Court University Social Work Department; Monmouth University School of Social Work; Ramapo College Social Work Program; Rutgers University-Camden, Newark, and New Brunswick School of Social Work; Seton Hall University Department of Sociology, Anthropology, and Social Work; and Stockton University Social Work Program.

BCWEP focuses on building competencies related to workplace management, human behavior and the social environment, ethnic sensitive and multicultural practice, and core child welfare practice. BCWEP offers a generalist social work curriculum, specialized child welfare coursework, child welfare field placement experiences, opportunities for peer connection and support, plus NJ DCF Work Readiness Training.

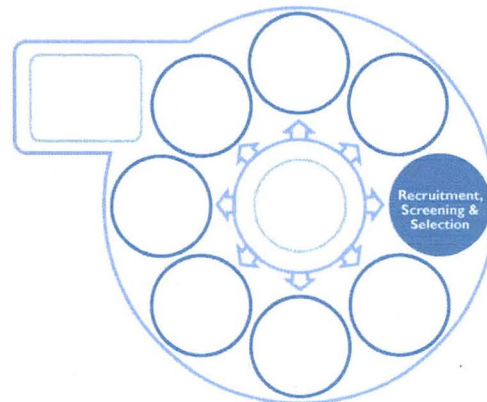
NJ DCF also supports the **Masters Child Welfare Education Program (MCWEP)**, which was formally initiated in June 2012 as a partnership among NJ DCF, the New Jersey Chapter of the National Association of Social Workers (NASW-NJ), and a consortium of three graduate social work programs—the Monmouth University School of Social Work MSW Program, the Rutgers University School of Social Work MSW Program, and the Stockton University MSW Program. In the spring of 2016, the partnership was expanded to include Kean University's Master of Social Work Program.

The goal of MCWEP is to enhance the knowledge and skills of supervisors currently employed at the NJ DCF Division of Child Protection and Permanency (DCP&P) through completion of a Master's Degree in Social Work (MSW). Through participation in MCWEP, DCP&P supervisors broaden their perspectives on social work and child welfare (including evidence-based public

child welfare practice), develop advanced clinical skills, and deepen their supervisory skills so that they become more confident supervisors and mentors in their work with at-risk children and families and more effective leaders in promoting exemplary practice within New Jersey's public child welfare system.

RECRUITMENT, SCREENING & SELECTION

An agency's screening and selection process serves to attract the most qualified applicants to the agency *and* to screen out those who are less or not qualified (Bernotavicz, 2008). Screening and selecting the right staff is best done through a carefully thought-out and repeatable process (McKenzie, McKenzie, & Jackson, 2007). In order to effectively recruit casework staff, NJ DCF employs a variety of best practice strategies.



DEDICATED RECRUITMENT UNIT

NJ DCF's Office of Human Resources (OHR) has a dedicated Recruitment Unit that focuses on making the jobs at NJ DCF "*jobs of choice rather than default*" and on building a robust process for recruitment of high-quality applicants, in particular for the entry-level casework title, Family Service Specialist Trainee (FSST). OHR also engages in targeted recruitment for staff with specific qualities, such as bilingual staff.

MULTIPLE PLATFORMS FOR ADVERTISING

The OHR Recruitment Unit uses multiple platforms to recruit for various positions. The Unit recruits for positions on NJ DCF's public website as well as on the NJ Civil Service Commission's website. The Unit recruits on other websites as well—such as Indeed.com, Monster.com, and Careerbuilder.com—and at colleges and universities throughout New Jersey, New York, and Pennsylvania. The Unit also works with the State of New Jersey's contracted advertising agency to place specific newspaper ads. In addition, Unit staff also attend Job Fairs/Career Days sponsored by colleges and other private or public entities to meet specific recruitment needs.

JOB FESTS

The vast majority of FSSTs hired in CY2015 were hired through OHR's "Job Fest" process.¹⁸ The process was designed to recruit academically qualified staff with demonstrated competencies in verbal and written communication, problem analysis, and decision making. Job

¹⁸ Of the 261 FSSTs hired in calendar year 2015, approximately 30 were hired through the Baccalaureate Child Welfare Education Program (BCWEP).

Fests are held two to three times per month¹⁹. Primarily only “A” level²⁰ candidates are invited to attend a Job Fest; they are chosen from amongst the 10,000 resumes received per year.

Each Job Fest is approximately three to four hours, and two to three are held each month (27 in 2015; 33 in 2016). After being provided an introductory overview, including a 20-minute realistic job preview video, candidates are individually interviewed by a panel of two interviewers who are experienced supervisors at NJ DCF DCP&P. The interview questions are scenario-based and designed to assess certain behavioral competencies. Candidates are also required to prepare a brief writing sample by answering a question within a ten-minute timeframe.

The Job Fest process typically consists of two sessions on a single day: one in the morning and the other in the afternoon, with 25 to 45 candidates in attendance at each session. A typical session consists of the steps outlined in Table 10:

TABLE 10: JOB FEST PROCESS	
Section	Steps
General Overview	<ol style="list-style-type: none"> 1. Overview of Division of Child Protection and Permanency (DCP&P) and role of the FSST 2. A twenty-minute video on DCP&P 3. Instructions for completing the pre-employment forms/paperwork 4. Overview of the hiring process
Initial Interview	<ol style="list-style-type: none"> 1. Each candidate is interviewed by a panel of two interviewers 2. Each Job Fest has nine to thirteen interview panels 3. Interview questions for the most part are scenario-based and designed to assess the following skills: <ol style="list-style-type: none"> a. Judgment/Decision Making b. Oral Communication c. Problem Analysis d. Interpersonal Responsiveness e. Organization f. Time Management
Writing Sample	<ol style="list-style-type: none"> 1. Each candidate participates in a ten-minute writing sample 2. The writing sample is evaluated to determine if it is relevant, coherent, in a narrative format, and reflects proper spelling/grammar/punctuation
Credential/Paperwork Checkout	<ol style="list-style-type: none"> 1. Each candidate meets with an HR representative to review and confirm that all forms are completed accurately, including: <ol style="list-style-type: none"> a. Review employment application for completeness b. Review and verify documents (valid driver’s license, social security card, college transcript, written references) c. Ensure candidate signs necessary releases, consents, and affidavits d. Advise candidate of any outstanding documentation needed to complete the application process

¹⁹ In 2015, 27 Job Fests were held, while 33 are scheduled for 2016.

²⁰ “A” level candidates have a Bachelor of Social Work or Master of Social Work degree or a degree relevant to social work (sociology, psychology, child advocacy, family and community services studies, etc.) with 6 months of social work experience.

POOL OF PRE-QUALIFIED CANDIDATES

NJ DCF maintains a pool of pre-qualified applicants for casework positions in order to fill vacancies in casework positions quickly with competent staff. Those who pass the Job Fest process (answers are scored independently by OHR staff) are requested to submit to background checks. Those who pass these checks are then placed on a Hiring Matrix by Counties of Interest. When any one of NJ DCF's 46 Local Offices needs to fill a vacancy, they are able to select one or more pre-qualified candidates from the Matrix for a "meet and greet" interview in the office and then quickly make a selection.

ONBOARDING PROCESS

NJ DCF provides new caseworkers with a strong, thoughtful onboarding process that includes significant orientation, pre-service and new worker training, peer mentoring and coaching, and gradual assumption of a caseload. NJ DCF's onboarding approach ensures a combination of classroom instruction coupled with field work to incrementally introduce new staff to a broad array of learning experiences in child welfare. Because the skill sets required to effectively deliver child welfare services take time to develop and hone, NJ DCF has crafted an approach to ensure that all new caseworkers are afforded the most supportive introduction to child welfare work, as well as appropriate and adequate training and gradual exposure to cases.

Pre-service Training

The NJ DCF Office of Training and Professional Development (OTPD) has the responsibility of providing formal training during the new worker's initial training year via pre-service training and foundation courses:

TABLE 11: NEW DCP&P WORKER TRAINING (in sequential order)	
Section	Course
Orientation	<ul style="list-style-type: none"> • New Worker Orientation: Welcome to DCF! (3 days) • Car Seat Safety (1 day)
New Worker Hybrid PreService Modules	<ul style="list-style-type: none"> • Hybrid Computer Orientation (1 day) • Module 1 - Understanding Child Welfare in New Jersey (3 days) • Module 2 - Cultivating Awareness: Promoting Worker Safety, Well-Being, and Success (2 days) • Module 3 - Focusing on Families from Screening to Closing (4 days) • Module 4 - NJ SPIRIT (2 ½ days) • Module 5 - Child Development and Identifying Abuse and Neglect (4 days) • Module 6 - Making Visits Matter (3 days) • Module 7 - Simulation (5-7 days)
PreService Outside Presenters	<ul style="list-style-type: none"> • Educational Stability (1/2 day) • Introduction to Testifying in Court (1/2 day) • Parent Advocacy (1/2 day) • NJ Parent Link (1/2 day) • Disaster Preparedness/Emergency Response (1 hour) • Administrative Hearings (2 hours) • CSOC – Introduction to Children's System of Care (1/2 day)

TABLE II: NEW DCP&P WORKER TRAINING (in sequential order)	
Section	Course
	<ul style="list-style-type: none"> Using Genograms and Ecomaps (1 day) Worker2Worker (1/2 day) Case Practice Module 3: Facilitating the Family Team Meeting Process (3 days)
Foundation Classes (taken in first 18 months of employment)	<ul style="list-style-type: none"> Substance Abuse Module 1: Substance Abuse and Child Welfare (1 day) Substance Abuse Module 2: Substance Use Disorders, Treatment and Recovery (1 day) Substance Abuse Module 3: Mental Illness (1 day) Substance Abuse Module 4: Case Planning (1 day) Concurrent Planning (3 days) Mental Illness (1 day) Mental Health Screening Tool (1 day) Red Flags (1 day) Child Sexual Abuse: Module 1 (4 days) Domestic Violence (2 days) Domestic Violence Protocol (1 day) Human Trafficking 1 (2 days)* Human Trafficking 2 (2 days) Child Sexual Abuse: Module 2 (4 days)
Quarterly	<ul style="list-style-type: none"> Drug Awareness (1/2 day)
Upcoming	<ul style="list-style-type: none"> Safety Awareness for the Child Welfare Professional (2 days)

Field Training Units

NJ DCF's *Field Training Units* operate in each of the agency's Local Offices and are responsible for the following:

- Developing new caseworkers into well-rounded permanency workers, suitable for transfer in six months (or slightly less time if a new worker shows exceptional progress) to regular permanency units within the Local Office
- Supporting a Local Office's overall effort to train new caseworkers
- Providing internships for BSWs and MSWs, if appropriate

Field Training Units are comprised of seven new caseworkers or less. These units act as fully functioning units where new caseworkers report and work on field days during the entire Pre-Service Training period and for a period of approximately six months from the start of employment.

In addition to the general supervisory job specification, Field Training Unit supervisors are expected to have:

- A diverse and extensive child welfare and child protective services background within the Division;
- Extensive knowledge of NJ DCF DCP&P's policies and procedures;

- Proven mentoring and team-building skills;
- Support and respect of the Local Office Manager and other office staff to ensure the integrity of the Field Training Unit and its functions;
- Understanding of and supportive approach to the mission of NJ DCF DCP&P and the goals of the Child Welfare Reform Plan; and
- Aptitude for and interest in patiently developing and nurturing new caseworkers.

In order to support new caseworkers, Field Training Unit Supervisors:

- Create an atmosphere of a *teaching unit*, support teamwork, and enhance new caseworkers' knowledge of NJ DCF DCP&P policies and procedures;
- Create *learning circles* where new caseworkers are responsible for sharing and participating in the teaching and learning process;
- Convey messages of commitment to the NJ DCF DCP&P mission, policies, and procedures;
- Identify and strengthen the case practice skills of new caseworkers;
- Are available and accessible to all unit members;
- Ensure new caseworkers are afforded opportunities to experience diverse functions, including case assignment types, community contacts, Local Office systems, and personnel interactions;
- Coordinate field days that are relevant to, and complement, OTPD's curriculum;
- *Team new caseworkers with different unit activities* during the training process to ensure clarity regarding office functions and how staff interact;
- Conference each new caseworker's caseload on a weekly basis, or more often if needed; and
- Conduct *joint field visits*.

Gradual Case Assignment

New caseworkers are gradually assigned cases²¹ as ongoing permanency workers and are not placed into child protective investigation positions given the complexity and advanced training needed for those positions.

After completing Module 7—Functional Assessments for Child Well-Being, Safety, and Risk—of the Pre-Service Training program, new caseworkers are assigned one or two cases incrementally (approximately three to four weeks after the Pre-Service Training program begins). The following is the time table for assigning cases to new caseworkers:

²¹ A case is defined as a family.

TABLE 12: SCHEDULE FOR GRADUAL CASE ASSIGNMENT

Period	Cases
3 1/2 - 4 Weeks to 3 Months	<ul style="list-style-type: none"> • Supervisor begins to assign one or two cases to new caseworkers only after completion of Module 7 of the Pre-Service Training • Supervisor gradually assigns additional cases as appropriate • By the end of the third month of employment, new caseworkers may have a total of seven cases
4-6 Months	<ul style="list-style-type: none"> • Supervisor gradually assigns one case per week until new caseworkers receive up to eight additional cases
6 Months & Beyond	<ul style="list-style-type: none"> • 15 families per caseworker

Care is taken to ensure that new caseworker caseloads are diverse in population, service needs, and procedural content and reflect different case situations such as a child in out-of-home placement, a multi-issue family (e.g., substance abuse, homelessness, etc.), a child in residential placement, and a case in litigation. New caseworkers may be assigned low- or moderate-risk cases and may not be assigned very high-risk cases at first, such as complex cases of sexual abuse and the most difficult physical abuse cases.

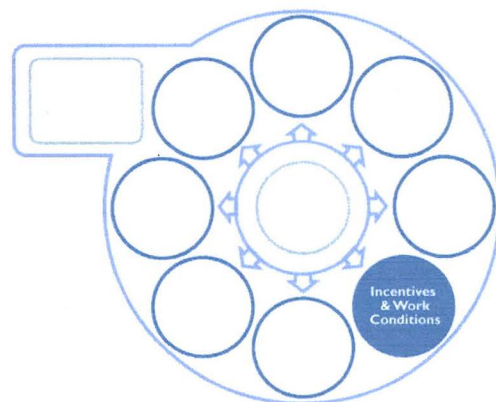
Additional information around the specific structure and supports provided by the *Field Training Unit* can be found in Appendix D, while expectations for the *New Worker Training* process and content can be found in Appendix E.

INCENTIVES & WORK CONDITIONS

NJ DCF offers a number of incentives and resources to support healthy and safe working conditions.

BENEFITS

NJ DCF provides staff with a comprehensive benefits package, along with discounts for movie passes, sporting events, Broadway shows, and other items through the State’s Employee Discount Program. The agency is also taking steps to ensure all staff have smart phones and tablets.



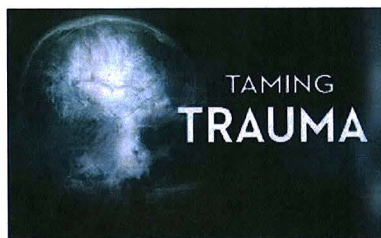
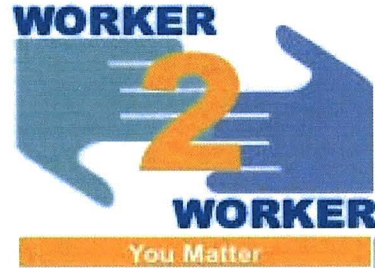
WORKER SAFETY & SECONDARY TRAUMA

NJ DCF has instituted a variety of programming to attend to issues of worker safety and work-related stress and trauma. In partnership with Rutgers University Behavioral Health Care (UBHC), NJ DCF conducted a self-assessment of its Division of Child Protection and Permanency (DCP&P) in order to help the Division become a more trauma-informed system of care. Information from the qualitative and quantitative assessment measures were analyzed and compiled to create a *Trauma Readiness Assessment Report*,²² which includes strengths and areas of need, recommendations, and considerations for next steps.

Through the NJ Child Welfare Training Partnership, NJ DCF has also instituted a safety committee to discuss issues and create recommendations for action. In 2015, a 2-day course, *Safety Awareness for the Child Welfare Professional*, was developed and implemented.²³ The class covers preventative measures, de-escalation techniques, and responding within a situation of imminent danger. This two-day safety class was initially introduced as a voluntary offering but, given its popularity and the widespread recognition of its value for staff, shifted to become a mandatory course for caseload carrying DCP&P staff. To date, the New Jersey Child Welfare Training Partnership has trained more than 2,000 staff in this course. This safety training was also accompanied by two other elective offerings: a physical self-defense, offered periodically, as well as a unique symposium that sharpens perception using artwork as the educational medium.²⁴

WORKER2WORKER

Vicarious trauma, caregiver burnout, and self-care are challenges amongst the first responder population, which include the NJ DCF staff. Similar to the success of “Cop 2 Cop” and “NJ Vet 2 Vet,” first responders who care for others may be resistant to traditional mental health supports and require peer support to normalize issues and challenges by talking to someone with shared lived experience.



NJ DCF’s “Worker2Worker” is a *confidential peer-counseling support helpline* for Division of Child Protection and Permanency employees to help manage the unique stresses of their jobs at NJ DCF DCP&P. *Worker2Worker* is a 7-day-a-week helpline coordinated by Rutgers University Behavioral Health Care and staffed by former DCP&P supervisors and caseworkers.²⁵ The helpline features a nationally recognized

²²See [http://www.nj.gov/dcf/TRA Recommendations At A Glance.pdf](http://www.nj.gov/dcf/TRA_Recommendations_At_A_Glance.pdf) or [http://www.nj.gov/dcf/Executive Summary.pdf](http://www.nj.gov/dcf/Executive_Summary.pdf)

²³ See <https://socialwork.rutgers.edu/file/1634/download>

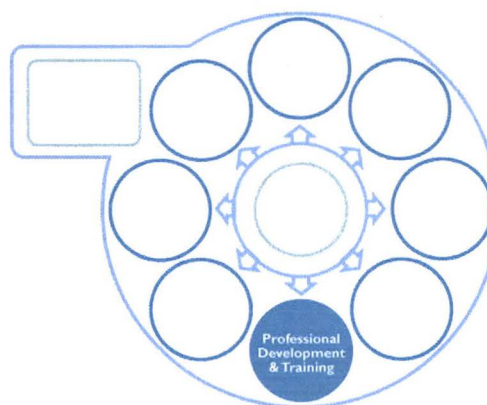
²⁴ See <https://t.co/nPSqSaUNsg>

²⁵ See the Worker2Worker “Stand By Me” video: <https://www.youtube.com/watch?v=NKCHiii9cSA>

best practice model of peer support entitled “Reciprocal Peer Support,” clinical care telephone assessments, resilience-building events, a network of referral/treatment services, and psychological first aid with crisis response services after traumatic events. In addition, the program has expanded to develop a “New DCPP Worker Peer Mentor Project” training for new staff and monthly follow-up with an assigned peer mentor to provide support. The “Worker2Worker Resilience Summits,” such as *Taming Trauma*, include peer support and resilience-building activities and education to build on staff strengths. Worker2Worker has successfully delivered and expanded this support to reach more than 11,000 contacts over the last three years, with marked success.

PROFESSIONAL DEVELOPMENT & TRAINING

Helping staff grow professionally is a critical workforce development strategy. NJ DCF has made significant investment in staff training and professional development through the following menu of supports:



THE PROFESSIONAL CENTER

Many course offerings are held at the NJ DCF Professional Center, a 107,000 square-foot building providing a unique environment for training, meetings, and community events. Located at 30 Van Dyke Avenue in New Brunswick, the Professional Center is situated in the center of the state with regard to population distribution, which makes it more easily accessible to the many thousands who use it each year. The DCF Professional Center has a variety of resources to support training and conferences: two auditoriums, two computer labs, two large meeting rooms (65+), two small meeting rooms, eleven classrooms, one CPR room, one car seat training room, three rooms for simulation trainings, two courtrooms, and a café.

UNIVERSITY-AGENCY TRAINING PARTNERSHIP

The NJ Child Welfare Training Partnership²⁶ was created in 2007 to provide professional development to the workforce of the NJ Department of Children and Families. The Partnership is a successful collaboration between the Office of Training and Professional Development; the Institute for Families at Rutgers, The State University of New Jersey; and Stockton University’s Child Welfare Education Institute.

The initial focus of the Partnership’s training was to implement change in the State’s culture of child welfare practice. This approach supported movement from a case management service delivery model to the current strengths-based, family-centered, child-focused model of practice.

²⁶ See <https://socialwork.rutgers.edu/file/1632/download>

The Partnership has since evolved into a large-scale workforce development approach improving and enhancing case practice for more than 5,600 child welfare professionals supporting the protection, permanency, and well-being of children and families across New Jersey.

The Office of Training and Professional Development and the New Jersey Child Welfare Training Partnership are charged with the development of curricula and delivery of educational training that enhance case practice and planning with children and their families. Classroom and online courses meet the critical needs of the workforce. Specialized topics on issues influencing the safety and well-being of children—including domestic violence, substance abuse, and mental illness—are a major emphasis. There are now nearly two hundred courses in the current course catalog.²⁷

Special attention is also given to infuse culturally relevant content into all coursework as a means of raising the cultural competence of staff members. The effectiveness, impact, and relevancy of all coursework are documented through an ongoing evaluation of each training. Pre- and post-tests measure knowledge gains for participants.²⁸

CONTINUING EDUCATION CREDITS

Most courses offered by the New Jersey Child Welfare Training Partnership are approved and recognized by the New Jersey State Board of Social Work Examiners to offer Continuing Education Units (CEUs) for licensure and certification renewal.

CERTIFICATE PROGRAMS

NJ DCF has also invested in specialized professional development opportunities for staff, including the following:

- Adoption Certificate²⁹
- Master Supervisor Certificate
- Violence Against Women Certificate Program (VAWC)
- Substance Abuse Certificate

PROFESSIONAL CONFERENCES

NJ DCF hosts many professional development conferences and day-long intensive trainings throughout the year, including the Adolescent Networking Conference, System of Care Statewide Conference, Suicide Prevention Conference, New Jersey Task Force on Child Abuse and Neglect Biennial Conference, the Systems of Care Youth Conference, Child Abuse and Neglect Forensic Evaluation and Treatment Conference, and many others. NJ DCF also

²⁷ See the full course catalog at <https://socialwork.rutgers.edu/file/1626/download>

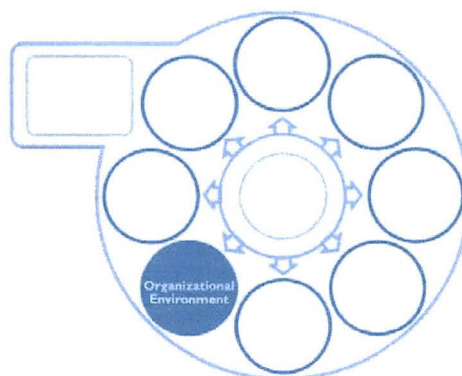
²⁸ See <https://socialwork.rutgers.edu/file/1631/download>

²⁹ See <https://socialwork.rutgers.edu/file/1630/download>

frequently develops professional mini-conferences for specific cohorts of staff, such as the Local Office Managers Leadership Convenings or the Protective Factors Training Conference for Child Welfare and Early Childhood Providers.

ORGANIZATIONAL ENVIRONMENT

NJ DCF promotes the essential tenets of a learning organization through activities and programs that support Continuous Quality Improvement (CQI). NJ DCF uses data and outcome measures to inform decision making and to support the culture of a learning organization that is self-analyzing and self-correcting. NJ DCF utilizes CQI to identify and analyze strengths and areas needing improvement, and then evaluate, implement, provide feedback, learn from, and revise solutions designed to improve the quality of services.



QUALITY REVIEW (QR)

The *Qualitative Review (QR)* process assesses system performance and identifies strengths and areas for improvements to support positive outcomes for children and families. The QR process is managed through the Office of Quality within the NJ DCF Office of Performance Management and Accountability (OPMA).³⁰ The review process is an intensive week-long review that includes interviews of children and families and other involved stakeholders in their lives as a key method of gathering information:

1. **Sample:** QRs are conducted in all of New Jersey's twenty-one (21) counties over a two-year period: ten counties will be reviewed starting in 2016; the eleven subsequent counties will be reviewed in 2017, with this pattern remaining the same over subsequent years. Each review will include a minimum of 10 cases and a maximum of 30 cases, depending on the percentage of children and youth served in the county under review. Three lists will be generated for the county under review determined by the office size. The sample will consist of Placement, or "out-of-home" (OOH) (Age 0-17) cases; In-Home (INH) (Age 0-17) cases; and Adolescent (ADO) (Age 18-21) cases.
2. **Evaluation Instrument:** The QR examines the status of the child and family in several important areas of life—e.g., safety, stability, health, and family resourcefulness. Key practice performance areas—e.g., engagement, family teamwork, functional assessment, and service effectiveness—are also examined.

³⁰See <http://www.nj.gov/dcf/about/divisions/opma>

3. **Method:** Review teams review select documents in the case record as well as interview parents, children, caseworkers, and others who are important to the family (e.g., schools, service providers, and other caregivers). Reviewers assign a “score” for each indicator based on guidance provided in the QR protocol.
4. **Review Team:** Each QR Review Team consists of the Local Site Coordinator (LSC) who prepares the county and cases for review; the Team Lead, who manages the review process; and Reviewers who are teamed in pairs, with each pair evaluating two cases over the course of the week. Reviewers are experienced staff at the administrative level and participate in at least two reviews annually.
5. **Team Selection and Preparation:** Review Team members include staff from across NJ DCF as well as stakeholders from the community. Reviewers participate in at least two reviews per year in order to continually build their skills. Experienced reviewers are paired with newer reviewers to build capacity. Reviewers do not participate in QRs in Areas in which they work.
6. **Review Prep:** Prior to the review week, staff validate the sample, obtain family agreements to participate, create the master schedule of interviews, and secure team space to operate. Reviewers also participate in a conference call prior to the review so logistical information can be shared and questions answered.
7. **Review Week:** The review lasts an entire week with opportunities for team debriefing of each case reviewed, as well as an exit conference on Friday where all the results are shared in real time.
8. **Reporting:** Final Reports are issued by OPMA which outline key themes from the review and note the specific strengths and areas needing improvement that were identified in the review process. All data is maintained by OPMA and submitted as part of New Jersey’s Child and Family Services Review, Program Improvement Plan, and the Modified Settlement Agreement.
9. **Follow-up:** After the review, an improvement plan to address areas needing improvement, and building on strengths, is developed locally for each county and subsequently tracked for implementation.

CHILDSTAT

ChildStat is designed to encourage a culture of learning through self-reflective and self-diagnostic processes.³¹ ChildStat uses a case conferencing model where one case is utilized to critically analyze practice, policy, and procedures from a systems perspective. This process can help identify the steps that can be taken to enhance practice with the case presented and within the Local Office. In addition, it helps identify critical decision-making elements and themes statewide. After the NJ DCF OPMA selects a case, the individual case and data are provided to the Area Director and Local Office Manager (two weeks prior to the ChildStat presentation).

³¹ See <http://www.nj.gov/dcf/about/divisions/opma>

Then the caseworker, supervisor, and other relevant staff and community partners develop and deliver a presentation on the quality of the practice and the services offered to the family.

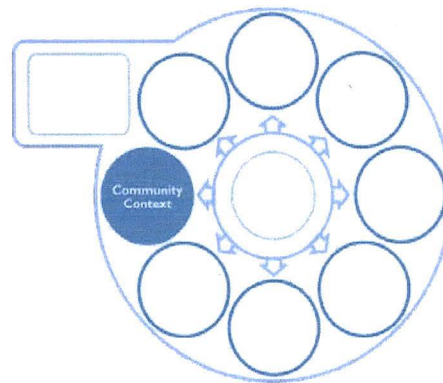
Following the presentations, the Area Director, Local Office Manager, and select staff from the Local Office have an opportunity to debrief. These sessions are co-facilitated by PMA and DCP&P leadership to discuss themes, next steps, and their overall sense of the process. This is an opportunity to review the questions and comments from the morning participants, extend the learning, and discuss issues in a smaller, less formal setting. After the Local Office has presented at ChildStat, the office leadership share the presentation in their office(s) so that staff have an opportunity to review and reflect on it. Six months following an Office's presentation, an update is completed in the Area or Local Office with a representative of OPMA and leadership of that County/Office. This update focuses on lessons learned from the evaluations completed at the presentation by the audience, how preparing and presenting made improvements to office systems or systemic factors, and what was done following the presentation specific to the case to improve case practice.

EXIT INTERVIEWS

Although NJ DCF does not have a high turnover rate, the agency does seek information and feedback from those who depart through online and in-person exit interviews.

COMMUNITY CONTEXT

NJ DCF utilizes several strategies to foster meaningful relationships with community partners, stakeholders, and the public, as well as launched a number of initiatives to support data-driven collaboration and accountability.



DATA TRANSPARENCY

Both the Commissioner's Dashboard and the NJ Child Welfare Data Hub are designed to increase access to and use of child welfare data. The *Commissioner's Dashboard*³² provides monthly reports on selected data indicators that help DCF and others better understand who the agency is serving and how it is doing. The Commissioner's Dashboard reports help guide, track, and adjust agency efforts as well as provide information on meeting identified benchmarks to a range of stakeholders and the general public.

³² See <http://www.nj.gov/dcf/childdata/continuous>

The *NJ Child Welfare Data Hub*³³ was developed collaboratively by NJ DCF and the Institute for Families at the Rutgers University School of Social Work. Built upon the principles of transparency and accountability, the Data Hub seeks to improve the lives of children and families by making New Jersey child welfare data available to the public. There are two key components to the Hub:

1. The *Data Map*, which allows users to explore key child welfare measures, population characteristics, and socioeconomic variables at the state- and county-level. The Data Map provides social and economic context, helping users explore the complex interaction between social environments and the children and families involved with New Jersey's child welfare system.
2. The *Data Portal*, on the other hand, allows users to explore key indicators of child well-being through customizable visualization and query tools. After selecting a measure, users can select variables to gain further insight into the report. In addition, users can selectively filter the variables, retrieving data in exactly the way they need.

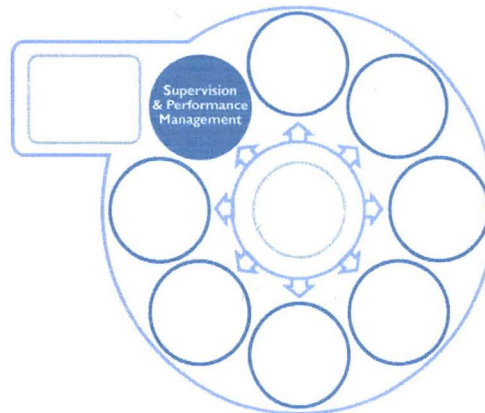
CELEBRATION OF MILESTONES & RECOGNITION

In order to be visible and accessible and nurture key relationships, NJ DCF leadership *attends a wide variety of community events each month*, such as the Annual Adoption Day events and adoption finalizations across the state, graduation ceremonies at 16 NJ DCF Special Needs Schools, certificate program graduations, and other youth-focused meetings and events. NJ DCF also seeks to include community providers and other stakeholders in conversations about change. Following the approval of the Exit and Sustainability Plan, a series of *stakeholder forums* and meetings were held throughout the state to provide information, clarify any assumptions or inaccuracies, and engage the community in the path and activities ahead. Finally, NJ DCF also creates opportunities to recognize community partners and celebrate key milestones. NJ DCF hosted a gathering to celebrate with community providers on the occasion of NJ DCF's ten-year anniversary, and each year the agency selects key partners to receive the *annual Commissioner's Partnership Award*.

³³ See <https://njchilddata.rutgers.edu/>

SUPERVISION & PERFORMANCE MANAGEMENT

The quality of supervision, data-driven decision making, and clear performance expectations are key factors in promoting commitment and retention of staff and strengthening child welfare practice and outcomes. NJ DCF has a number of supervisory initiatives underway to build the capacity of current and emerging supervisors and managers:



DATA FELLOWS

The NJ DCF *Manage by Data Fellows Program*³⁴ teaches staff how data can improve outcomes for children and families.³⁵ It is at the center of NJ DCF's department-wide commitment to operate as a learning organization. As of 2016, there are 239 Fellows' alumni, and there is a new cohort—the program's sixth—of 39 participants who started in September 2016. The first three cohorts of the program (2011-12; 2012-13; 2013-14) have a cumulative retention rate of 92%. The most recent two cohorts (2014-15 and 2015-16) each have a 100% retention rate.

Fellows spend nine months on a project with the goal of improving outcomes for children and families in New Jersey. Fellows use a variety of data sources to enhance their quantitative and qualitative data analysis skills, identify best practices, and increase competency to engage in data-informed decision making. Practice topics to date have included investigation quality; frequently encountered families; stability; and improving timely, safe, and stable permanency. Fellows tailor local solutions after completing a literature review and examining best practices in New Jersey and other child welfare systems nationwide.

The Fellows' alumni network reflects every geographical area of the state and nearly every office and division. The local teams of alumni are charged with utilizing a variety of data sources to analyze performance and make recommendations for improved practice. They transfer their learning around the importance of quality data entry and sustain data-informed decision making in both daily practice and long-term strategic planning.

The program has evolved since its inception. One significant improvement was identifying Facilitators in Training—these are program graduates who are provided with additional training in coaching, facilitating, and advanced analytic skills to assist the active cohort of Fellows with their project work. In the 2015-16 year, the Fellows were introduced to logic

³⁴ <http://www.acf.hhs.gov/cb/resource/cwit-data-fellows-program>

³⁵ <http://www.public-catalyst.com/assets/reports/Manage-by-Data-Evaluation-Report-FINAL.pdf> and <http://www.public-catalyst.com/assets/reports/New-Jerseys-Manage-by-Data-Program-IBM.pdf>

models and performance improvement plans as tools to help them organize their project work and track success moving forward.

SUPERVISORY TRAINING & COACHING

NJ DCF provides multiple opportunities for supervisory training and coaching. In order to achieve the Master Supervisor Certificate, NJ DCF DCP&P staff must have at least two years of supervision experience, complete Case Practice Module 6 and New Supervisor Training, secure the recommendation of their Local Office Manager and Casework Supervisor, and complete the classes below:

- 305 - Coaching the Challenge Employee
- 345 - Domestic Violence Training for Supervisors
- 308 - First Responders for Supervisors
- 347 - Data Skills for Supervisors
- 264 - Aligning Our Values
- Supervising the Transfer of Learning Process
- 450, 451, 452 - Child Sexual Abuse Issues for Supervisors
- 312 - Supervising Workers on Family Reunification
- Supervisory Practice in Child Welfare – Module 1 of 3: Self-Management
- Supervisory Practice in Child Welfare – Module 2 of 3: People Management
- Supervisory Practice in Child Welfare – Module 3 of 3: Casework Management
- 350 - Supervisors Building Workers' Resiliency
- 710 - Supervising the Transfer of Learning Process

In collaboration with the Institute for Families at the Rutgers School of Social Work, NJ DCF also supports annual convenings designed to strengthen the leadership skills and peer community of Local Office Managers. NJ DCF also uses a variety of coaching efforts to strengthen the implementation of new initiatives or reinvigorate existing ones. NJ DCF has also instituted three case conferencing models intended to support effective, dynamic supervisory practice:

1. **Back to Basics**, which represents an ongoing comprehensive case conferencing model between a caseworker and supervisor and is designed to support a fuller understanding and application of the case history to inform current decision making. Coaching is provided by a Case Practice Liaison to enhance and support this model.
2. **Focus on Supervision**, which is supported by a two-day training and intended to support critical thinking and leverage the support and knowledge of subject matter experts in planning. This case conferencing model is led by a casework supervisor and the supervisor, who are the drivers of the process designed to facilitate more complete understanding and application of case history to decision making.
3. **Meeting of the Minds**, which is a conferencing model designed to engage supervisors and caseworkers in brainstorming solutions on challenging adolescent cases.

TRANSFER OF LEARNING

NJ DCF supervisors also play a key role in the knowledge transfer process following staff training. Supervisors receive an enrollment letter as well as a course completion letter in order to help orient them to the training topic and what their staff will be learning, as well as share some suggestions for activities and support they can provide to their staff to strengthen transfer of learning after training has concluded.

ANNUAL PERFORMANCE REVIEWS

Employee Performance Reviews (PARs) are conducted annually. They are used as a tool for building competencies and are informed by relevant elements of the NJ DCF Strategic Plan to ensure performance and investment in the agency's core priority areas.

CONCLUSION

A qualified, supported, and stable child welfare workforce is the foundation of effective service delivery and an important reflection of an organization's functioning and health. From 2015 through 2016, NJ DCF continued its investments in supporting and strengthening its child welfare staff and supervisors. This report has offered a snapshot of the strategies employed to develop and maintain a high-functioning workforce as well as documented the Department's many related achievements.

Ultimately, as a result of these key investments and comprehensive approach, New Jersey's child welfare workforce is...

	Qualified		Competent
	Stable & Consistent		Diverse & Reflective of Children Served
	Committed		Adequately Compensated
	Well-supported		Well-supervised
	Well-trained		Led with Vision & Heart

REFERENCES

- American Public Human Services Association. (2010). *Positioning public child welfare guidance: Workforce*. Washington, DC: Author. Retrieved from <http://www.ppcwg.org/images/files/Workforce%20Guidance.pdf>
- American Public Human Services Association. (2005). *Report from the 2004 child welfare workforce survey: State agency findings*. Washington, DC: Author. Retrieved from <http://www.aphsa.org/Home/Doc/Workforce%20Report%202005.pdf>
- Bernotavicz, F. (2008). *Screening and selection of child welfare staff*. Portland, ME: Edmund S. Muskie School of Public Service, Institute for Public Sector Innovation, University of Southern Maine. Retrieved from <http://www.cwti.org/RR/Screening%20and%20selection%20Final%206-08%201.pdf>
- Child Welfare Information Gateway. (2016). *Caseload and workload management*. Washington, DC: Children's Bureau/ACYF. Retrieved from https://www.childwelfare.gov/pubPDFs/case_work_management.pdf
- CPS Human Resource Services. (2006). *The turnover tool kit: A guide to understanding and reducing employee turnover*. Sacramento, CA: Author. Retrieved from <http://www.cpshr.us/workforceplanning/documents/TurnTool1CalculatorFINAL.pdf>
- Dickinson, N. S., & Perry, R. E. (2002). Factors influencing the retention of specially educated public child welfare workers. *Evaluation Research in Child Welfare*, 15(3/4), 89-103.
- Faller, K. C., Masternak, M., Grinnell-Davis, C., Grabarek, M., Sieffert, J., & Bernatovicz, F. (2009). Realistic job previews in child welfare: State of innovation and practice. *Child Welfare*, 88(5), 23-47.
- Flower, C., McDonald, J., & Sumski, M. (2005). *Review of turnover in Milwaukee County private agency child welfare ongoing case management staff*. Milwaukee, WI: Bureau of Milwaukee Child Welfare.
- Gallant, M. (2013, January 28). Does your organization have a healthy employee turnover rate? *Halogen Software TalentSpace Blog*. Retrieved from <http://www.halogensoftware.com/blog/does-your-organization-have-healthy-employee-turnover>

- Graef, M., & Potter, M. (2002). Alternative solutions to the child protective services staffing crisis: Innovations from industrial/organizational psychology. *Protecting Children*, 17(3), 18-31.
- Hess, P., Kanak, S., & Atkins, J. (2009). *Building a model and framework for child welfare supervision*. New York, NY & Portland, ME: National Resource Center for Family-Centered Practice & Permanency Planning and National Child Welfare Resource Center for Organizational Improvement. Retrieved from <http://muskie.usm.maine.edu/helpkids/rcpdfs/BuildingAModelandFrameworkforCWSu pervision.pdf>
- Holloway, S., Black, P., Hoffman, K., & Pierce, D. (2009). *Some considerations of the import of the 2008 EPAS for curriculum design*. Retrieved from <http://www.cswe.org/File.aspx?id=31578>
- McKenzie, J., McKenzie, J., & Jackson, R. (2007). *Staff retention in child and family services: Recruiting and selecting the right staff (Workbook 6)*. Lansing, MI: Michigan State University School of Social Work. Retrieved from <http://www.socialwork.msu.edu/outreach/docs/Workbook%206%20Selecting%20the%20Right%20Staff%206-07-07.pdf>
- Mor Barak, M. E., Travis, D. J., Pyun, H., & Xie, B. (2009). The impact of supervision on worker outcomes: A meta-analysis. *Social Service Review*, 83(1), 3-32.
- Munson, S. (2015). *NJ DCF workforce: Preliminary highlights, 2014-2015*. New Brunswick, NJ: Institute for Families, Rutgers University School of Social Work. Retrieved from http://www.state.nj.us/dcf/childdata/orgdev/NJ.DCF.Workforce.Report_2015.pdf
- National Child Welfare Workforce Institute. (2015a). *Competency-based workforce development: A synthesis of current approaches*. Albany, NY: Author. Retrieved from https://ncwwi.org/files/Workforce_Development_Process/NCWWI_Competency_Synthe sis.pdf
- National Child Welfare Workforce Institute. (2015b). *Workforce Development Framework*. Albany, NY: Author. Retrieved from http://ncwwi.org/files/Workforce_Development_Process/WDF_Final_June_2015.pdf
- National Child Welfare Workforce Institute. (2011). *Child welfare workforce demographics (2000-2010): Snapshot of the frontline child welfare caseworker*. Albany, NY: Author. Retrieved from https://www.ncwwi.org/files/Workforce_Demographic_Trends_May2011.pdf
- National Child Welfare Workforce Institute. (2010). *Leadership competency framework*. Albany, NY: Author. Retrieved from <http://ncwwi.org/files/LeaderCompFrame5-31-2011.pdf>

- National Council on Crime and Delinquency. (2006). *The relationship between staff turnover, child welfare system functioning and recent child abuse*. Houston, TX: Cornerstones for Kids. Retrieved from http://www.cornerstones4kids.org/images/nccd_relationships_306.pdf
- North Carolina Office of State Personnel. (2004). *Report: Child welfare crisis compensation and classification study*. Retrieved from <https://ncoshr.s3.amazonaws.com/s3fs-public/childwelfare.pdf>
- Strolin, J., McCarthy, M., & Caringi, J. (2007). Causes and effects of child welfare workforce turnover: Current state of knowledge and future directions. *Journal of Public Child Welfare*, 1(2), 29-52.
- Strolin-Goltzman, J., Kollar, S., & Trinkle, J. (2009). Listening to the voices of children in foster care: Youths speak out about child welfare workforce turnover and selection. *Social Work*, 55(1), 47-53.
- Sunset Advisory Commission. (2014). *Staff report with Commission decisions: Department of Family and Protective Services*. Austin, TX: Texas State Legislature. Retrieved from <https://www.sunset.texas.gov/public/uploads/files/reports/DFPS%20Staff%20Report.pdf>
- US General Accounting Office. (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff* [GAO 03-357]. Washington, DC: Author. Retrieved from <http://www.gao.gov/new.items/d03357.pdf>
- Wagner, D., Johnson, D., & Healy, T. (2009). Agency workforce estimation: Simple steps for improving child safety and permanency. *FOCUS: Views from the Children's Research Center*. Madison, WI: National Council on Crime & Delinquency. Retrieved from https://ncwwi.org/files/Job_Analysis_Position_Requirements/Agency_workforce_estimation.pdf
- Wermeling, L., Hunn, V., & McLendon, T. (2013). Social work education's effect on retention. *Journal of Social Work Education*, 49(2), 222-234.

APPENDICES

APPENDIX A: NJ DCF STAFF RESPONSIBILITIES & COMPETENCIES

NJ DCF Staff Responsibilities & Competencies		
Position Title	Responsibilities	Competencies
Family Service Specialist Trainee	<p>Performs the field work and office work to conduct varied types of investigations, including abuse and/or neglect referrals, in-home supervision, residential placement, foster care and Adoption Complaint Investigations (ACIs); collects, records and analyzes significant facts, draws conclusions and determines appropriate action.</p>	<ul style="list-style-type: none"> • Knowledge of: the methods used to collect and analyze data. • Ability to: learn and apply modern social work theory, standards and methods; interpret and apply laws, rules, regulations and procedures to specific situations; work effectively with associates, families, individuals and groups; collect and analyze data, and evaluate the social relationships of individuals and families and take appropriate action; comprehend the problems of physically and/or emotionally maladjusted or dependent persons, or those confined in an institution; learn from an in-service training program; prepare accurate case histories and reports; act as a witness in court; prepare correspondence; remain calm and decisive in emergency situations; take and maintain a firm stand; make immediate and critical decisions based upon agency policy and perform judiciously under pressure; maintain records and files.
Family Service Specialist 2	<p>Performs field and office work to: screen allegations of child abuse and/or neglect; initiate or conduct various types of investigations, including child welfare assessments or abuse and/or neglect referrals in problematic high-risk family situations, in-home supervision, residential placement, assessment, recruitment, and placement in resource family/foster homes, adoption-related work and placement supervision; manage various aspects of court-involved cases; refer families for services; facilitate Family Team Meetings; collect, record and analyze significant facts, draw conclusions and determine appropriate action.</p>	<ul style="list-style-type: none"> • Knowledge of: the economic, social, emotional and other problems of abused and neglected family members; the signs of child abuse and neglect; the methods used to identify whether abuse or neglect has occurred; problems encountered in the investigation of child abuse referrals and other problematic family situations; counseling and interviewing techniques; the methods used to conduct investigations; the methods used to collect and analyze data; the types of community services and resources likely to be used by the client population served; assessment methods used to match a child to a Resource Family; the types of social service agencies likely to be of assistance in providing for the needs of those with social, emotional, psychological or behavioral problems. • Ability to: engage families in critical decision making and case planning; interpret and apply the Child Protective Services and child welfare policies and procedures; maintain client confidentiality including all documentation and information contained in the case record; interpret and apply laws, rules and regulations to specific situations; interact with the public in a professional manner; assess if it is necessary to place children in out-of-home settings; monitor the effectiveness and appropriateness of services provided to meet the needs of children and families; identify the need for other community resources and services, and make appropriate referrals; collect and analyze data and evaluate the social relationships of individuals and families and take appropriate action including providing services; conduct investigations of child abuse and child neglect under the direction of a supervisor; conduct safety assessments and prepare safety plans with supervisory consultation and guidance; identify risk factors through observation, interviews and collateral sources; conduct field visits and/or studies; document all case-related activities; prepare case plans with families and appropriate interested parties; prepare

NJ DCF Staff Responsibilities & Competencies

Position Title	Responsibilities	Competencies
		<p>case histories, records and reports; prepare clear, sound, accurate and complete reports of investigations containing findings, conclusions and recommendations; demonstrate strong writing and organizational skills; interview persons who may be emotionally upset or antagonistic, and obtain information needed for planning realistic goals for improved family and/or individual functioning; remain calm and decisive in emergency situations, make immediate and critical decisions based on agency policy and perform judiciously under pressure; lift, carry, position and secure children in car seats; act as witness in court, and prepare documents for court review.</p>
<p>Family Service Specialist I</p>	<p>Handles a caseload of families and performs field and office work to: initiate or conduct various types of investigations, including child welfare assessments or abuse and/or neglect referrals in problematic, high-risk situations, in-home supervision, residential placement; conduct assessment, recruitment, and placement in resource family/foster homes, adoption-related work and placement supervision; assist supervisory staff in developing, coordinating and facilitating social programs using sophisticated social work skills, including engagement, analysis, assessment group work and/or individualized therapeutic interaction with clients; assists in developing needed services, additional resources and training programs; provide direct treatment/counseling services, Family Team Meetings and referrals for family services to a high risk requiring intensive intervention; manage various aspects of court-involved cases.</p>	<ul style="list-style-type: none"> • Knowledge of: economic, social, emotional and other problems of abused and neglected family members and of expected emotional and other reactions; problems encountered in the investigation of child abuse referrals and other problematic family situations; methods used to identify whether abuse or neglect has occurred; signs of child abuse and neglect; counseling and interviewing techniques; methods used to conduct investigations; methods used to collect and analyze data; community services and resources; assessment methods used to match children to Resource Families; types of social service agencies likely to be of assistance in providing for the needs of those with social, emotional, psychological or behavioral problems. • Ability to: interact with the public in a professional manner; interpret and apply the Child Protective Services and child welfare policies and procedures; maintain client confidentiality including all documentation, identifying and non-identifying information contained in the case record; interpret and apply laws, rules and regulations to specific situations; assess the signs for when it is necessary to place children in out-of-home settings; monitor the effectiveness and appropriateness of services provided to meet the needs of children and families; identify the need for other community resources and services, and make appropriate referrals; collect and analyze data and evaluate the social relationships of individuals and families and take appropriate action, including providing services; conduct investigations of child abuse and child neglect under the direction of a supervisor; conduct safety assessments and prepare safety plans; identify risk factors through observation, interviews and collateral sources; conduct field visits, studies and/or investigations; document all case-related activities; prepare case plans with families and appropriate interested parties; engage families in critical decision making and case planning; lift, carry, position and secure children in car seats; prepare case histories, records and reports; interview persons who may be emotionally upset and antagonistic, and obtain information needed for planning realistic goals for family and/or individual functioning; remain calm and decisive in emergency situations, take and maintain a firm stand, make immediate and critical decisions based on agency policy and perform

NJ DCF Staff Responsibilities & Competencies

Position Title	Responsibilities	Competencies
		<p><i>judiciously under pressure; oversee collection of basic social data and develop appropriate social and other plans for disturbed, disabled and/or delinquent children; provide consultation services in the broad field of social work; act as a witness in court, and prepare documents for court review; provide training to professional staff in counseling methods, techniques and procedures.</i></p>
<p>Supervising Family Service Specialist 2</p>	<p>Supervises the delivery of social and protective services; assists in administering office activities according to agency policy in personnel, budget, systems and training; coordinates service with other family and children's services providers and maintains positive relationships with concerned community groups and individuals; participates in the development of policy, procedures and standards.</p>	<ul style="list-style-type: none"> • Knowledge of: types of social service agencies likely to be of assistance in providing for the needs of those with social, emotional, psychological or behavioral problems; economic, social, emotional and other problems of abused and neglected family members and of possible emotional or other reactions to be anticipated; problems encountered in the investigation of child abuse referrals and other problematic family situations; counseling and interviewing techniques; methods used to conduct investigations; methods used to collect and analyze data; signs of child abuse and neglect; community services and resources; assessment methods used to match children to Resource Families. • Ability to: interpret and apply Child Protective Services and child welfare policies and procedures; interpret and apply laws, rules and regulations to specific situations; supervise the collection of basic social data and develop appropriate social and other plans for children with a variety of emotional, mental, physical and social difficulties; represent the Department and participate in meetings and conferences; evaluate and review case plans and case recording; assign and instruct staff and supervise their work; assist in developing effective plans of action to address problems; monitor the effectiveness and appropriateness of services provided to meet the needs of children and families; plan, schedule and conduct staff conferences; supervise the delivery of social and protective services; conduct studies and surveys; prepare legal reports, affidavits and depositions; remain calm and decisive in emergency situations, make immediate and critical decisions based on agency policy, and perform judiciously under pressure; supervise the establishment and maintenance of records and files.
<p>County Services Specialist</p>	<p>Implements and integrates the services of the division within the designated county (or counties) human services system, consisting of multiple public and private social service agencies and programs; attempts to maximize resources by networking and interacting with all social services in the county/community.</p>	<ul style="list-style-type: none"> • Knowledge of: types of social service programs likely to be needed by the client population served; social work theory; difficulties in the delivery mechanisms for social service programs. • Ability to: learn statewide contracting service procedures used by the various regional contract Administration units in order to communicate, expedite, enhance and recommend purchase of services using community-based resources; interpret and apply New Jersey laws and the rules, regulations, policies, standards and procedures; plan, develop, coordinate and administer the conducting of surveys, studies and investigations applicable to the implementation of an integrated social service system; resolve administrative and other problems encountered in helping communities establish and maintain cooperative social

NJ DCF Staff Responsibilities & Competencies

Position Title	Responsibilities	Competencies
		<p><i>service programming; prepare and supervise the preparation of clear and accurate reports; read and evaluate statistical reports; prepare correspondence; direct the establishment and maintenance of essential records and files.</i></p>
<p>Supervising Family Service Specialist I</p>	<p>Oversees the work of subordinate supervisory-level staff involved in the delivery of social and protective services; assists in administering office activities according to agency policy in personnel, budget, systems and training; coordinates service with other family and children's services providers and maintains positive relationships with other concerned community groups and individuals; participates in the development of policy, procedures and standards.</p>	<ul style="list-style-type: none"> • <i>Knowledge of: types of social service agencies likely to be of assistance in providing for the needs of those with social, emotional, psychological or behavioral problems; economic, social, emotional and other problems of abused and neglected family members and of possible emotional or other reactions to be anticipated; problems encountered in the investigation of child abuse referrals and other problematic family situations; counseling and interview techniques; methods used to conduct investigations; methods used to collect and analyze data; signs of child abuse and neglect; case evaluation methods; community services and resources; assessment methods used to match children to Resource Families.</i> • <i>Ability to: supervise the collection of basic social data and develop appropriate social and other plans for children with a variety of emotional, mental, physical and social difficulties; represent the Department and participate in meetings and conferences; review and evaluate case plans; supervise the delivery of social and protective services; conduct studies and surveys; interpret and apply Child Protective Services and child welfare policies and procedures; interpret and apply laws, rules and regulations; assign and instruct office staff and supervise their work; develop plans of action to address problems; monitor the effectiveness and appropriateness of services provided to meet the needs of children and families; plan, schedule and conduct staff conferences; remain calm and decisive in immediate emergency situations, make immediate and critical decisions based on agency policy, and perform judiciously under pressure; prepare and supervise the preparation of reports and correspondence; supervise the establishment and maintenance of records and files.</i>

APPENDIX B: BCWEP AND MCWEP CORE COMPETENCIES

BCWEP Core Competencies	
Competency Area	Core Knowledge & Abilities
Workplace Management	<ul style="list-style-type: none"> • Demonstrates knowledge of the basic structure of DCP&P and child welfare practice, including Title 30, Title 9, and Adoption and Safe Families Act of 1997. • Understands the vision, values, mission, mandates and desired outcomes of the New Jersey Child Welfare System. • Is able to work productively with agency staff, supervisors, and clients in an environment characterized by human diversity. • Demonstrates an awareness of community resources available for children and families and have a working knowledge of how to utilize these resources in achieving case goals. • Has a working knowledge of collaboration with multidisciplinary teams and can work productively with team members in implementing case plans. • Is able to plan, prioritize, and complete activities within appropriate time frames. • Is aware of potential work-related stress factors and begin to develop appropriate self-care strategies.
Human Behavior in the Social environment	<ul style="list-style-type: none"> • Demonstrates understanding of the stages, processes, and milestones of physical, cognitive, social, and emotional development of children and young adults—and how it is determined and assessed. • Understands the profound negative impact of child maltreatment on children’s health and development. • Demonstrates understanding of the stages and processes of adult development and family life. • Demonstrates understanding of the potential effects of poverty, racism, sexism, homophobia, violence, and other forms of oppression on human behavior. • Demonstrates understanding of the influence of culture on human behavior and family dynamics. • Demonstrates understanding of how the strengths perspective and empowerment approaches can influence growth, development, and behavior change.
Ethnic Sensitive & Multicultural Practice	<ul style="list-style-type: none"> • Demonstrates sensitivity to clients’ differences in culture, ethnicity, and sexual orientation. • Demonstrates the ability to conduct an ethnically and culturally sensitive assessment of a child and family and to develop an appropriate intervention plan. • Demonstrates understanding of the importance of a client’s primary language and support its use in providing child welfare assessment and intervention services. • Demonstrates understanding of the influence and value of traditional, culturally based childrearing practices and use this knowledge in working with families. • Demonstrates the ability to collaborate with individuals, groups, community-based organizations, and government agencies to advocate for equitable access to culturally sensitive resources and services.
Core Child Welfare Practice	<ul style="list-style-type: none"> • Is able to identify the multiple factors of social and family dynamics in child abuse and neglect, including the interaction of individual, family, and environmental factors. • Demonstrates understanding of the strengths-based “person in environment” perspective, and awareness of strengths which act to preserve the family and protect the child.

BCWEP Core Competencies

Competency Area	Core Knowledge & Abilities
	<ul style="list-style-type: none"> • Demonstrates awareness and beginning understanding of the physical, emotional, and behavioral indicators of child neglect and abuse, child sexual abuse, substance abuse, and mental illness in child victims and their families—and be able to relate these indicators to Title 9, Title 30, and to DCP&P policy. • Is developing knowledge of the forms and mechanisms of oppression and discrimination in the lives of low-income and single-parent families and uses this knowledge in providing appropriate services. • Demonstrates an understanding of the dual responsibility of the child welfare case worker to protect children and to provide appropriate services to enable families to care for their children, including pre-placement preventive services. • Demonstrate understanding of the dynamics of all forms of family violence, and the importance of culturally sensitive case plans for families and family members to address these problems. • Recognizes the need to monitor the safety of the child by initial and ongoing assessment of risk, especially for children with special needs. • Demonstrates a beginning understanding of legal process and the role of social workers and other professionals in relation to the courts, including policy issues and legal requirements affecting child welfare practice. • Is in the process of developing a knowledge base about the effects of attachment, separation, and placement experiences for the child and the child's family and the effects on the child's physical, cognitive, social, and emotional development • Is in the process of developing an understanding of the importance of evidence-based practice and a basic understanding of empirical research. • Demonstrates awareness of the principles of concurrent and permanency planning with regard to younger children as well as planning for older children about to terminate from the child welfare system. • Is developing the capacity to utilize the case manager's role in creating a helping system for clients, including working collaboratively with other disciplines and involving and working collaboratively with biological families, foster families, and kin networks. • Shows understanding of the value base of the profession and its ethical standards and principles, and practices accordingly. • Demonstrates the appropriate use of power and authority in professional relationships, as well as the dynamics of engaging and working with involuntary clients. • Demonstrates the ability to assess his or her own emotional responses to clients, co-workers, and situations. • Demonstrates an understanding of the importance of the termination process, with clients and with systems. • Demonstrates an understanding of the critical importance of documentation in public child welfare.

MCWEP Core Competencies

Position Title	Core Knowledge & Abilities
Trauma-informed Practice	<ul style="list-style-type: none"> • Integrates the concept of “child traumatic stress” in case practice and supervision by knowing what types of experiences constitute childhood trauma and utilize a trauma informed lens to manage child welfare cases. • Applies knowledge of how traumatic experiences affect brain development and memory and understand the relationship between a child’s lifetime trauma history and his or her responses through comprehensive case planning. • Articulates how trauma has an impact on the behavior of children over the course of childhood and how child traumatic stress is exacerbated over time by ongoing stressors (including separation from/loss of caregivers, and/or foster placement) in a child’s environment and within the child welfare system. • Identifies and promotes the utilization of trauma-sensitive interventions such as strategic referrals to timely, quality, and effective trauma-focused interventions and trauma informed case planning with multi-disciplinary teams. • Articulates how the impact of traumatic stress can be prevented and/or mitigated by trauma-informed responses of child welfare workers and child welfare systems. • Considers how cultural factors influence the manner by which children may identify, interpret, and respond to traumatic events during the case practice process. • Identifies the impact of secondary traumatic stress (STS) on child welfare workers and employ appropriate interventions. • Supports the Child and Family Services Review (CFSR) goals of safety, permanency, and well-being by increasing skills to effectively serve children and families (biological and resource) in the child welfare system that have experienced traumatic stress.
Child Welfare Leadership & Supervision	<ul style="list-style-type: none"> • Demonstrates an understanding of the role of ethics and the systems perspective in leadership behavior as a supervisor. • Describes key child welfare workforce issues, trends, and challenges from a national perspective. • Demonstrates the ability to identify evidence-based practice in child welfare supervision. • Demonstrates an understanding of the stages and key issues in the implementation of change initiatives. • Understands the relationship of creating a learning culture to staff retention and performance. • Describes interactional clinical supervision and discusses how it would be implemented in a public child welfare setting. • Describes and applies strategies to foster an inclusive workplace where diversity and individual differences are valued. • Describes the impact of trauma on worker retention and lists strategies to mitigate the stress of secondary trauma

APPENDIX C: TOTAL COURSES & DELIVERIES FOR FY2016 (JULY 1, 2015 – JUNE 30, 2016)

The following tables present the total number of training deliveries by course title held during FY2016.³⁶

NEW DCP&P WORKER PRE-SERVICE COURSES

Course Title	Number of Deliveries
Pre-Service: Administrative Hearing – 019	6
Pre-Service: Car Seat Safety – 003	99
Pre-Service: Case Practice Module 3: Facilitating the Family Team Meeting Process - 023	20
Pre-Service: Computer Applications – 005	5
Pre-Service: CSOC – Intro to Children's System of Care – 020	6
Pre-Service: Educational Stability – 030	1
Pre-Service: Intro to Testifying in Court – 026	2
Pre-Service: Module 1: Understanding Child Welfare in New Jersey – 002	4
Pre-Service: Module 2: Cultivating Awareness – 006	5
Pre-Service: Module 3: Focusing on Families from Screening to Closing – 007	4
Pre-Service: Module 4: NJ SPIRIT – 008	4
Pre-Service: Module 5: Child Development and Identifying Abuse and Neglect – 009	22
Pre-Service: Module 6: Making Visits Matter – 022	5
Pre-Service: Module 7: Simulation – 012	7
Pre-Service: Module 8: Engagement and Interpersonal Helping Skills – 010	5
Pre-Service: Module 9: Facilitating Change – 011	6

³⁶ Some courses were facilitated over multiple days and are therefore counted towards multiple training days.

Pre-Service: New Worker's Orientation: Welcome to DCF! – 001	18
Pre-Service: Using Genograms & Ecomaps – 013	16
Pre-Service: Worker2Worker: Pre-Service for New Workers – 029	1
Total Deliveries	236

HYBRID COURSES FOR NEW DCP&P WORKERS

Course Title	Number of Deliveries
Hybrid New Worker: Computer Applications/Educational Stability	7
Hybrid New Worker: Case Practice Module 3	2
Hybrid New Worker: Cultivating Awareness	10
Hybrid New Worker: Educational Stability	2
Hybrid New Worker: Emergency Preparedness	1
Hybrid New Worker: Focusing on Families	7
Hybrid New Worker: Focusing on Families/Testifying in Court	1
Hybrid New Worker: Making Visits Matter	8
Hybrid New Worker: New Worker 10	2
Hybrid New Worker: New Worker 11	2
Hybrid New Worker: New Worker 12	2
Hybrid New Worker: New Worker 13 Orientation Group	1
Hybrid New Worker: Group 13	2
Hybrid New Worker: Orientation	1
Hybrid New Worker: Parent Advocacy	1
Hybrid New Worker: Parent Link	1
Hybrid New Worker: Simulation/Worker2worker	11
Hybrid New Worker: Testifying in Court	3
Hybrid New Worker: Understanding Child Welfare in NJ	10
Hybrid New Worker: Using Genograms and Ecomaps - 013	2
Total Deliveries	76

FOUNDATION COURSES

Course Title	Number of Deliveries
Child Sexual Abuse Training for Child Welfare Professionals: Module 1, Days 1-2 – 31	20
Child Sexual Abuse Training for Child Welfare Professionals: Module 1, Days 3-4 – 32	21
Child Sexual Abuse Training for Child Welfare Professionals: Module 2, Days 1-2 – 33	28
Child Sexual Abuse Training for Child Welfare Professionals: Module 2, Day 3-4 – 34	30
Concurrent Permanency Planning – 038	21
Domestic Violence Policy & the DCP&P Case Practice Protocol – 041	16
Human Trafficking 2: Engagement and Interviewing Skills – 271	21
Mental Health Screening Tool – 036	17
Mental Illness – 035	26
Substance Abuse: Modules 1- 4 – 15, 16, 17, & 18	18
Substance Abuse 3: Mental Illness – 017	1
Substance Abuse 4: Case Planning – 018	1
Total Deliveries	220

MANDATORY COURSES

Course Title	Number of Deliveries
Case Practice Module 1: Engaging Families and Building Trust-Based Relationships – 021	8
Case Practice Module 2: Making Visits Better--Home Visiting to Improve Safety, Well-Being, Stability, and Permanence for Children and Families – 022	6
Case Practice Module 4: Functional Assessment – 024	9
Case Practice Module 5: Planning and Intervention – 025	8
Case Planning with Children, Youth, and Families: Transfer of Learning	56
Child Protection and Early Intervention – 229	2
Focus on Supervision: Day 1 – 325	2
Focus on Supervision: Day 2 – 326	10
Investigations in the Context of 4 Tiers – 081	6
Safety Awareness for the CW Professional – 265	124
Working with Immigrant Families Module 1 - 071	11
Working with Immigrant Families, Module 2 – 070	1
Total Deliveries	243

ELECTIVE COURSES

Course Title	Number of Deliveries
Active Shooter/Emergency Preparedness	1
Adoption New Worker Training - 103	1
Adoption of Older Children - 803	1
Adoption Recruitment - 805	1
Advanced Skills for Engaging and Teaming with Families - 266	7
Aligning Our Values - 264	6
Animal Abuse as a Risk Factor for Child Maltreatment and Family Violence - 280	6
Application of Group Dynamics to Family Team Meetings - 241	2
Art of Awareness - 903	6
Art of Communication - 110	2
Art of Engagement and Delivery - 905	1
Assessing Older Adults as Surrogate Caregivers: Module 1 - 112	1
Assessing Older Adults as Surrogate Caregivers: Module 2 - 113	1
Assessing Older Adults as Surrogate Caregivers: Module 3 - 114	1
Assistant Family Service Workers Module 1: Working with and Supporting Families –105	1
Assistant Family Service Workers Module 2: Making Connections and Visits Matter - 106	1
Attachment Focused Work with Adoptive Families - 804	1
Bringing the Protective Factors to Life - 554	12
Building Resiliency in Children : Why Some Bounce Back and Some Never Do - 242	4
Celebrating Culture : Working with Latino Families - 122	2
Child Protective Services and the Legal System - 124	4
Child Sexual Abuse for Supervisors – 304	5

Children and Eating Disorders - 126	4
CIC: Document Search - 158	2
Coaching the Challenging Employee - 305	4
Compulsive Hoarding: Issues and Strategies - 166	9
Conceptualizing Crisis Intervention when Working with Adoptive Families - 855	1
Coping with Vicarious Traumatization for Workers - 245	1
CPR and First Aid - 128	30
Creating a Meaningful Life Story – Advanced Lifebook Development - 854	1
Critical Thinking for Ethical Practice in Public Child Welfare - 133	2
Cultural Competency - 134	3
Customer Service and Time Management for CP&P Support Staff - 205	1
Customer Service for Child Welfare Staff - 138	3
Cutting, Self-Injurious Behavior and Suicide - 270	3
Defensive Driving: A Classroom-Based Course on Crash Avoidance - 253	18
Difficult Conversations: A Survival Guide for Supervisors - 167	4
Difficult Conversations: A Survival Guide for Workers - 168	6
Documentation for Child Welfare Professionals - 141	1
Domestic Violence Training for Supervisors - 345	3
Engagement of Non-Residential Fathers - 149	5
Enhancing Adoptive Families Support of LGBTQI Youth - 850	1
Enhancing Visitation: A Caseworker's Guide to Improving Visit Quality for Children and Families - 150	4
Everyday Self-Defense for Social Workers - 273	14
Everyone Has a Story - 262	3
Excel Training: Beginners Level - 152	5

Excel Training: Intermediate Level - 153	5
Executive Writing Skills - 346	3
Factual Witness Training - 851	1
Family Systems Theory - 160	1
First Responders for Supervisors - 308	2
First Responders in Child Welfare: Module 1 - 257	1
First Responders in Child Welfare: Module 2 - 258	1
First Responders in Child Welfare: Module 3 - 259	1
First Responders: Module 1 - 250	14
First Responders: Module 2 - 251	13
First Responders: Module 3 - 252	14
Fostering Youth Participation in Court - 268	5
Gang Identification, Trends, and the Psychology of Gang Members – 163	1
Girls and Gangs - 164	2
Grandparents Stepping In: Module 1 - 112	1
Grandparents Stepping In: Module 2 – 113	1
Grandparents Stepping In: Module 3 - 114	1
Group Skills for Trainers – 904	1
Handling Vicarious Traumatization: Supervisors Building Resiliency -240	1
Helping Adoptive Families Navigate the Processes of Placement - 808	1
Infant Care Basics for Non-Parenting Professionals - 171	5
Interviewing Children with Consideration of Their Development -173	2
Introduction to Supervision of Clerical and Administrative Support Staff - 313	4
Kinship Adoption - 802	1

Legal Writing Guidelines for the Litigation Unit - 575	8
LGBTQI 101 - 243	2
Lifebook Work for Child Welfare Professionals - 269	6
Managing Your Personal and Professional Boundaries - 176	3
Missing and Exploited Youth - 200	5
Motivational Interviewing: Applying Motivational Enhancement Theory - 178	16
Nonviolent Crisis Intervention - 182	2
Normal Sexual Development through the Child Welfare Lens -183	3
Preparing Children for Adoption - 806	1
Presentation Skills - 190	4
Psychology of Adoption - 801	1
Qualitative Review Training - 193	1
Red Flags Child Health Program- 230	4
Reunification: The Importance of Resource Parents - 194	4
SAFE Overview	1
SAFE Updates	3
Social Emotional Foundations of Early Learning: An Infant Mental Health Approach - 218	4
Special Response Unit Supervisors - 256	1
Special Response Unit Workers - 255	6
Strengthening Casework Doc Day I - 142	3
Strengthening Casework Doc Day I - 142	3
Strengthening Casework Documentation: An Enhancement Class for Caseworkers and Supervisors Day 1 & 2 – 142 &143	5
Stress Management for Child Welfare Professionals - 207	1
Structured Decision Making and Critical Thinking - 208	3

Student Bullying: What Caseworkers Need to Know & Do - 209	2
Supervising Support Staff on Customer Service and Time Management Skills - 275	1
Supervising the Transfer of Learning Process - 710	5
Supervising Workers on Family Reunification - 312	4
Supervisors Building Workers' Resiliency – 350	3
Supervisory Practices in Child Welfare: Module 1 of 3: Self-Management - 301	3
Supervisory Practices in Child Welfare: Module 2 of 3: People Management - 302	5
Supervisory Practices in Child Welfare: Module 3 of 3: Case Management - 303	3
Team Building - 244	4
Technology Addiction - 215	7
Testifying in Court - 156	10
The Impact of Parental Incarceration on Children in the Child Welfare System - 216	7
Toddler Care Basics for Non-Parenting Professionals - 263	5
Transgender 101 – 219	3
Trauma Informed Response when Working with Adoptive Families - 852	1
Types of Expert Mental Health Evaluations used in Child Abuse/Neglect Proceedings - 267	3
Understanding and Managing Personal Stress Reactions - 104	3
Understanding Types of Mental Health Assessment & Evaluation - 267	4
VAWC: Techniques in Screening, Assessment, and Basic Intervention - 402	2
VAWC: Ethical Issues and Values in Violence against Women Work – 403	2
VAWC: Financial Empowerment with Survivors - 406	2
VAWC: Impact of Domestic Violence on Children – 404	2
VAWC: Legal Responses to Violence against Women - 407	2
VAWC: Understanding Perpetration of Violence against Women - 410	2

VAWC: Understanding Violence against Women - 401	2
VAWC: Violence against Women and Mental Health - 409	2
VAWC: Violence against Women and Substance Abuse - 411	2
VAWC: Violence Against Women in Diverse Populations - 405	2
VAWC: Violence against Women in Middle and High School Populations – 408	2
What Every Caseworker Should Know about Education and Special Education for Children in the Child Welfare System - 228	9
Working with Arab-Americans and Muslim Families - 231	6
Working with Parents with Cognitive Challenges - 232	5
Working with South Asian Families - 184	1
Youth Thrive Day 1 - 99	7
Youth Thrive Days 2 and 3 - 199	8
Youth Thrive Pilot Training	2
Total Deliveries	500

FAMILY PRESERVATION SERVICES COURSES

Course Title	Number of Deliveries
Family Preservation Services: New Worker Training, Day 1 – 501	2
Family Preservation Services: New Worker Training, Day 2 – 502	2
Family Preservation Services: New Worker Training, Day 3 – 503	2
Family Preservation Services: New Worker Training, Day 4 – 504	2
Family Preservation Services: New Worker Training, Day 5 – 505	2
Family Preservation Services: New Worker Training, Day 6 – 506	2
Total Deliveries	12

APPENDIX D: NJ DCF TRAINING UNIT POLICY

The following provides portions of the Field Training Unit policy at NJ DCF:

 <p style="text-align: center;">New Jersey Department of Children and Families Policy Manual</p>			
Manual:	CP&P	Child Protection and Permanency	Effective Date: 3-19-2012
Volume:	IX	Administrative	
Chapter:	C	Training	
Subchapter:	4	Field Training	
Issuance:	100	Field Training Unit	

INTRODUCTION 9-16-2005

Background - Child Welfare has for many years struggled with designing a method to introduce new staff to the rigors of child welfare and child protective services work. Most formal training designs have accepted that there needs to be a combination of classroom instruction coupled with field work to incrementally introduce new staff to the broad array of learning experiences of child welfare.

Current trends and practice - In recent times, professionals increasingly recognize that the skill sets necessary to do child welfare work are not learned rapidly. Rather, these skills are best learned and assimilated if presented in a supportive work environment with manageable caseloads. Through the support and assistance of a well-trained Supervisor, the New Worker can develop effective case practice skills when the foundation knowledge that is taught in a classroom setting is reinforced and enhanced through controlled field experiences.

The Field Training Unit in the Local Office is seen as the means to ensure that a New Worker is afforded the best opportunity to move into the work of helping and supporting families and protecting children. Field Training Units also provide a way of introducing the world of child welfare and child protective services in the most supportive way to new hires so that the New Worker can receive appropriate and adequate training. This approach is believed to help the Division retain new staff.

DEFINITIONS 9-16-2005

"Field Training Unit" refers to a unit in the Local Office comprised of a Supervisor and a group of New Workers.

"Foundation Courses" refers to the follow-up in-service programs, administered by the New Jersey Office of Training and Professional Development in the Department of Children and Families, that the New Worker completes during the first 11 months of employment.

"New Worker" refers to a Family Services Specialist Trainee or a new employee hired at the Family Services Specialist II level.

"New Worker Training Program" refers to the eight week Pre-Service Training and the follow-up in-service Foundation Courses.

"Pre-Service Training" refers to the eight week training program for New Workers administered by the New Jersey Office of Training and Professional Development in the Department of Children and Families.

"Supervisor" refers to a Supervising Family Services Specialist II.

RESPONSIBILITY OF THE FIELD TRAINING UNIT 9-16-2005

The Field Training Unit is responsible for:

- Developing New Workers into well-rounded permanency workers, suitable for transfer in 6 months (or slightly less time if the New Worker shows exceptional progress as outlined in this policy) to regular permanency units within the Local Office
- Supporting a Local Office's overall effort to train New Workers
- Providing internships for BSWs and MSWs, if appropriate

The Office of Training and Professional Development has responsibility to provide formal training during the New Worker's initial training year via Pre-Service Training and Foundation Courses.

Two-pronged approach - New Worker competencies are developed through the Office of Training and Professional Development's formal training programs and the Field Training Unit's experiential exposures and mentoring. This includes skill development training in the policies and practices of the Local Office and CP&P policy requirements for case practice.

OVERVIEW OF THE FIELD TRAINING UNIT MODEL 9-16-2005

Each Local Office establishes Field Training Unit(s) according to the guidelines in this policy. The Field Training Unit, composed of seven New Workers or less, is a functioning unit where the New Worker reports and works on field days during the entire Pre-Service Training period and for a period of approximately six months from the start of employment.

The Field Training Unit is designed to be the New Worker's main source of information about how to do child welfare and child protective services work in that Local Office. During the New Worker's assignment to the unit, the Supervisor ensures the New Worker is familiar with:

- The work site
- Local Office procedures and systems
- The professional environment which includes:
 - Community programs and partnerships
 - Services and resources available within the jurisdiction of the Local Office

Periods of increased hiring - Secondary units may be necessary during periods of increased hiring depending upon the volume of New Workers assigned to the Unit.

INTERNS 9-16-2005

BSW and MSW Internships - The Field Training Unit is also the unit in the Local Office where BSW interns, and possibly MSW interns, are assigned when learning about child welfare and child protective services work.

In situations where the Field Training Unit Supervisor does not possess an MSW degree, two years of supervisory experience, and has not completed the required SIFI course (a requirement to supervise MSWs in field placement), he or she is not be able to supervise MSW interns. In such cases, the Field Training Unit Supervisor and the Local Office Manager discuss options for assigning the MSW intern to another unit.

There are no such requirements for supervising a BSW intern.

GUIDELINES FOR SELECTING THE FIELD TRAINING UNIT SUPERVISOR 9-16-2005

The success of the Field Training Unit is partly dependent upon the skills and qualities of the Supervisor in charge of the unit. Whenever possible, the preference is to select a Supervisor who possesses an MSW degree however this is not an absolute requirement.

In addition to the Department of Personnel's job specification requirements for a Supervising Family Services Specialist II, consider selecting a Supervisor who has:

- A diverse and extensive child welfare and child protective services background within the Division
- Extensive knowledge of the Division's policies and procedures
- Proven mentoring and team building skills
- The support and respect of the Local Office Manager and other office staff to ensure the integrity of the Field Training Unit and its functions
- An understanding of, and supportive approach to the mission of the Division and the goals of the Child Welfare Reform Plan
- An aptitude for and interest in patiently developing and nurturing New Workers

ROLES AND RESPONSIBILITIES OF THE FIELD TRAINING UNIT SUPERVISOR 6-29-2007

TO THE FIELD TRAINING UNIT 6-29-2007

To the unit - The roles and responsibilities of the Field Training Unit Supervisor to the unit are as follows:

Field Training Unit Supervisor

- Create an atmosphere of a teaching unit, focusing on teamwork, and enhancing the New Worker's knowledge of the Division's policies and procedures
- Create a learning circle where each New Worker is responsible for sharing and participating in the teaching and learning process. Some examples include sharing resource information, discussing how agency forms and paperwork are completed and routed through the Local Office, and engaging in office and community tours and activities
- Convey a message of commitment to the Division's mission, policies and procedures
- Identify and strengthen the New Worker's case practice skills
- Be available and accessible to all unit members If the Supervisor leaves his position, the Office Manager arranges unit coverage by a Supervisor in an "X" or "Y" position. If a covering Supervisor cannot be named, the Casework Supervisor supervises the unit. See CP&P-III-C-5-100, Unit Coverage
- Ensure the New Worker is afforded the opportunity to experience diverse Division functions including case assignment types, community contacts, Local Office systems, and personnel interactions
- Coordinate field days that are relevant to, and complement, the Office of Training and Professional Development's curriculum
- Team the New Worker with different unit activities during the training process to get a sufficient sense of how the office functions and how staff interact
- Conference each New Worker's caseload on a weekly basis or more often if needed
- Conduct joint field visits with the New Worker on a monthly basis to ensure the safety and well-being of the child and his or her family, effective case planning, and accurate assessment of cases for termination
 - Field visits also provide an opportunity to assess and develop the New Worker's interviewing skills and/or model these skills for the worker

TO THE OFFICE OF TRAINING AND PROFESSIONAL DEVELOPMENT 9-16-2005

Interface with the Office of Training and Professional Development - The roles and responsibilities of the Field Training Unit Supervisor to the Office of Training and Professional Development are as follows:

Field Training Unit Supervisor

- Partner with the Office of Training and Professional Development to:
 - Ensure the New Worker has an appropriate work station with a computer and user login identification
 - Provide time for completion of Pre-Service Training homework
 - Structure field experiences in alignment with New Worker Pre-Service Training requirements as detailed in the Office of Training and Professional Development Field Guide for New Workers
 - Sign-off on completed field experiences as required in the Office of Training and Professional Development Field Guide for New Workers

- Offer support or coaching in information or skills acquisition
- Work collaboratively with the Office of Training and Professional Development personnel to address problems as such issues arise
- Participate in regularly scheduled meetings with the office of Training and Professional Development staff
- Review and assess periodic feedback and evaluative data reports from the Office of Training and Professional Development regarding the New Worker's performance, behavior and participation in training courses
- Take corrective action with the New Worker to address inappropriate behaviors in training, if needed. This includes:
 - Addressing the inappropriate behavior with the New Worker and sharing the resolution with the Trainer
 - Advising the New Worker that continuing the inappropriate behavior could result in further corrective and/or disciplinary action, including expulsion from the Training Program, which could jeopardize his or her CP&P employment
 - Taking official corrective action if the New Worker's inappropriate behavior continues beyond the initial interventions
- Assist the New Worker in scheduling the required Foundation Courses once he or she completes the Pre-Service Training
 - Track the New Worker's attendance and completion of the Foundation courses for the New Worker's first 11 months of employment even if the New Worker moves to a regular unit
- Set up a conference with the New Worker and his or her new Supervisor prior to transferring the New Worker to a permanent unit within the Local Office
 - Discuss the New Worker's training history, progress, and schedule of remaining Foundation Courses.

ROLES AND RESPONSIBILITIES OF THE NEW WORKER 9-16-2005

The roles and responsibilities of the New Worker assigned to the Field Training Unit are as follows:

New Worker

- Be fully prepared to discuss assigned cases during the case conference
- Read the case record and ensure face to face contact with the family within designated time frames
- Maintain the case record and its integrity
- Provide for, or arrange, services for both child welfare and child protective services cases
- Conference and investigate all child protective services reports and work with the Field Training Unit Supervisor to assess safety, risk, child and caregiver strength and needs, and to develop investigation conclusions and summaries

- Develop case plans on all assigned cases and coordinate services on cases as required in conjunction with his or her Supervisor and the family
- Use the case conferences process to monitor case progress towards completing case goals
- Attend all required formal and informal training, including the formal Office of Training and Professional Development's courses as well as informal training arranged by the Field Training Unit Supervisor.
- Complete all homework and field training unit learning assignments on time
- Take ownership of own casework skills development and seek supervisory and peer feedback and assistance
- Become responsible for knowing the Division's policies and procedures.
- Become knowledgeable of human development
- Complete and update required paperwork and documentation within Division time frames
- Utilize formal and informal tracking systems to ensure compliance with necessary time frames and deadlines
- Gain knowledge necessary to use NJ SPIRIT

ROLES AND RESPONSIBILITIES OF THE OFFICE OF TRAINING AND PROFESSIONAL DEVELOPMENT 9-16-2005

The roles and responsibilities of the Office of Training and Professional Development are outlined below:

- Provide New Worker Pre-Service Training and Foundation Course training:
 - Establish and publish a quarterly schedule of Foundation Course offerings
 - Establish and communicate to Field Training Unit Supervisors the Office of Training and Professional Development's parameters for the New Worker's performance, behavior and participation in course offerings
- Partner with Field Training Unit Supervisors to structure meaningful field learning experiences that coincide with classroom learning:
 - Publish an Office of Training and Professional Development Field Guide for New Workers
 - Participate in regularly scheduled meetings with Field Training Unit Supervisors
- Provide periodic feedback and evaluative data Worker's performance, behavior and participation in the class. This includes:
 - Training attendance reports
 - Scores on test and quizzes
 - Classroom behaviors such as promptness, tardiness, attentiveness, disruptiveness, etc.
 - Preparedness for class in terms of completing homework and field assignments and arriving to class with appropriate materials

- Participation in classroom activities/discussions
- Level of collaboration in small group exercises
- Initiative/leadership in small group exercises
- Prepare the Report on New Worker Participation in Training form for each New Worker and forward it to the Field Training Unit Supervisor at the conclusion of the Pre-Service Training Program

ADDRESSING AND REPORTING INAPPROPRIATE INCIDENTS & BEHAVIORS 9-16-2005

Frequent inappropriate incidents or behaviors by the New Worker during classes are handled by the Office of Training and Professional Development Trainer in the following order:

1. First, attempt the standard intervention described below:
 - Explain the inappropriate behavior to the New Worker
 - Explain its effect on the class and the participant's learning
 - Offer support if possible
 - Remind the New Worker of the learning agreement and ground rules for the class
 - Report the event orally to his/her Office of Training and Professional Development supervisor
2. If the inappropriate incidents or behaviors continue, the Trainer takes the following actions:
 - Complete and send an interim Report on New Worker Participation in Training form to the Local Office Field Training Unit Supervisor by the next business day
 - Advise his or her Supervisor at the Office of Training and Professional Development of the incidents or behaviors
 - Discuss the report with the participant explaining why it was sent
 - Remind the New Worker of the behavioral expectations for the New Worker

Failure to respond - Inappropriate behaviors or incidents that continue after these actions are implemented may be grounds for expulsion from the entire Pre-Service Training Program. These behaviors cause disruption to the learning environment, are disrespectful to the Trainer and other class members, and negatively impact the New Worker's ability to complete the training objectives.

ASSIGNING THE NEW WORKER TO THE UNIT 9-16-2005

First six weeks of employment - The New Worker reports to the Field Training Unit in his or her respective Local Office beginning the first day of work. During the first eight weeks of employment, the New Worker's work schedule alternates between training sessions with the Office of Training and Professional Development and field assignments within the Field Training Unit.

Length of assignment - A New Worker is assigned to the Field Training Unit for approximately six months.

ASSIGNING CASES TO THE NEW WORKER

9-16-2005

Guiding principle - The Field Training Unit is designed to support, guide and protect the New Worker in order to facilitate an atmosphere of learning. Thus, cases are assigned gradually to promote learning, not for mere coverage or other operational reasons.

When to begin assigning cases - Significant learning occurs through a New Worker's first dealings with clients. For this reason, a New Worker is gradually assigned some cases to enrich his or her learning experiences. A New Worker is assigned one or two cases incrementally after completing Module 7, Functional Assessments for Child Well-Being, Safety, and Risk, of the Pre-Service Training program. The New Worker completes this module approximately three to four weeks after the Pre-Service Training program begins.

TIME FRAMES FOR GRADUAL CASE ASSIGNMENT 9-16-2005

For the purpose of this policy, the gradual case assignment is based on the guidelines for assigning cases to an ongoing permanency worker. A case is defined as a family. The following is the time table for assigning cases to a New Worker:

3 1/2 - 4 Weeks to 3 Months - The Supervisor begins to assign one or two cases to the New Worker only after completion of Module 7 of the Pre-Service Training. The Supervisor gradually assigns additional cases as appropriate. By the end of the third month of employment, the New Worker may have a total of seven cases, with no more than five children in placement and no more than 12 children in total.

4 Months to Six months - Beginning the first week of the fourth month, the Supervisor gradually assigns one case per week until the New Worker receives up to eight additional cases. As these new cases are assigned, the New Worker shall have no more than 10 children in placement and no more than 25 children in total. The gradual assignment is limited to no more than one case per week.

6 Months and Beyond - After the sixth month, the New Worker has a full caseload as follows:

- 15 families per worker with no more than ten children in placement and no more than 25 children in total

Case coverage during New Worker's classroom training - For any cases assigned to the New Worker during the Pre-Service Training period, the Supervisor must provide back-up coverage for those cases while the New Worker attends class. The goal is to refrain from pulling the New Worker from the classroom.

TYPES OF CASES THAT CAN BE ASSIGNED 9-16-2005

By risk level - A New Worker may be assigned identified low or moderate risk cases and a very limited number of high risk cases that do not include sexual abuse or complex factors.

By case situation - The New Worker's caseload should be diverse in population, service needs and procedural content in order to maintain the learning environment. Whenever possible, the cases assigned should provide different case situations such as:

- A child in out-of-home placement
- A multi-problem family (i.e., substance abuse, homelessness, etc.)
- A child in residential placement
- A case in litigation

TYPES OF CASES NOT TO ASSIGN 3-19-2012

Overview - Under no circumstances is a New Worker assigned very high risk cases at first. The Supervisor provides case conferencing and clear directions on all initial and ongoing cases assignments to ensure reasonable case handling. Certain difficult case types are not considered appropriate for assignment during a New Worker's Pre-Service Training period. Obviously, complex cases of sexual abuse and the most difficult physical abuse cases should be reserved for assignment to a more experienced worker rather than a New Worker.

The New Worker is not:

- Assigned sexual abuse cases until completing the three day sexual abuse training
- Assigned difficult physical abuse cases
- Assigned very high risk or high risk cases involving complex factors which warrants enhanced skill or knowledge levels not yet available to the New Worker
- Able to complete Dodd removals during the first 30 days unless accompanied by an experienced, skilled staff person

Trainees in pre-service training are not permitted to complete MVRs alone within their first 60 days of service. See CP&P-III-C-3-100, Trainees and MVRs.

EXCEPTIONS TO GRADUAL CASE ASSIGNMENT 9-16-2005

Waiving gradual case assignment - In individual situations, the gradual assignment of cases to New Worker may be waived. Exception requests may be granted based on the background, competence, knowledge and abilities of the New Worker.

Exceptions may be considered in the following situations:

- A former employee returning to CP&P within two years
- A New Worker with several years of child protective service/child welfare experience from another agency/jurisdiction
- A New Worker who successfully completed an internship with the Division, who demonstrated proficiency and skill

- A New Worker with specific educational credentials or specialized training which prepared him or her for child protective service/child welfare service duties
- A New Worker who had been employed by, or worked with, a CP&P contract agency specializing in the provision of child protective services/child welfare services
- A New Worker with related life or work experiences that management views as beneficial in deviating from gradual case assignment

Approval - Any exception to the gradual assignment system, as explained here in, requires the prior approval of the Area Director.

ASSIGNMENT TO A PERMANENT UNIT 9-16-2005

Ready for a permanent assignment - The Supervisor, in conjunction with the Casework Supervisor and/or the Local Office Manager, considers several factors when determining the New Worker's readiness for assignment to a Permanency Unit. These factors include, but are not limited to, the New Worker's:

- Level of performance within the Office of Training and Professional Development and the Field Training Unit based on:
 - Events documented in the New Worker's Performance Assessment Review (PAR)
 - Progress documented on the New Worker Participation in Training Report provided by the Office of Training and Professional Development
 - Strengths and weaknesses observed in the New Worker's job performance and case conference discussions
- Ability to understand, interpret, and apply agency casework policies and procedures
- Previous child welfare/child protective services experience
- Ability to qualify for promotion to a Family Service Specialist (FSS) II based on education and experience and demonstrates the ability to perform FSS II job duties

OTHER LEARNING EXPERIENCES WHILE IN THE TRAINING UNIT 9-16-2005

Unit meetings - At least once a week the Field Training Unit has a unit meeting that focuses on team building, information disbursement and sharing, office procedures, and developing weekly schedules.

Informal training - Each meeting should have an informal training component to compliment formal training experiences and field experiences.

Guest speakers - Some meetings should involve guest speakers such as Resource Development Specialists, Litigation Specialists, medical staff, Regional Reviewers, CPR staff, and specialty unit supervisors. This offers an opportunity for interaction with office staff, familiarization of office procedure, and ensures the continued integration of the New Worker with the office and existing community systems.

Field trips - The New Worker attends field trips with the Supervisor or other appropriate staff. Field trips may be scheduled for court, other CP&P or community offices, local providers, etc. This again offers the New Worker an opportunity to integrate, become familiar with and become invested in the process and mission of our work.

Team the New Worker with an experienced worker - The Supervisor assigns the New Worker to a more experienced Worker to observe investigations, case planning, service provision and assessment of family situations. This enables the New Worker to become familiar with the Division's procedure, case practice techniques, and staff interaction and teamwork.

Example - Team a New Worker with a Child Protective Investigator whose case is in need of ongoing services. The New Worker teams with the Child Protective Investigator throughout the investigation process. Once the investigation is completed and the case is opened, this case is transitioned into the New Worker's caseload. This gives a continuation of service provision to the family, the opportunity for the New Worker to gain knowledge of the "life of a case" and the team building of working with an experienced worker.

EXCEPTIONS TO ASSIGNMENT TO THE FIELD TRAINING UNIT 9-16-2005

Education and experience - A New Worker starting with the Division as a FSS II, based on education and experience outlined in this policy, may be considered for:

- Immediate assignment to a unit other than the Field Training Unit
- An assignment to the Field Training Unit for a period less than the usual six month period

Under either type of assignment, the New Worker is required to participate in the formal training sessions conducted, or arranged, by the Field Training Unit Supervisor.

Previous CP&P experience - Exceptions may be considered for a previous CP&P worker returning to the Division within two years.

Approval - Any exception to assigning a New Worker to the Field Training Unit requires the approval of the Area Director.

APPENDIX E: NJ DCF NEW WORKER TRAINING REQUIREMENTS

The following provides portions of the New Worker Training Requirement policy at NJ DCF:

 New Jersey Department of Children and Families Policy Manual			
Manual:	CP&P	Child Protection and Permanency	Effective Date: 2-2-1998
Volume:	IX	Administrative	
Chapter:	C	Training	
Subchapter:	1	New Workers	
Issuance:	100	New Workers Training Requirements	

Introduction 3-26-2012

The Office of Training and Professional Development provides continuous instructions to newly hired staff during their first year of employment. Courses include classroom hours, computer application, and field days. Initially, all New Workers receive an orientation called "Welcome to DCF."

Pre-Service Training 3-26-2012

Orientation is followed by Pre-Service Training, which is offered to all new Trainees. Pre-Service Training is not mandatory for BCWEP Interns hires as FSS Trainees (see CP&P-IX-C-3-100). Pre-Service Training is 186 hours, comprised of 10 instructional modules:

1. Understanding Child Welfare in New Jersey;
2. Taking Care of Yourself;
3. Computer Application;
4. The Self-Aware Practitioner;
5. Focusing on Families: From Screening to Closing;
6. Computer Application (NJ SPIRIT/SDM);
7. Child Development: Identifying Child Abuse/Neglect;
8. Engaging and Interpersonal Helping Skills;
9. Facilitating Change;
10. Simulation.

The modules taught in Pre-Service Training strike a balance between in-classroom training and field practicum. Field practicum activities are guided by a Training Unit Supervisor. Competency examinations are administered after each of the nine modules. Workers must score a minimum of 70% to successfully advance to subsequent modules and complete the course.

Module 10, Simulation, concludes the Pre-Service Training. During Simulation, Workers are presented with a "real-world" child protective service (CPS) scenario. Using a live simulated training approach, Trainees are provided an opportunity to practice and hone their engagement and interpersonal skills, to

make decisions and mistakes in a coaching and protective learning environment/setting. Trainees are expected to use family engagement and case documentation skills learned throughout Pre-Service Training, in order to conduct a CPS investigation. Simulation training is a taped, recorded event. Trainees are debriefed following the simulation exercise.

Foundation Courses 3-26-2012

Following the successful completion of the Pre-Service Training, the Office of Training and Professional Development provides instruction as to the completion of the required Foundation courses. Foundation courses are taken by all new Trainees during their first year of employment. Some courses are offered on-line and monitored by the Office of Training and Professional Development. Other courses are conducted by DCF's University Partners and the NJ Battered Women's Coalition.

The Foundation Courses offer instruction in the following areas:

1. Case Practice Model (CPM);
2. Child Sexual Abuse Identification and Investigation;
3. Understanding Substance Abuse and Addiction;
4. Concurrent Planning;
5. Mental Illness;
6. Domestic Violence.

WHY THE WORKFORCE MATTERS

CHILD WELFARE WORK ISN'T EASY

- 
- ✓ Demanding caseloads
 - ✓ A high degree of uncertainty
 - ✓ Life and death decisions
 - ✓ Trauma for children and families
 - ✓ Traumatic stress
 - ✓ Bureaucratic system
 - ✓ External oversight and scrutiny

The child welfare workforce provides services and supports to keep vulnerable children, youth, and families safe, stable, and healthy.



TURNOVER IS COSTLY

Cost for each worker leaving an agency:


\$54,000¹



REDUCED TURNOVER MEANS

- ✓ Timely investigations
- ✓ More contacts/visits with children, families, and resource families
- ✓ Better service delivery
- ✓ Improved safety, permanency, and well-being

Fewer changes in caseworkers ...



Increased chances of stability for families and permanency for children

WORKFORCE DEVELOPMENT EFFORTS MATTER

Address workforce issues with multiple strategies based on principles of equity, tolerance, respect, and diversity.



CLICK HERE to view NCWWI's Workforce Development Framework

Job analysis & position requirements

Education & professional preparation

Recruitment, screening & selection

Incentives & work conditions

Professional development & training

Organizational environment

Community context

Supervision & performance management

EFFECTIVE PRACTICE

+ EFFECTIVE WORKFORCE

= POSITIVE OUTCOMES



¹Complete reference list: https://ncwwi.org/files/Why_the_Workforce_Matters_References.pdf

CREATING A PERMANENCE DRIVEN ORGANIZATION:

A GUIDEBOOK FOR CHANGE IN CHILD WELFARE



Center for Advanced Studies
in Child Welfare

FORWARD

Amelia Franck Meyer, MS, MSW, LISW, APSW

Since 2006, Anu Family Services has embarked on a journey to improve permanency outcomes for children and youth exiting treatment foster care (e.g., discharges to adoption or reunification). Through a partnership with the University of Minnesota, Center for Advanced Studies in Child Welfare, and connections with national experts and agencies who are promoting best practices, we have learned an enormous amount about how to improve permanence outcomes for youth. Since 2006, Anu has improved its permanence outcomes by 84% through the implementation of evidence-informed practices, significant cultural and organizational change, and extensive changes in practice. We have learned a great deal about how to create an organization which delivers placement stability and permanence outcomes for youth and believe it is important to share that knowledge in order to maximize each youth's opportunity for permanence, regardless of where they live.

As we struggled to identify existing resources necessary to support this journey, we began to develop our own internal resources and document our processes. Over time, as we have shared our outcomes and our processes through presentations and trainings, we have been asked, "How did you do that?" Because this answer was more complex than could be responded to in the moment, we decided to create a "How to" guide for organizations, public and private, who were interested in improving their permanency outcomes. We continue to learn more about this work each and every day and have advanced significantly in our trauma-effective practices which support permanence, even since this guidebook project began. We have also begun to export our learning to serve youth living in all settings (e.g., other foster homes, group homes, residential, juvenile detention, kin care, etc.), which has produced phenomenal outcomes in relational permanence and opportunities for permanence. As we engage more deeply in this work, it is becoming more evident that our systemic, chronic, extensive disconnection of youth from their kin and fictive kin deeply jeopardizes their opportunities for permanence.

Through these advancements in trauma-effective practices and the implementation of evidence-informed practices and tools, such as the Youth Connections Scale developed by Anu Family Services and the University of Minnesota Center for Advanced Studies in Child Welfare, Anu Family Services is engaged in innovation that advances child welfare practices in a way that *significantly* diminishes the systemic re-traumatization of children and youth that occurs through multiple out-of-home placements and *significantly* diminishes the need for temporary, stranger, or shift-staffed out-of-home care of all types. We hope this guidebook helps you and your organization promote practices that help you to join us on this bold journey, too.

It is urgent!

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STATING THE CASE FOR PERMANENCY: A SENSE OF URGENCY

The child welfare system is in need of a change – in focus, philosophy and practice. Change is an ongoing topic of discussion and debate in the profession. However, over 90% of change efforts fail due to a lack of a “sense of urgency” (Kotter, 2008). In essence, people often do not have a compelling reason to do something different than what they are already doing.

In child welfare, we are particularly vulnerable to avoiding or sabotaging change efforts because we rely on proven ways to distance ourselves from the emotional impact of the work as a matter of survival. If we actually felt the all of the pain of the children and youth we are serving, it would be unbearable. Often the impact of the pain of just one child involved in child welfare is agonizing; when you multiply that across an entire caseload, unit, department, organization, or county, it is simply too much for us to feel in its full impact and still be able to function professionally.

**IF WE ACTUALLY FELT
THE ALL OF THE PAIN
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AND YOUTH WE ARE
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BE UNBEARABLE.**

For this reason, we find ways to distance ourselves from the pain by setting rigid boundaries, by not connecting with our raw emotions and vulnerabilities, by telling ourselves that there’s “nothing else to do” or that we are “doing our best” to improve the situation for kids. When workers do

act with a sense of urgency, they are perceived by others as “young and naïve,” or they are pressured to slow down.

The effect of distancing ourselves from the pain and shrinking back from the challenge of working through this pain with youth is the development of a culture that says we are “doing all we can” and, consequently, placing the blame on the children to “improve their behavior”. For example, to do our best according to accepted practices we place children and youth in stranger care, often disconnected from those who are most important in their lives, and then are later these children are at risk of aging out of care with a lack of meaningful connections in their lives. Many people accept this as “the way things are” as if there is no way to change or avoid this outcome.

When a child or youth acts out, workers reach into their toolbox and find: medication (often used to numb the pain or the symptoms of grief, loss and trauma) which may not be intended, developed or tested thoroughly on children; treatment in the form of individual talk therapy; group therapy or day treatment (which are often not trauma-informed); and moves to “new placement settings.” When youth act out, we pathologize their grief and loss and begin talking about changing their placement. “Maybe they need residential.” “Maybe another foster home could ‘handle’ them better” (a.k.a. more strictly enforce punishment). This kind of placement move is used as a kind of “relocation therapy.” However, we have little evidence to suggest that moving youth will improve their behavior; rather we see the opposite effect, with placement instability increasing negative behaviors and exacerbating their grief and loss.

HIGHLIGHTS

STATING THE CASE FOR PERMANENCY

- All youth need supportive, lifelong connections with family and other adults.
- Ensuring children maintain and build these connections is the job of child welfare, while youth are in our care.
- Becoming permanency-driven is urgent, and it is essential for the wellbeing of youth in the child welfare system.
- Everyone in the system (administrators, direct-line staff, foster parents, etc.) needs to feel this sense of urgency as they work to establish permanence-driven organizations.
- This guidebook will demonstrate how agencies can shift from helping youth survive to helping youth thrive through a permanence-driven framework.

Multiple moves result in re-traumatization from systemic abuse and neglect. The trauma compounds, and the youth have no safe place to express their intensive grief and loss or to process their trauma. Still, we continue to blame the youth for their behaviors, which are the result of trauma which we have either inflicted and/or failed to heal. We know more than we have ever known before about the impact of trauma, but we still have entire public and private systems that do not fully understand and, therefore, do not practice, trauma-informed care. Once we **know** better, we must **do** better.

Our systemic inability to apply research and best practice technologies to our current practice has devastating impacts for the youth we serve. The children and families in child welfare systems are facing increasingly complex issues with more difficult challenges and are significantly harder to “treat.” The impacts of unaddressed childhood trauma continue to grow exponentially with each new generation and are exacerbated by multiple moves and out-of-home placements in stranger care.

There is compelling research to indicate that a lack of placement stability and permanence leads to highly unfavorable outcomes for youth (Newton, Litrownik & Landsverk, 2000). However, we continue to operate systems which are primarily focused on safety not permanence. Children get shuffled around and lost in our systems, often without attention to healing the primary trauma which resulted in their initial placement. Children sometimes have more social workers than they can count which, along with the instability of their caregivers, leads to a re-traumatization of their primary form of trauma – relational trauma.

We know through years of science and research that children need stability with their caregivers or they fail to thrive. When we repeatedly break connections the youth have made through multiple moves, we create additional relational trauma. Normal, healthy brains shut down their ability to connect after multiple unresolved and un-grieved losses; this is a survival mechanism. It is a basic human need to belong and to be claimed; it is vital to our survival throughout our lifetimes. The vulnerability that we create by disconnecting youth from their families and then repeat through multiple moves is unsustainable and results in adaptations, most of which do not lead to healthy outcomes, on the part of the youth just to survive.

It then becomes urgent that we first identify ways to create safety and permanence for youth as quickly as possible upon initial removal or to find ways to support families to avoid removal entirely. We must then reform entire systems to move youth out of vulnerability and isolation and into a sustainable condition of claiming, belonging and permanence which supports wellbeing and thriving.

In child welfare, we become narrowly focused on our portion of the work, which is the time before a youth turns 18 and ages out of care. However, this portion of time in the lives of youth prepares them for their entire lifetimes and for the chain of reactions that will influence generations to come. If that isn’t urgent, what is?

THE CHILDREN AND FAMILIES IN CHILD WELFARE SYSTEMS ARE FACING INCREASINGLY COMPLEX ISSUES WITH MORE DIFFICULT CHALLENGES AND ARE SIGNIFICANTLY HARDER TO “TREAT.”

Identifying Compelling Reasons for Change: individual and organizational change

The first step in any organizational change is to acknowledge a more compelling reason to change than to keep the status quo; in other words, to develop a sense of urgency about why change is essential. One of key questions that organizational leadership should ask is what will happen if we don’t change? In the case of permanency, an organization might want first to stop and imagine what will happen to the kids and the youth they serve if they do not change. If the organizational staff will make an emotional connection to the impact on individual youth of becoming more and more disconnected while in their care

and if staff can look at the data of what happens when we are not successful at identifying permanent connections, then they can find the passion and understanding needed to drive this work forward.

Each child or youth entering care has connections to people – some current, some lost – who are important in his or her life, and we need to do all we can to ensure that each child does not become isolated and lost from those important connections. Children and youth in the child welfare system experience increased trauma, loss, and grief. Within their important relationships children and youth do much of their healing and are best able to reconcile their feelings of grief and loss. Regardless of the permanency goal for the child, regardless of the job each of us has in our organizations, we all have a role and a responsibility to help each child maintain or build those connections to family, kin and community and to honor their cultural and spiritual heritage. Connections to kin help youth form and strengthen their sense of identity. Identity formation is critical to the healing of traumas and working toward wellbeing.

THE FIRST STEP IN ANY ORGANIZATIONAL CHANGE IS TO ACKNOWLEDGE A MORE COMPELLING REASON TO CHANGE THAN TO KEEP THE STATUS QUO

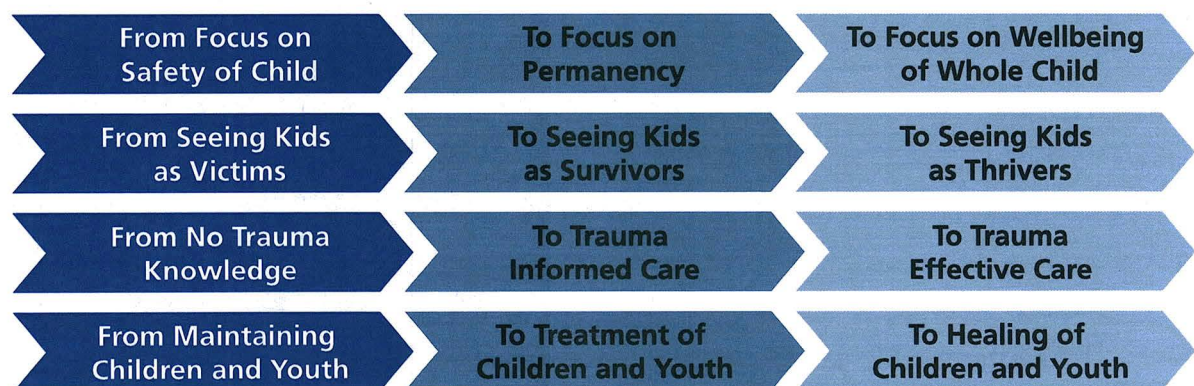
Another key point for organizational staff members is understanding what happens to an organization if it does not make the shift. As federal guidelines drive child welfare organizations and public agencies to pay increased attention to the legal and relational permanence of youth and the improved wellbeing of children in the child welfare system, organizations will be increasingly required to demonstrate how they achieve these goals. Becoming a permanency-driven organization will soon be an expectation for all who work with children and families in child welfare. As the field advances, there will be increased accountability, and it will be even

more important for agencies to effectively gather and track outcome data for the children they serve. This will allow each agency to better understand how they are performing and to benchmark their outcomes with children with against other agencies to inform efforts to improve outcomes. Agencies that do not feel a sense of urgency about permanency for children may simply not survive as the field continues to move quickly in this direction and to advance in its demands for outcomes and accountability.

Organizational Change

Once members of an organization have reached consensus and are ready to begin the change process, the next step is to ask themselves if they know what to do to create the change they hope to see. This guidebook lays out a process that will move an organization through the steps of shifting the organizational culture and philosophy to changing policies and procedures in order to sustain change in practice that is permanence-driven. The diagram below outlines some important shifts that organizations will see in their work.

A MODEL FOR CHANGE



Permanence-Driven Organization

In this guidebook, permanency refers to both legal and relational permanence. Much of the work in a permanency-driven organization is aimed at achieving legal permanence for children and youth in the child welfare system. Legal permanence is defined as the reunification of a child with family, adoption, or transfer of guardianship. The work of permanency-driven organizations also pays particular attention to relational permanence, which means ensuring that each child has an enduring family or family-like relationship that is safe and stable; provides for the physical, emotional, social and spiritual wellbeing of the child or youth; and is meant to last a lifetime. This is often, but not always, attained through legal permanence and, unfortunately, not all youth experience both types of permanence when exiting care. In a permanence-driven organization, efforts to maintain and strengthen lifelong connections to extended kin, fictive kin and other significant relationships are sustained, measured and evaluated. The goal is for youth to have family or family-like, committed relationships that confirm and validate their worth and significance, and for youth to have families in which they are claimed and belong.

WHAT IS SO DIFFERENT ABOUT THIS APPROACH?

CASEWORK IN A PERMANENCE-DRIVEN APPROACH

THEN	NOW
Worker Perspective	
From blaming the child	To understanding root causes of behaviors as trauma responses
From safety	To wellbeing
From treatment team meetings that focus on what youth need to do or are doing "wrong"	To wellbeing meetings focused on youths' strengths and interventions to promote healing
From "how's it going?" (Unstructured visits)	To intention and purpose-based visits (grief models, activities with purpose) that attend to the emotional needs of the child
From making behavior charts	To modeling behaviors and communicating to the child the impact of their behaviors
From letting foster parents set the tone of the case manager's role in their lives	To fostering healthy trauma-focused relationships with foster parents that align with wellbeing goals
From treatment plans, medication and diagnosis	To healing and wellbeing plans focusing on integrative care and evidence informed practices
Foster Parent Perspective	
From being set in old ways & inflexible	To being open learners & flexible
From control	To empowerment
From children as manipulative & defiant	To kids as hurt & grieving
From time out	To time in
From punishment/reward	To reinforcement of positive behaviors
Form stuck in past behaviors	To visualizing positive outcomes
From telling kids what to do	To asking kids questions and engaging them in problem-solving
From shaming	To healthy accountability
Child and Youth Perspective	
From "I am writhing or just surviving"	To "I am thriving"
From feeling like a guest – I don't belong	To feeling a sense of home and family – I am claimed
Everyone says: What's wrong with you?	Everyone says: What happened to you?
My behaviors are seen as bad and willful, like I want to be acting this way.	My behaviors are seen as trauma-responses. There are deeper reasons why I act this way – let's deal with those.
I am disconnected from my past.	I have re-connected with my past & have a sense of where I came from and who I am.

CHILD WELFARE IN AMERICA: A SYSTEM IN NEED OF REFORM

Each year, children ages 6 or younger make up half of the 300,000 entrants into America's child welfare system (U.S. Department of Health and Human Services, 2012). In 2011, the vast majority of younger children who enter foster care exit to legal permanency, including over 50% who were reunified with their biological family, 20% who were adopted, and 6% who had a transfer of legal guardianship to the new caretaker (U.S. Department of Health and Human Services, 2012). Sadly, many older youth are less likely to exit care to a permanent family, and the chances for achieving permanency decrease with age (Child Welfare Information Gateway, 2006). Nationally, over 20,000 youth age out of or exit the foster

**RESEARCH FINDINGS
FROM THE LONGITUDINAL
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INCARCERATION,
VICTIMIZATION,
AND POVERTY.**

care system each year without a permanent, lifelong connection (U.S. Department of Health and Human Services, 2012).

Research findings from the longitudinal Midwest Study at Chapin Hall indicate that youth who age out of foster care are at increased risk of early pregnancy, incarceration, victimization, and poverty (Hook & Courtney, 2011; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). This study has also shown that youth who aged out of care were more likely to have dropped out of high school, experienced unemployment, had

histories of job instability and, on average, were paid less than their non-foster youth counterparts. The Midwest Study also found that these youth were at increased risk of homelessness with as many as 25% of the sample of youth reporting being homeless for at least one night. The overall picture painted by this significant study suggests that the child welfare system is not adequately preparing adolescents to become successful, self-sufficient adults (Hook & Courtney, 2011).

Shifting Focus

The three primary goals of the child welfare system are to ensure the safety, permanency and wellbeing of children who come to its attention. Child welfare has made great strides in working to improve the safety and permanency of children in the child welfare system. Much needed attention continues to be paid to the safety of children by keeping children safe in their own homes with additional efforts to support families and extended kin as well as by ensuring the safety of children in out-of-home placement. Permanence has also improved as national child welfare data suggests that child welfare jurisdictions are more successful in achieving legal permanence for youth (US Department of Health and Human Services, 2010); however, continued focus is needed to maintain permanence and wellbeing of children in child welfare.

HIGHLIGHTS

SYSTEM IN NEED OF REFORM

- The primary goals of the child welfare system are to achieve the safety, permanency and wellbeing of children.
- In the last few years, fewer children are being removed from their homes and their families.
- In the last decade, many more children who enter foster care are achieving permanency, but this is not the case for all children and youth.
- Older youth in foster care are more likely to exit care without a permanent, family-like connection.
- Youth without the support of caring adults are at risk for unfavorable outcomes, including dropping out of school, unemployment, homelessness and lack of social skill development.
- Efforts are underway to improve these outcomes.
- This guide outlines some of these essential components in creating a permanency-driven organization.

As part of the U.S. Department of Health and Human Services, the Administration of Children, Youth and Families (ACYF) recently released an agenda to promote the wellbeing of children in child welfare. The administration highlights the need for permanency and safety but clearly suggests that meeting these goals alone will not achieve child wellbeing. In particular, the integrated approach promoted by the ACYF aims to improve the social and emotional wellbeing of children in the child welfare system, many of whom experienced trauma and adverse events in childhood (Children's Bureau, 2012).

Permanence and Wellbeing

Although legal permanence is critically important, not all youth in the child welfare system achieve this goal, particularly older youth in out-of-home placement. Qualitative research has indicated that not all youth who experience legal permanence also experience relational permanence (Samuels, 2008). Relational permanence is defined as youth experiencing a sense of belonging and social connectedness and having at least one life-long connection to a caring adult (Jones & LaLiberte, 2013; Samuels, 2009). Working towards relational permanence and youth connectedness also aids in improving child wellbeing, particularly within the domain of social and emotional functioning of youth (Children's Bureau, 2012). Successfully establishing and maintaining social relations is among a person's most fundamental sources of positive functioning and wellbeing (Perry, 2006).

The positive effects on youth of supportive adults include improved self-esteem, financial self-sufficiency and enhanced social skill development (Geenen & Powers, 2007; Massinga & Pecora, 2004; Perry, 2006). Foster youth with caring connections to "natural mentors" tend to have improved mental health and physical health, and higher reported levels of overall life satisfaction (Ahrens et al., 2008; Munson & McMillen, 2009; Greeson, Usher & Grinstein-Weiss, 2009). Former foster youth have noted the difficulties in maintaining these important connections while in care, and many experience feelings of frustration and disconnection when exiting care, which is particularly true when children and youth experience multiple moves and placements while in out-of-home care (Samuels & Pryce, 2008; Ahrens et al., 2011; Lenz-Rashid; 2008).



SUCCESSFULLY ESTABLISHING AND MAINTAINING SOCIAL RELATIONS IS AMONG A PERSON'S MOST FUNDAMENTAL SOURCES OF POSITIVE FUNCTIONING AND WELLBEING.

When foster youth had some continuity of relationships with those people most important to them, including siblings, foster parents, and biological parents, they tended to have better adult developmental outcomes than those who lacked these supports (Kerman et al., 2002). The financial, social and emotional supports received from significant others are important throughout an extended process of emerging adulthood, in which youth may leave and return to a family home, or family-like home over a period of several years (Arnett, 2000).

WHEN FOSTER YOUTH HAD SOME CONTINUITY OF RELATIONSHIPS WITH THOSE PEOPLE MOST IMPORTANT TO THEM, INCLUDING SIBLINGS, FOSTER PARENTS, AND BIOLOGICAL PARENTS, THEY TENDED TO HAVE BETTER ADULT DEVELOPMENTAL OUTCOMES THAN THOSE WHO LACKED THESE SUPPORTS.

This safety net of caring adults is not always available to young people leaving out-of-home care, which suggests that child welfare systems are failing to provide the systematic support to assist youth in finding family-like connections. This is leaving many former foster youth without essential social, emotional and financial supports, all of which are crucial resources as youth transition to adulthood (Massinga & Pecora, 2004; Propp, Ortega & NewHeart, 2003). There is a lack of exhaustive and timely searching for family and other caring adults, especially for older youth who are lingering in care.

In earlier decades in child welfare, many policies and procedures were in place that resulted in dissolving these important connections for youth. For example, agency workers and foster parents were encouraged to prevent the child from contact with

their family for 30 days to allow them time to “adjust” to the placement. The field is now beginning to acknowledge that child wellbeing is intricately linked to those important relationships and connections. The field is also beginning to use a trauma-informed framework to better help youth address issues of grief and loss about severance from many of these important connections in their lives.

This Permanency Guidebook provides an outline of how a child welfare organization can become permanency-driven without significant additional resources. This process begins by assessing the organization's readiness for change including readiness and preparedness for shifting the values, philosophy and culture of the organization to work that ensures children have lifelong connections to their extended families, siblings, other significant adults, family history and traditions, race and ethnic heritage. By maintaining these connections, organizations can work towards the physical, emotional, social, cognitive and spiritual wellbeing of the child. Many current parenting approaches and therapies with youth are using traditional techniques with non-traditional youth and are not producing the desired results.

The guide highlights specific strategies in implementing organizational change, including the following phases:

- (1) establishing a culture and philosophy of permanence;
- (2) change on paper;
- (3) change in processes;
- (4) change in performance; and, finally,
- (5) sustaining the change.

Each of these phases are described and illustrated through a case example of a leading permanency-driven organization.

IMPLEMENTATION OF ORGANIZATIONAL CHANGE

Organizational Readiness

The first question to ask in the change process is: "Is our organization ready for change?" One of the first steps when undertaking a significant shift in operations is to assess the organization's overall readiness for change. Some of the specific questions to explore before becoming a permanence-driven organization include:

• What are the external pressures to change?

- Current shifts in funding and changes in federal child welfare requirements put increased pressure on organizations to better ensure the legal and relational permanence for children and youth.
- The Fostering Connections Act of 2008 put in place guidelines for youth aging out of care and increased resources for supporting kin to provide for the needs of children within their own families and communities.
- Federal guidelines and expectations laid out through the Child and Family Service Reviews (CFSR) clearly indicate the need for states to improve their outcomes in achieving permanency and wellbeing of children in the child welfare system (Children's Bureau, 2012).

• What are the resources necessary to become a permanency driven organization?

- What will we need? Although you do not need new resources to begin the process, you want to consider potential changes in staffing, organizational capacity and training needs.
- Are we tracking the right information in our programs? Also consider resources in technology you might need to ensure you have sufficient outcome data to guide your practice and policies.
- How are we doing as an organization? Organizations can examine their own past performance in achieving permanency for youth, and use benchmarks to compare to outcomes of other organizations.

• What is our organizational climate?

- To become permanency-driven, you need an examination of the openness of staff to change and the cohesiveness of the mission and goals with the desired change.
- This is a journey and process that takes time and commitment. The organizational leadership must be unfailingly committed to implementing and carrying through the change efforts.

Before successful changes in practice take place, the first step in the process of becoming a permanence-driven organization is to make the necessary changes in norms, language and philosophy. The following steps

CHECKLIST

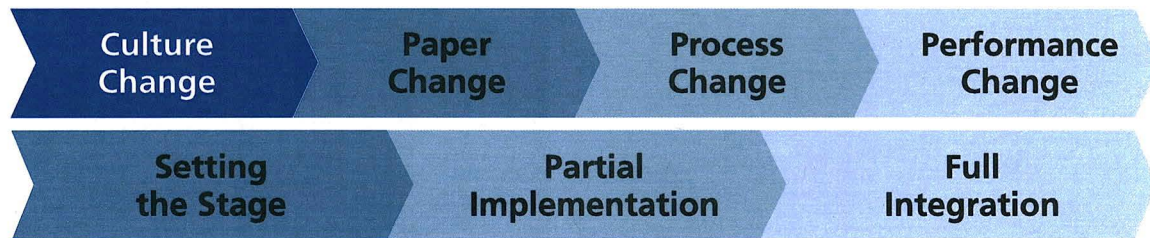
ORGANIZATIONAL READINESS

- Board members understand and support organizational change.
- Agency leader is a champion of permanence & understands the sense of urgency.
- Leadership team has a sense of urgency and a thorough understanding of grief, loss and trauma.
- There is a clearly stated organizational vision and value system which supports permanence (see example on page 13).
- The vast majority of staff at all levels understands the compelling reason for change and what will happen if change does not occur.
- The vast majority of staff of the organization understands they have a critical role in creating change and believes that change is possible.
- There is an internal structure of accountability to outcomes (e.g. a leadership team, a CQI/PQI team).
- There is a way to collect, report and analyze data against a stated goal.
- The organization has common benchmarks to understand where they are and where they want to be.
- Organization has done a GAP analysis -- a plan to get there.

outlined below follow a framework developed by Fixsen, Naoom, Blase, Friedman and Wallace (2005). (For more information on implementing organizational change, see their full report listed in the reference list). The boxes on the following pages provide a framework of each step in the process. A case example follows that illustrates how one agency successfully became a permanence-driven organization. As you follow this guide and the case example think of where your organization is in the continuum below then you will know where you need to start your efforts.

BECOMING A PERMANENCE DRIVEN ORGANIZATION

A CONTINUUM



Where is your organization on this continuum?

Phase 1: Establishing a Culture and Philosophy of Permanence

The first phase of becoming a permanence-driven organization is establishing a culture and philosophy of permanence that sets the foundation for the work to come. To shift organizational culture you must first establish a sense of urgency. In thinking about the children and youth

served in child welfare and in looking at the research, it is clear that ensuring youth maintain and strengthen their connections to supportive adults, and achieve permanence and a sense of belonging are critically important to achieve overall wellbeing.

Once the case for change and a sense of urgency has been established, the organization can

begin to shift the culture and philosophy that ground the work. Ultimately, it is changes in the norms and values that also shift the practices, policies and allocation of resources within the agency. Although this change in culture requires strong leadership for organizational change to occur, stakeholders at all levels of the organization must be included and must buy into the sense of urgency early on in the process. Leadership and direct line staff, together, can develop a framework of values to guide the agency. Everyone in the agency may not be on board initially, but at least some people at each level of the organization need to be early adopters and champions of the change to ensure a successful transition. It is critical for agency leadership to be fully invested in this effort.

ULTIMATELY, IT IS CHANGES IN THE NORMS AND VALUES THAT ALSO SHIFT THE PRACTICES, POLICIES AND ALLOCATION OF RESOURCES WITHIN THE AGENCY.

CHECKLIST

IMPLEMENTING CHANGE PHASE 1: CHANGES IN CULTURE

- Developing a sense of urgency: a more compelling reason to change
- Developing a goal
- Establishing a benchmark as a starting point
- Norms
- Language
- Philosophy
- Values
- Practices
- Allocation of resources

Phase 2: Paper Change

After the values and philosophy of an organization have been established, the next phase of implementing organizational change includes putting new policies and procedures in place. This is also called the “recorded theory of change” (Fixsen et al., 2005; Hernandez & Hodges, 2003) or the Paper Change meaning that in this phase the change in the organization is reflected on paper but not yet integrated within actual practices of the organization.

Within this phase, structural supports are put into place. Some of the structural changes include: human resource strategies (i.e., potential changes in job descriptions and hiring new staff), changing staff and board policy manuals, and creating new recruitment material for foster parents. In this phase, you may also change your organization’s logic model or theory of change, including changes in input, outputs, and changes in desired outcomes for children. Additionally, data tracking and evaluation questions may be explored to reflect and measure these changes.

Some agencies may get stuck at this phase (Fixsen et al, 2009). Change is not always a stable and linear process within an organization. At each phase of implementing change, an organization may experience barriers and challenges to be overcome. At some of these times, it may be helpful to return to the goals and vision established at the outset – to return to dialogue and stress the urgent need for change and promoting the shift in values and philosophy. This sense of urgency keeps the process moving.

Phase 3: Process Change

The phase of Process Change is moving the organization toward changes in actual practice and change in outcomes, which can also be thought of as the phase of “active theory of change” (Fixsen et al., 2005; Hernandez & Hodges, 2003). It is in this phase that new processes are put into place to support the change in practice including training of staff and foster parents, shifts in supervision to support the new work, and changes in evaluation measures and case planning tools and forms (Fixsen et al., 2009). It is in the early phases of implementing change that some individuals may cling to the status quo or lose motivation, and so leadership is key in maintaining the vision and confidence in the change process (Fixsen et al, 2005).

The work in this phase is substantial, particularly ensuring that all staff members are trained in the new, permanency-driven philosophy, policies and practices. In this stage, organizations may be successfully shifting their language about permanence, but practice may not yet reflect the strategies outlined in trainings, and supervision and case decision-making may not completely take into account all of the permanence-driven shifts in practice. So, although an important step in the process, initial trainings and process change need to be followed up with fully integrated actions, on-going coaching and consultation, and sustained re-visiting of the new goals and mission of the permanency-driven practices and policies. Goals and measures must be clearly identified and internal structures in place to collect data on progress towards goals as well as structures to evaluate results and create plans for change (a.k.a, Continuous Quality Improvement/ Practice Quality Improvement (CQI/PQI) committee).

PHASE 2: PAPER CHANGE

- Seek funding
- Human resources – change job titles, roles and responsibilities and potentially hire new staff
- New recruitment material for foster parents
- Changes in staff policy manuals
- Forms
- Policies

PHASE 3: PROCESS CHANGE

- Training of staff and foster parents
- Changes in supervision practices and focus
- New evaluation and outcome measures and procedures
- Revised case planning tools and forms
- Tracking of progress towards goals

Phase 4: Performance Change

The next phase in implementing organizational change is termed performance implementation or an "integrated theory of change" (Fixsen et al., 2005; Hernandez & Hodges, 2003). The key question that organizational stakeholders ask themselves in this phase is how the organizational change is impacting the lives of the children and families served. With the changes in philosophy, values, practices and policies are more children achieving legal and relational permanence? In this phase, new practices are fully integrated by practitioners, supervisors and administrators (Fixsen, et al, 2005).

Now, practitioners have integrated permanency-driven practices into their day-to-day work with clients; supervisors are providing on-going opportunities for coaching and consultation in their permanency-driven supervision; and external stakeholders are providing permanency-driven information on referrals and the recruitment of new foster and resource families utilizes a permanency-driven framework. As new staff members are hired, permanency-driven work has become practice as usual, and the procedures and processes become routinized (Fixsen et al, 2005). Data collected must be analyzed and, accordingly, adjustments made to practice to continue to improve outcomes. During this phase, a combined analysis of best practices and evidence-informed practices should be performed to continue to improve performance.

The following sections of the guidebook outline each of these phases of implementation using a case example of an effective permanence-driven organization and by illustrating their strategies and learning as they moved through this process. The case illustration concludes with a discussion about how to sustain these important changes during times of limited resources and financial capital.

PHASE 4: PERFORMANCE CHANGE

- Integrated practices with children and families
- Evidence of improved outcomes for children and families reflected in quality improvement and evaluative outcome data
- On-going coaching and consultation in supervision
- Permanence-driven is "practice as usual" for new staff and foster families
- Continuous Quality Improvement process for making changes to improve outcomes and integrate new learning

THINGS TO CONSIDER

FOR EFFECTIVE IMPLEMENTATION of organizational change to a permanence-driven organization; it is important to keep in mind the following essential components:

- Commitment from all levels of stakeholders, beginning with the initial planning stages.
- Development of an implementation group (committee or task force) comprised of administrators, practitioners, supervisors, foster parents and youth, which meets regularly to analyze data and make improvements to practice to achieve clearly stated, measureable goals. Without intentionality around implementing change, this work may get lost in the shuffle of day to day work.
- Plan for developing resources for implementing changes (financial costs of new staff; training and recruitment costs; and time and effort necessary for implementation).
- Multi-level implementation strategies that align organizational structures and capacity, to integrate planning, training, on-going coaching, and evaluating outcome data of the permanency-driven efforts.
- Recognition for the need for multi-level and sustained, long-term commitment and efforts. Changes in organizational culture and capacity, including practitioner and supervisor skill levels and building resources, take time to develop and fully integrate into the daily business of the organization.
- This process is not always linear, and organizational stakeholders may find they need to revisit strategies in the different phases of implementing organizational change to move the process forward.

Source: Fixsen et al., 2005; Center for Advanced Studies in Child Welfare, 2011

FOLLOWING A CASE EXAMPLE: A PERMANENCY-DRIVEN ORGANIZATION

In 2012, Anu Family Services, a treatment foster care agency, celebrated 20 years of service to children and families across Wisconsin. In 2010, Anu also became licensed to operate in Minnesota. Anu Family Services, Inc. has gained national recognition as a leader in child permanence and placement stability for children in out-of-home care. (See the Permanency-related Tools section at the end of this guidebook for a timeline of accomplishments.) This case illustration highlights their dedication and commitment to permanence and outlines specific steps and strategies undertaken by Anu Family Services to become an effective permanence-driven organization.

PHASE 1: Setting the stage Establishing a Culture and Philosophy of Permanence

In Phase 1 of becoming a permanence-driven organization, a culture of permanence is established. Organizational culture includes the learned and shared values, beliefs and attitudes of the collective group. Organizational culture guides thinking, behavioral norms and styles of communication. In a permanence-driven organization, the sense of urgency for helping all youth to find permanent connections permeates the entire culture of the organization. An important and concrete first step in changing culture is to develop an agency mission and vision that guides the work and promotes the change in philosophy and focus.

The mission of Anu Family Services is to create permanent connections to loving and stable families. In working towards this mission, one of the first steps to prepare the organization for change was to do a strategic planning session with direct practitioners, administrators, foster parents, board members and administrative support staff. At this early planning stage, Anu developed its mission and values and created its Big Hairy Audacious Goal (BHAG), as discussed by Collins and Porras (1996) in moving organizations from "Good to Great." The established goal was for Anu to be "the last placement prior to permanence for 90% of all youth served." This was a long-term goal that was established to keep the agency striving to discharge as many youth as possible to a permanent, stable and supportive family.

Once the BHAG goal was established, a BHAG committee was developed within the organization to drive the permanence-driven goal forward. Included in this committee were the organization's administrators and representative supervisors, practitioners and board members. The BHAG committee developed a work plan and set specific goals and benchmarks to make sure the organizational change process moved ahead (see below). In the early stages, the organization also developed a written statement of philosophy and values that guided their work. [See the full statement on the next page.]

Establishing Baseline and Benchmarking: A key step in this initial phase for every organization is establishing a baseline of current permanency outcomes. Your organization should have the capacity to do the following at this stage:

- Identify key permanency outcomes to be measured
- Have the ability to collect data on these outcomes on an on-going basis

IN A PERMANENCE-DRIVEN ORGANIZATION, THE SENSE OF URGENCY FOR HELPING ALL YOUTH TO FIND PERMANENT CONNECTIONS PERMEATES THE ENTIRE CULTURE OF THE ORGANIZATION.

- Collect baseline data to gain understanding of current permanency outcomes before change efforts begin
- Use benchmarks established within the field to compare your organization's permanency outcomes with similarly situated agencies. For an example, see the Benchmark Project of FFTA, which provided comparative child outcome data for treatment foster care agencies (<http://www.ffa.org/benchmark/>).
- Do a GAP analysis, by identifying the difference between where you are currently performing towards your goal (point A), where you want to be performing (point B), and a plan of how to get from point A to point B.

PHILOSOPHY OF ANU FAMILY SERVICES

We pledge that we will no longer participate in the re-victimization of children through:

- physically restraining them in times of trauma
- multiple moves of foster homes or changes in workers
- disconnecting them from those who love them
- asking children to work on treatment goals without giving them a sense of purpose, hope and belonging
- expecting behavioral conformity without understanding trauma-responses
- asking you to bottle up their grief and loss without creating a safe space for them to do their grief work

We believe:

Children are best raised in families, preferably their own, whenever safely possible.

Based on the assumption that our own families have connections to us that are unique to anyone on the planet and children need a sense of where they come from to understand themselves in context.

Every child has a right to a permanent family.

Based on the assumption that permanent families create a sense of permanence, safety and wellbeing like nothing else can, and the lack of a permanent family creates trauma and lasting effects on a child in a way that nothing else can.

There are hardly any children who can't be raised by *someone* in their family.

Based on the assumption that family exists, but we have not looked long and hard enough to find them.

What would be acceptable if this were my own child (niece, nephew, etc.)?

Based on the assumption that the system is not currently set up to do what's best for the child.

Children cannot have too many people who love them.

Based on the assumption that all humans need a network of support, and having only one person on whom to rely or only paid professionals, puts anyone in a vulnerable position.

There is a sense of urgency around connecting children to their healthy, stable people who love them and to permanent families.

Based on the assumption that children are living in trauma and fear one more night in a stranger family is too much.

That children are survivors and incredibly resilient.

Based on the assumption that surviving trauma can actually make a person stronger and more capable in some ways.

That family comes in many forms and permanence can come from many sources including: biological parents, siblings and extended kin, other healthy stable adults who have loved the child (teachers, coaches, neighbors, chosen family, and others).

Based on the assumption that a child has a right to participate in the decision of who their "family" is and with whom they feel safe and loved.



To instill these values and philosophy, the BHAG committee and organizational leadership communicated the strategic changes throughout the organization through an initial “kick off” meeting and then by including them at staff meetings, team meetings, and foster parent trainings and peer support meetings. The changes within the organizational culture were slow at first, but there were a series of steps toward progressive changes. Change was not evenly paced. Some foster parents and staff were very excited about doing permanency-driven work, but others were reluctant to change. Some of the staff who were reluctant to change were working with foster families who were doing great work with children and youth but who also might struggle with some of the new values laid out. Many, but not all, of these staff and families slowly came around and fully bought into the sense of urgency in working towards permanence and connections for all youth. In fact, one of the staff members, who was skeptical early on, later became one of the most vocal and visible champions for permanence-driven work throughout the agency. However, those who do not agree with the agency philosophy may choose to “self-eject” or may not be a good long-term organizational fit.

CHANGE WAS NOT EVENLY PACED. SOME FOSTER PARENTS AND STAFF WERE VERY EXCITED ABOUT DOING PERMANENCY-DRIVEN WORK, BUT OTHERS WERE RELUCTANT TO CHANGE.

Another key piece of the change process was providing the necessary space and opportunity for reflective practice, which was achieved in several ways. The creation of the BHAG committee provided space for the team to talk through procedures, structures and policies that would be necessary to become a permanency-driven organization. Team supervision meetings provided opportunities for supervisors and

practitioners to talk about the changing structures and how that would ultimately impact practice and affect the children and families directly. The CEO of the organization also provided opportunities for foster parents to process the changes as well through scheduled town hall meetings in each region of the state

or through teleconferences. In addition, a Treatment Foster Parent Council was established, comprised of foster parent leaders. The CEO met regularly with this Council about organizational goals and changes and foster parent roles in those changes.

IN CREATING A NEW IDENTITY THAT WAS PERMANENCE DRIVEN, THE AGENCY ALSO BEGAN TO PARTNER WITH EXTERNAL STAKEHOLDERS, COUNTY AGENCIES, AND COMMUNITY BASED ORGANIZATIONS THAT SHARED SIMILAR VALUES AND GOALS AROUND PERMANENCE.

In creating a new identity that was permanence driven, the agency also began to partner with external stakeholders, county agencies, and community based organizations that shared similar values and goals around permanence. One of the partners that became an integral part of the change to a permanence-driven organization was the Center for Advanced Studies in Child Welfare at the University of Minnesota's School of Social Work. In its early stages, the BHAG committee recognized the importance of learning what current research had to say on best and promising practices in building connections and permanence for youth in out-of-home placement. The partnership with the University allowed the agency to more fully explore these questions; to better understand what the organization was already doing well; what was needed to meet

goals; piloting of evidence-informed practices; and how to add extra supports to implement promising and evidence-informed practices to achieve permanence and wellbeing for children.

THINGS TO CONSIDER

PHASE 1: STEPS TO SHIFTING CULTURE TO PERMANENCE-DRIVEN

- Develop an agency mission with the input and buy-in of all stakeholders in an organization in order to change the agency philosophy and focus of the work with children and families.
- Create a written statement of values with input from people at all levels of the organization and that will be agreed to by all who continue to work within the agency.
- The language used to describe the work with children and families is important. Shifting culture toward permanence-driven efforts will be reflected in change in language you might see on program brochures, websites, mission statements, recruitment material and in team meetings.
- Form a committee or task force, like Anu's BHAG committee to keep a focus on the work of changing processes and procedures to align with the permanence-driven mission. Without this intentional step, with its built-in accountability, many good efforts may just fade away.
- Acknowledge the need for champions of change, including, but not limited to administrators to provide strong leadership in the change process.
- In creating a new identity that is permanence-driven, reach out to like-minded organizations. Consider exploring agency-university partnerships that more effectively bridge research, practice and policy in child welfare.
- Shifting the organizational culture of a permanence-driven agency begins in this first phase, but also requires continued attention to sustain the changes in practice and procedures.

Phase 2: Paper Change

After an agency has made a commitment towards moving children to permanency and has begun to shift the organizational culture towards a permanence-driven approach, then the mechanics must be put into

NEW POLICIES AND PROCEDURES SUPPORT A PARADIGM SHIFT, BEGUN IN PHASE ONE, TO CREATE AN IDENTITY AMONG STAFF AND FOSTER PARENTS, IN WHICH THEY BEGIN TO THINK ABOUT CHILDREN'S PLACEMENT INTO FOSTER CARE AS A TRULY TEMPORARY EXPERIENCE WITH THE UNDERSTANDING THAT IS THEIR RESPONSIBILITY AND OBLIGATION TO HELP THE YOUTH ON THEIR PATH TO PERMANENCY

place to support a total practice shift.

The second phase of putting new policies and procedures into place is called the "paper change."

The policies and structures enacted in this phase will guide the development of permanency-driven practices as well as the necessary training, coaching and supervision to support the effective implementation of these practices. New policies and procedures support a paradigm shift, begun in phase one, to create an identity among staff and foster parents, in which

they begin to think about children's placement into foster care as a truly temporary experience with the understanding that is their responsibility and obligation to help the youth on their path to permanency. Foster parents work with families, and with those adults who are most important to youth, to help the youth maintain connections; they also help youth achieve permanence through reunifying with families or providing permanence themselves through adoption. Foster parents also guide healing for youths' grief and loss through their patterned, repetitive response to youths' pain-based behaviors.

There are a couple of key components of this phase. It is critical to begin seeking funding to support the sustained efforts of moving youth to permanence. Anu Family Services sought funding through private foundations, applied for federal demonstration projects to support youth connections, and worked with public child welfare agencies in the region to further develop the funding and resources needed to do this work. New resources also included restructuring staff positions to include a new category entitled Family Connections Specialists and examining and changing the existing job descriptions of workers' roles and job titles. For example, the change was made from Treatment Foster Care Workers to Permanence Specialists. Another change that was implemented in this phase was revising staff and foster parent manuals and recruitment material for foster parents. As part of these shifts, continued communication about new expectations and new goals were communicated at all levels of the agency through newsletters, all-staff meetings, foster parent monthly support meetings and other sources.

CHECKLIST

TIMELINE OF WORK IN AGENCY-UNIVERSITY COLLABORATION

- Year I:** Literature review and review of national best practices in preventing placement disruptions
- Year II:** Aligning our practices with current evidence-informed practices
- Year III:** Pilot project in Family Search and Engagement
- Year IV:** Intensive staff and foster parent training in Family Search and Engagement (FSE) and 3-5-7 Models
- Year V:** Pilot of *Youth Connections Scale*
- Year VI:** *Creating a Permanence Driven Organization: A Guidebook for Change in Child Welfare*

Evaluation and data tracking systems were also put into place during this phase. In keeping with the model of reflective practice, the discussion took place in the BHAG committee to develop permanence outcomes and identify indicators to be measured and collected. Part of this process of identifying outcomes emerged from an extensive literature review that was conducted through the university-agency collaboration. As part of the BHAG committee, a Family Connections work plan was developed that provided a timeline and guided the necessary tasks and steps needed to fully integrate permanence-driven practice. During the meetings, roles and tasks were assigned and followed up at subsequent meetings. Consultation with experts in the field also helped to guide the work plan and lay out the necessary steps.

Laying the formalized foundation for change is an important part of the overall process of becoming a permanence-driven organization. Recording the theory of change creates procedures and policies that outline the necessary changes that will ultimately need to take place. A key piece to remember in this phase is that the work does not stop here. Many organizations implementing changes simply record the desired change in policy and practice manuals without ensuring that the changes are integrated throughout the practice, supervision and evaluation of all agency efforts. So although this step is necessary, alone it is not sufficient to drive integrated change in practice and outcomes for clients. The necessary steps to achieve changed outcomes are outlined in the next two sections of the guidebook. Like any change effort, just knowing what to do is not enough. The change must be implemented, monitored, measured and sustained.

THINGS TO CONSIDER

PHASE 2: STEPS TO ESTABLISHING “PAPER CHANGE” IN BECOMING A PERMANENCE-DRIVEN ORGANIZATION

- This phase of change is about putting new policies and procedures into place to guide the future work of changing practice strategies and achieving improved permanency outcomes for children.
- Some of the changes an organization might put in place in this phase, include the following:
 - Changing the job descriptions and job titles of staff to better reflect the changes in permanence-driven work.
 - Changes to websites, brochures and other marketing materials to reflect permanence-driven language.
 - Consult with experts in the field who have already successfully made the shift to a permanence-driven organization.
 - Continue to seek support, through external funding, grant-writing and developing collaborations to be able to put the necessary resources behind these efforts, including staffing a resource position dedicated to the work of intensive family finding and building family connections.
 - Integrate findings of research on promising and evidence informed practices to achieve legal and relational permanence for youth in foster care. Consider partnering with local universities to better accomplish this step.
 - Identifying potential outcomes and specific indicators of the change you hope to see in children and families you work with. What gets measured gets done. Begin to put in place data tracking systems to effectively measure the identified outcomes and indicators.
- In addition to communicating the shift in culture and values around permanence-driven work, it is important in this phase to communicate changes to policies and procedures to staff, foster parents, board members and key stakeholders through staff meetings, team supervision, and agency newsletters and other forms of on-going communication.
- Consider developing a detailed permanence-driven work plan that lays out specific tasks, roles and timelines for moving the permanence-driven work forward.
- In this phase, the organization can also develop a plan for disseminating information to potential partners, such as private or public child welfare agencies, or other potential referral resources through the use of press releases, trainings/presentations, meetings, constant contact, newsletters, etc.

Phase 3: Process change

This phase of implementing change includes putting new operating procedures into place for trainings, supervision, on-going coaching and consultation and new case planning and report forms. Organizations in this phase are ensuring that all practitioners, workers and foster parents understand the key aspects of the new practice strategies and models that are being used to achieve permanency for the youth with whom they work. This section of the guidebook is divided into key components of this phase of process change including:

- (1) developing permanence-driven practices;
- (2) training for staff and foster parents; and
- (3) developing permanence-driven supervision strategies.

This phase can take years as an organization works to deepen its organizational capacities and deepen model fidelity.

1) DEVELOPING PERMANENCE-DRIVEN PRACTICES

Anu Family Services, in this phase of becoming a permanence-driven organization, used information from a literature review on permanence and placement stability that identified promising and evidence informed practices to achieve better permanency and wellbeing outcomes for children and youth (Jones & Wells, 2008). The key strategies for permanence-driven practices include the following:

- **Addressing Grief, Loss and Trauma** – A youth-engaged process to help youth recognize their relational trauma so that they are better prepared to establish and maintain permanent and healthy relationships.
- **Building Networks of Support** – Helping youth connect and re-connect with those who they have loved and lost through their time in out-of-home placement as well as establishing connections to family members they might not have known.

- **Assessing and Measuring Progress**

Using on-going and reliable indicators and data to evaluate the work being done with youth and families to ensure permanence and wellbeing outcomes are being met. These measures need to include assessment of youth readiness for permanence and level of youth connectedness with family and other caring adults.



Anu administrators, alongside the BHAG committee, decided to adopt two specific models: Family Search and Engagement (FSE) and the 3-5-7 Model of preparing youth for permanency. FSE is a six-step model to identify and engage family to support youth in their path to permanency. This model utilizes a youth-centered approach in identifying family members who may be permanent resources for the youth (Louisell, 2008). A brief summary of the six steps are outlined in the box on this page. For more

IT WAS DETERMINED FROM FINDINGS IN THE PILOT PROJECT THAT IT WAS CRITICALLY IMPORTANT TO ADDRESS ISSUES OF GRIEF AND LOSS IN ORDER TO ENSURE THAT YOUTH WERE EMOTIONALLY PREPARED TO ENGAGE IN LIFELONG, SUSTAINED AND CARING RELATIONSHIPS.

information on this model of intensive family findings, please see Louisell's (2008) report or visit the website at: <http://www.nrcpfc.org/downloads/SixSteps.pdf>.

After a pilot project of the implementation of the FSE model through the University of Minnesota's Center for Advanced Studies in Child Welfare (CASCW), it was determined that the FSE model alone was ineffective, on its own, in achieving permanence and must go hand in hand with helping youth heal and deal with grief and loss. After repeated losses and relational trauma, normal, healthy brains "turn off" their ability to connect. Therefore,

it was determined from findings in the pilot project that it was critically important to address issues of grief and loss in order to ensure that youth were emotionally prepared to engage in lifelong, sustained and caring relationships. Without this piece, agency staff might find family members and other caring adults who were ready and willing to reach out to the youth, but the youth themselves might not be ready and might actually end up "sabotaging" the process if they are not prepared and have not dealt with unresolved grief and loss.

The other model adopted early in the change process to a permanence-driven organization was the 3-5-7 Model developed by Darla Henry (2005) to help prepare youth for permanency by addressing issues of grief and loss. The 3-5-7 Model is outlined on the following page. Please see Henry (2005) for a published article on the model and visit the website of Darla L. Henry & Associates for more information at: <http://darlahenry.org/3-5-7Model.html>. This model was used as a guide and framework for Anu's work and has been significantly enhanced by additional strategies developed from our own learning and practice experience.

Other general practices that will further assist in the implementation of permanency-driven practice are listed below.

SUMMARY

SIX STEPS TO FAMILY SEARCH AND ENGAGEMENT

- 1 Setting the Stage:** Develop the youth permanency team of youth, family, professionals and significant adults. Clarify each person's commitment to the process, and develop a clear understanding among all involved, including the youth.
- 2 Discovery:** The worker identifies large pool of family and significant adults, through talking with the youth, doing activities with youth to identify family and other important adults, such as the Youth Connections Scale, eco-maps or connectedness maps, and genograms.
- 3 Engagement:** Plans for engagement developed to prepare for contact of youth, family connections and potential caregivers. Social workers assess and screen for safety, motivation and commitment of the family connections in this step.
- 4 Exploration and Planning:** Team explores options and takes responsibility for finding permanency for youth. Social worker prepares youth, family and caring adults for participation. In this step, the team clarifies goals, expectations and timelines.
- 5 Decision Making and Evaluation:** The team develops a plan for legal and relational permanency, including a timeline and a process for monitoring the plan. The team also develops contingency plans.
- 6 Sustaining the Relationship(s):** The team has a plan to support the youth and his or her family in their achieved legal or non-legal commitments; and the team has necessary resources (formal and informal) to maintain permanency.

Source: Louisell, M.J. (2008). Six Steps to Find a Family: A Practice Guide to Family Search and Engagement (FSE). National Resource Center for Family-Centered Practice and Permanency Planning; Hunter College & California Permanency for Youth Project.



DIRECT PRACTICE STRATEGIES

- Get releases of information signed to allow workers to contact family and non-related persons for the purpose of searching for a permanent lifelong connection for the youth whether for placement or support. In some states this can be a real barrier to successful family search and engagement efforts, and so this may also become a potential opportunity for policy advocacy.
- Utilize the strategies of the 3-5-7 Model and Family Search and Engagement (FSE), including connectedness maps, youth timelines and doing Lifebooks with all foster youth [See above links for more information on these models].
- In case planning, include permanency-driven goals that were developed by engaging members of the child's network and treatment team.
- Include the whole treatment team in joint decision making about children's activities and other activities related to achieving permanence for youth, including foster parents, biological family and the youth themselves.
- Work with other professionals, particularly mental health professionals, so all are aware of process and what is going on with the youth.
- In addition to treatment plans, document workers' efforts in strengthening family connections the case file and keep copies of activities that were done with youth.
- An important role of workers is to educate and motivate foster parents around the goals of permanence and relational permanence. Anu Family Services did this through regular home visits with foster families and at monthly foster parent meetings called Share and Support gatherings.
- Some of these strategies may be met with resistance and barriers that need to be addressed along the way. See a list of some of these considerations in the box on the next page.

SUMMARY

3-5-7 MODEL

3 TASKS

- **Clarify** – What happened to me and where have I been?
- **Integrate** – Figuring out what families the youth has been a part of and integrate these family memberships.
- **Actualize** – Actualization of belonging to a family. Imagine what it would be like to be a part of this particular family. What are their expectations and visions?

5 QUESTIONS

- **Who am I?** *Identity*
- **What happened to me?** *Loss*
- **Where am I going?** *Attachment*
- **How will I get there?** *Relationships*
- **When will I belong?** *Claiming/Safety*

7 SKILLS

- **Engaging** the child in the process
- **Listening** to the child's words
- **Validating** the child and his or her story
- **Creating** a safe space for the child
- **Speaking** the truth
- **Allowing** the child to go back in time
- **Recognizing** that pain is part of the process in dealing with grieving children

Henry, D.L. (2005). The 3-5-7 Model: preparing children for permanency. Children and Youth Services Review, 27(2), 197-212.

CHALLENGES TO OVERCOME

- Resistance from other professionals - Some workers, supervisors and foster parents may not want youth to address issues of grief and loss or try to re-connect with long-lost family. Resistance comes from many, often well-intentioned motivations:
 - Protecting the stability of the placement – *Don't rock the boat.*
 - Protecting the youth – *Youth is fine where they are at; why dig up all that pain?*
 - Concern for the youth – *What if their family rejects them?*
 - Feelings of fear – grief and loss are universal, *what will this hard work bring up for me too?*
 - Feelings of guilt – *I should have been doing this work all along.*
 - Lack of understanding of the importance of connections and grief and loss – *Do we really need to do this?*
- It is true that this process may be difficult and upsetting at times, but it is better to do this difficult work when the youth is surrounded by helping professionals, rather than the youth trying to tackle this later – and by themselves.
- Youth may be resistant – Youth are at very different places and stages of readiness to connect or re-connect with family and caring adults. That is why addressing issues of grief, loss, anger and trauma are so very important.
- As you move through this process with youth, it is also important to note that there may be potential differences in youth by gender. Research has indicated that male youth are more likely to show externalizing behaviors (lashing out, becoming angry or aggressive) and female youth are more likely, although not always, to show more internalizing behaviors (becoming withdrawn or depressed).
- Workers helping youth through this process all need to make sure they work through own issues of grief, loss and trauma. If they have not done this, the work will be that much more challenging.

ADMINISTRATIVE PRACTICES

- Change in referral forms to include the gathering of names of important connections of youth at the time of referral.
- Include permanence-driven and family connections indicators in staff evaluation processes and staff goals.
- Anu Family Services has a Continuous Quality Improvement (CQI) team, comprised of administrators and regional directors. In monthly meetings the CQI team developed and reviewed permanence outcomes in the agency. This team also developed practices based on reviews of the permanence literature and best practices learned through the BHAG committee and the collaboration with the University and based on learning from trial and error of these practices.
- Seek resources to hire specialist positions to support the permanence-driven efforts. Anu reallocated funds to hire a Family Connections Specialist for outreach and internal development.
- The leadership team may hold a Permanence Staffing with the social worker when a placement is in danger or disrupting to ensure that the agency has provided every possible support and resource so youth avoid unplanned discharges and ultimately are discharged to permanence. This team may also conduct a Permanence Phone Survey at the time of discharge with the foster parent and social worker. This is particularly helpful in those cases where youth were not discharged to permanence to learn what might have been more helpful to achieve better outcomes.

FOSTER PARENT STRATEGIES:

- Foster parents participate fully in all permanence-driven trainings to understand their own role and how they fit into the work of the team working to achieve permanence for all youth.
- Including family members in the treatment team and in the day-to-day life of the child and youth, such as sending copies of report cards to family, inviting family to school activities, and foster parents hosting family of origin for holidays and special events.
- Foster parents being aware of their family culture and how they can be open to the youth's culture.
- Foster parents can share and pass on information about interested family or other caring adults that were gathered in conjunction with the youth and their family and other team members. Provide the referring or placing agency as well as current placement and social workers once the child leaves your charge.
- Recruitment of foster parents:
 - When you have an interested party:
 - Be honest about the children served and their needs and behaviors
 - Explain trauma and the need to make a commitment not “give it a try” as this may be re-victimizing youth
 - Assess for flexibility and openness rather than rigidity with a tendency towards “shame and blame”
 - Avoid parents who talk about youth as “disrespectful,” “manipulating,” or other indicators that youth behaviors are “willful.”
 - Assess for foster parents’ own trauma histories and ensure they have done their own work first
 - Incentivize your best parents and workers; they are your best recruiters.
 - Involve your board in recruitment.
 - Work with counties to recruit their work force to foster with private agencies.
 - Use recruitment parties (think Mary Kay or Tupperware). Provide small incentives such as – bring a friend and get a \$10 gift card
 - Use technology such as: social media sites, Facebook, Linked-In, Constant Contact
 - Purchase mailing lists or reach out to professional associations of people you want to recruit: teachers/ special education teachers, nurses, school counselors, social workers, therapists, EMDR therapists, speech pathologists, occupational therapists, etc.
 - Purchase mailing lists or work with professional associations of people you want to recruit in the healing arts: chiropractors, acupuncturists, massage therapists, aroma therapists, sensory integration therapists, traditional Chinese medicine healers/doctors (or other healing professionals)



2) PERMANENCY-DRIVEN TRAINING

The primary focus of training for Anu Family Services in becoming a permanence-driven organization was an in-depth overview of the two key models noted in the previous section, the 3-5-7 Model in Preparing Youth for Permanence and Family Search and Engagement (FSE), the intensive family finding model. The

training strategy included several training sessions designed for staff and foster parents. The initial session was a joint session, in which all staff and foster parents learned about the overview of these models. All social workers and supervisors then completed two additional all day training sessions on these models, and foster parents completed one all-day session. The message presented throughout the training series emphasized that this process necessitated a team approach in which it was **everyone's** job to ensure that the youth achieved permanency. Having foster parents, workers and supervisors in the initial sessions helped to emphasize this point. The initial training sessions introduced staff and foster parents to the new philosophy and values that were to guide the change to become a permanence-driven organization. The entire training series also outlined the specific practices that would be used to better connect youth with permanent and lasting connections to supportive adults, to help prepare youth for these permanent relationships, and to ultimately help all youth in care achieve legal and relational permanence.

However, research studies suggest that training by itself will not result in actual changes in practice or outcomes (Fixsen et al, 2005). In outlining strategies to make training more impactful, Fixsen and colleagues (2005) suggest supplement training sessions with follow-up opportunities to practice new techniques and to receive feedback on those practices. They also suggest integrating

the "thinking" of the training material and the "doing" of the actual work by providing concrete examples of when specific strategies are most helpful and by providing opportunities for on-going coaching and consultation on the new practices (Fixsen, et al., 2005). This leads directly to the discussion in the next section, which outlines strategies for permanence-driven supervision. In a permanence-driven organization, supervisors, peer and other consultants provide coaching, assessment and feedback, and emotional support in integrating learning to practice during regular visits to the home, parent support groups and daily/weekly touch-base communications.

3) PERMANENCE-DRIVEN SUPERVISION

The provision of permanence-driven supervision is an essential component of the family connections process. Consistent provision of supportive supervision will provide the worker with the tools needed to move forward at a steady pace. Following Kadushin's (1976) well-known framework for effective social work supervision, the supervisor's three main goals are to provide support, tools and accountability. The unique aspects of each of these supervisory roles are outlined below as they specifically relate to permanence-driven supervision.

SUPPORT

Assisting youth in establishing family connections is an emotionally exhilarating journey; filled with unknowns and life changing events for youth. Supervision is an investment in the worker and ultimately the youth. Failure to engage in the permanence-driven supervisory process will result in drastically

IN A PERMANENCE-DRIVEN ORGANIZATION, SUPERVISORS, PEER AND OTHER CONSULTANTS PROVIDE COACHING, ASSESSMENT AND FEEDBACK, AND EMOTIONAL SUPPORT IN INTEGRATING LEARNING TO PRACTICE DURING REGULAR VISITS TO THE HOME, PARENT SUPPORT GROUPS AND DAILY/WEEKLY TOUCH-BASE COMMUNICATIONS.

diminished successes. Establishing family connections creates a mixture of emotions for the youth and family as well as the permanency worker. Common emotions experienced by the worker are:

- Uncertainty regarding youth and family responses to creating the connections for the youth
- Frustration related to resistance experienced from other professionals
- Anxiety related to unknown emotional responses of others. This can occur in even experienced-workers.
- Avoidance of anxious situations or unknown territory.
- Jubilation related to successes!

Some specific strategies supervisors can employ in supporting staff include:

- supportive listening
- help with problem solving
- strategizing how to remove barriers to doing the work
- providing positive feedback and expressing appreciation
- encouraging work/life balance
- watching for signs of secondary trauma and for burnout
- role playing potential meetings youth or foster parents

In providing guidance and reassurance, supervisors can be proactive in problem solving with workers about barriers to achieving permanency for youth in care. To diminish anxiety about new tasks the workers may have to use in reaching out to potential family members and supportive adults, supervisors can do role plays and scripting with workers. Permanence-driven supervision is consistent, supportive and provides validation.

Tools

In providing tools and educating workers on the implementation of new practices, supervisors may play a coaching role. To be effective coaches, supervisors should have the skills, information, time and energy to work with their staff in implementing new permanence-driven practices (Fixsen et al, 2005). In order to provide both the emotional support and the technical expertise and tools



to do the work, it is extremely important that there is a solid supervisor/supervisee relationship, or the permanence-driven practice will be greatly impeded. Some specific supervisory tools are listed below.

ACCOUNTABILITY

The final role of the permanence-driven supervisor is to hold staff accountable to achieving permanence outcomes for youth they work with. Accountability can be achieved through individual supervision and group supervision as well as through organizational shifts. Individual supervision

HIGHLIGHTS

PERMANENCY DRIVEN SUPERVISION

- is consistent, supportive and provides validation.
- is designed to diminish anxiety.
- is proactive and allows for problem solving.
- provides accountability and maintains the focus.
- is critical to prevent secondary trauma and burnout.

SUPERVISORY TASKS AND TOOLS

- Rehearsing phone calls and meetings
- Providing opportunities to celebrate successes!
- Allowing for opportunities to debrief emotionally charged responses
- Including role plays and scripting
- Providing opportunities to engage in consultation with the supervisor AND other professionals doing the same work

provides an opportunity to review cases with each worker to ensure that progress is being made in strengthening family connections and preparing the youth for permanence as well as achieving legal and

**PERMANENCE-DRIVEN
SUPERVISION ENSURES THAT
WORKERS CONTINUE TO MAKE
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relational permanency for youth on each worker's caseload. Anu Family Services developed an integrated tool, called the Family Connections Checklist, that can be used in individual supervision to monitor which specific family connections activities have taken place. Social workers may unconsciously delay or avoid this important work because of their own unresolved issues or fears. Permanence-driven supervision ensures that workers continue to make good progress on the case and not become avoidant.

Group supervision provides an opportunity to both support workers in implementing permanence-driven practice as well as holding the team accountable for the practices they are using. During group supervision, colleagues can provide case consultation, help address barriers to progress, and share successful and effective activities that were used with youth and families in the family connections work. Organizationally, administrative practices can be put in place to ensure that permanence-driven efforts and family connections strategies are also included in staff performance reviews and staff goals.

THINGS TO CONSIDER

PHASE 3: IMPORTANCE OF SUPERVISION IN FULLY INTEGRATING PERMANENCE-DRIVEN PRACTICE

- Opportunities to share activities, test them, debrief and modify for practice
- Sharing success stories
- Case consultation – both individual and group supervision
- Supervision tools
 - Permanency Driven Practice Activities Checklist – for use by supervisors to hold workers accountable (kept in worker file)
 - Permanency Driven Case Management Planning Guide Sheet – for use by workers to keep track of permanence efforts and activities completed (kept in youth case file) *For an example of this worksheet see the Permanency-related Tools section at the end of the guidebook.*
- Using supervision to reinforce process – workers first build rapport with youth and then move on to do some of the hard work of preparing for legal and relational permanence.
- Group Supervision:
 - Benefits: In effective group supervision, workers are able to process their emotions; build a cohesive team through trust-building processes; team gets support and learns from each other as well as challenge each other
 - Challenges: Workers come to permanence-driven practice with different experiences and readiness. It can be challenging to do group supervision with workers in different places in which they see a continuum and compare themselves. This can still be helpful if workers acknowledge difference, do not feel threatened, and can learn from each other.
- Some trust-building strategies in supervision include using the same permanence-driven activities that will be done with youth, including connectedness maps, timelines, and other activities in the 3-5-7 model. Doing these activities helps prepare workers to do the work with youth, and they also help workers to understand each other which can build trust among the team.
- Permanence-driven supervision also ensures cases continue to move forward and that unconscious fears or barriers do not cause workers to become avoidant.
- Supervision helps address concerns of secondary trauma and burnout.
- Supervision takes the full presence of the supervisor in order to support staff to address deep emotional issues and trauma the kids have experienced. This means supervisors also need to think about their own self-care and do individual supervision with just one or two staff a day.

Phase 4: Performance Change

In this stage, the organization puts procedures and processes into effect so that core components of the permanence-driven approach are fully implemented and integrated into practice and are resulting in positive outcomes for children, youth and families. In this stage of organizational change, the agency has successfully integrated permanency-driven practices, training, and supervision throughout the agency. In this phase, staff and foster parents who were reluctant to change are now integrating the new models of practice and shifting philosophy. It is also true that some staff and foster parents may have chosen to explore other opportunities. However, at this point, new staff members are trained in the new approach so that, for them, being part of a permanence-driven organization is "business as usual." Full implementation of models of family finding and preparing children and youth for permanency requires sustained collaboration of treatment-permanency teams, administrative support, ongoing worker training and consultation, and data-tracking systems to evaluate progress in working to achieve permanence.

Training, Coaching and Consultation

Anu Family Services provides all new staff members and foster parents several training opportunities about being part of a permanence-driven organization. All new staff and foster parents are required to watch a

30-minute orientation video on family connections and then participate in the three-part training series on permanence-driven practices, for a total of 30 hours of training in this area. Anu Family Services also plans to develop a "refresher" training course for on-going staff and foster parents to be implemented annually or bi-annually.

One of the key aspects

of integrating this work effectively into practice and supervision is by making coaching and consultation available on a consistent basis to follow up on the information and strategies learned in the training series. Anu Family Services accomplishes this through several means. The supervisors play a critical role in providing coaching and consultation as outlined in the previous section. They do this in both individual and group supervision through role modeling, providing information and applying information through different activities, and sharing about progress of practices in group consultation.

HIGHLIGHTS

BHAG AND CQI COMMITTEES DEVELOPING AND INTEGRATING PERMANENCE- DRIVEN PRACTICES

- Define Permanence
- Develop Training modules for staff and foster parents
- Review of permanence literature and best practices at CQI
- Review of permanence outcomes and practices at CQI
- Monitor outcomes - tracking critical measures
- Provide on-going education, consultation, and resource-sharing
- Invest in a lead connections staff
- Integrate permanence in agency language (e.g., titles, key results, areas of performance, marketing, etc.)
- Disseminate information to county child welfare agencies
- Conduct Discharge Prior to Permanence Staffing
- Connect your strategy to all you do:
 - Grant applications
 - New program development
 - Who you hire
 - Who you license
 - What you train
 - How you market
 - EVERYTHING

Another role of the supervisor in fully integrating permanence-driven practices is paying attention to secondary trauma of workers. Anu Family Services staff and supervisors address this in individual and group supervision as well as in external training opportunities on self-care and addressing issues of secondary trauma. In individual supervision, workers may also need to address their own issues of grief of loss.

In working with youth, workers sometimes might share their own experiences, so conversations about boundaries are important in supervision. For example, asking questions about the aim of sharing: Are you sharing to help the child or to help yourself? Implementation of permanence-driven practices requires healthy professionals to work with issues of grief and loss and to address barriers as they come up.

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In order to develop more skill building in full implementation of the permanence-driven practices, Anu Family Services hired a staff member whose role was to support the work by monthly consultation meetings with each team of treatment foster care workers and supervisors. This position, titled the Family Connections Specialist, enhances the work of the supervisors by providing, demonstrating, and role playing specific activities to support the work of family finding and preparing youth for permanency. While most of these activities are done by the worker

and youth or foster parents, the Family Connections Specialist provides assistance and consultation by checking in with each team to identify and address challenges in the permanence-process as well as celebrating and sharing successes. Another key point to remember is that this is a youth-driven process, and workers need to meet youth where they are. Even though the workers are not doing therapy with the children and youth, there are certainly some therapeutic elements involved in their interactions. Through this work, children and youth are often freed to talk about why they have been shut down.

Anu Family Services provides a monthly Technical Assistance call for all social workers in the agency. This allows for case consultation and problem-solving across the entire organization. This internal permanency consultation call is facilitated by the Family Connections Specialist. Anu Family Services has also participated in national consultation telephone calls that were hosted by leaders in intensive family finding. Staff members also participate in permanency roundtables, as promoted by Casey Family Programs.



Administrative Role in Full Integration

Evaluation of permanence outcomes at Anu Family Services happens in a daily report of discharge outcomes and in monthly Continuous Quality Improvement (CQI) meetings, which include administrators, directors and the data management staff and managers. In these meetings, the data drives discussion about areas of strength and opportunities to change or strengthen permanence-driven practices. In addition to tracking legal permanence, Anu Family Services measures the overall level of youth connectedness as a measure of relational permanence by using the Youth Connections Scale (YCS). The YCS is a tool developed by the Center for Advanced Studies in Child Welfare at the University of Minnesota as part of its collaboration with Anu Family Services. *(See a copy of the YCS in the Permanency-Related Tools section at the end of this guidebook.)*

The Youth Connections Scale is scored from 0 to 100 and consists of four sections which measure:

- (1) the number of meaningful connections or relationships the youth has with supportive adults,
- (2) the strength of those connections including the frequency of contact and the consistency of the support the adult provides for the youth,
- (3) the specific types of supports that have been identified as most important in the literature and feedback from former foster youth, and
- (4) the overall level of connectedness of foster youth to caring and supportive adults (Jones & LaLiberte, 2013).

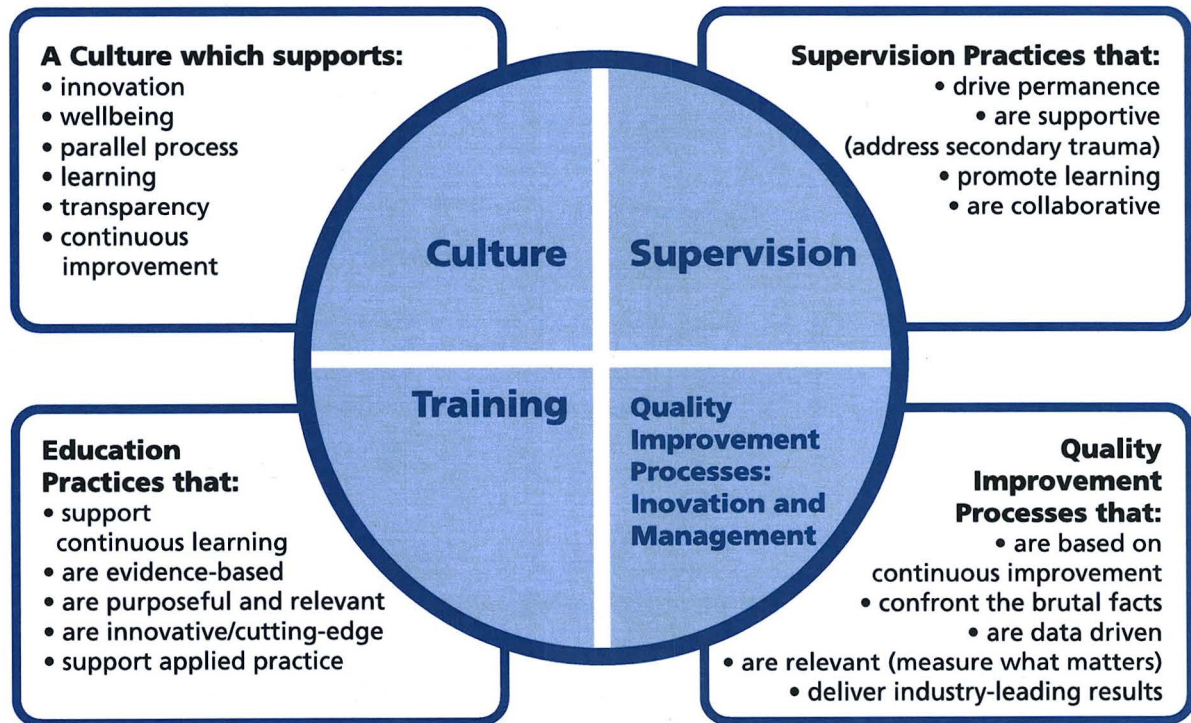
Another administrative role in integrating permanence-driven practices includes providing both internal and external opportunities to celebrate and acknowledge successes. Anu Family Services internally communicates permanence-driven information through electronic newsletters, which include the following:

- Evaluating and tracking results – meeting regularly to review data
 - CQI teleconferences and in-person Meetings
 - Daily Census/Permanence Updates by Region
 - Permanence by Worker Reports
 - Permanence by Treatment Foster Home Reports
 - Results by age, race, and other variables
 - Continued benchmarking – internally and externally
- Daily Census
 - Report of % discharged to permanence
 - Congratulations to workers discharging to permanence
- Newsletter
 - Featuring families having discharged a child to permanence
 - Featuring workers having discharged a child to permanence
 - Articles on permanence
- Permanence Tips
 - Weekly email tips for workers to engage in permanence-driven activities with youth and families
- Anu Blog
 - Information on current best practices and trends

Anu also communicates about being a permanence-driven organization to the external community and the larger field of child welfare. Communication about permanence-driven work is critically important with Anu's on-going partners, including public child welfare agencies in Minnesota and Wisconsin. Initially, Anu staff members met regularly with counties to help them understand the framework and strategies being used in permanence-driven work. Anu Family Services also disseminates learning about their change process through trainings and conferences as well as providing consultation and technical assistance to other interested agencies. Anu Family Services also communicates new learning through the Anu Blog (www.anufs.org/blog).

COMMUNICATION ABOUT PERMANENCE-DRIVEN WORK IS CRITICALLY IMPORTANT WITH ANU'S ON-GOING PARTNERS.

ANU FAMILY SERVICES ORGANIZATIONAL MODEL



SUSTAINING CHANGE AND INNOVATION WITH DIMINISHING RESOURCES

To sustain positive change, organizations must innovate and strive to achieve better outcomes for children and families. As public funds and support continue to diminish for child welfare services, it becomes even more important that providers of services are able to identify which interventions work most effectively and most efficiently and to communicate outcomes of services to funders and the public in general. There is, however, a strong pull towards system homeostasis, and as a result, there is a tendency to “do what we’ve always done,” which can often mean paying for and delivering services that last for longer periods of time and are less effective. In other words, change can be hard and is often met with resistance. Nonetheless, it is important that providers continue to innovate and demonstrate evidence of improved outcomes and financial returns on investment.

In addition, historically, public child welfare systems have been structured and funded on the basis of providing safety services. This means that systems were designed for the protection and care of children after abuse and neglect had occurred. Evolving standards and developments in child welfare are focused on prevention of child maltreatment and on timely achievement of permanence for children who have been removed from the home. In addition, innovations in child welfare are focusing on individual child wellbeing and moving beyond the commoditization of safety services. However, many policies and funding sources have not kept pace with the new demands of prevention, permanence and wellbeing. Therefore, providers who want to develop and research innovative services are often challenged to obtain funding to provide these services and sustained efforts.

Given these challenges, how do providers sustain change and innovation with diminishing resources? Many of the innovations in child welfare involve doing things differently not necessarily doing more. For example, caseworkers have long been required to make home visits to youth in care. New methods of addressing trauma, grief and loss can be implemented during the time caseworkers are with youth on their routine, required visits. Some interventions, such as Family Search and Engagement, do require significantly more resources; however, when these services are utilized, they can significantly reduce the amount of time in care (thus reducing costs, too) and reduce the risk of a youth aging out of care with no significant and supportive adults in their lives which leads to increased risk of homelessness, incarceration, and other undesirable outcomes for youth. So, even if services may cost a bit more in the short-term, these services can reduce costs in the long-term. Providers must track and report outcomes of these services to demonstrate the returns on investment.

In addition, in times of diminishing resources, building internal cultures of change becomes critical. Finding ways to “do what is best for children and youth” as a standard benchmark rather than “doing what’s always

CHECKLIST

KEEP IT GOING

- Track, Monitor and Move** Use outcome data to track what is working. Build on what is working and change what is not. Learn from others’ successes.
- BHAG Meetings** Identifying future strategies and examining current strategies to continue to improve Anu’s BHAG outcomes.
- Internal Communication** Using data to track outcomes and communicating this to directors, supervisors and staff. Celebrating successes of workers and foster parents in achieving permanency for youth through newsletters, emails, reports and agency blog.
- Infuse your culture** Connect your permanence strategy to all that you do.
- Making it work** Constantly reflect and make changes; dedicate needed resources; expect full participation and attendance.
- Maintain a sense of urgency** Stay connected to the youth’s experience.
- Do what you can do** Because you cannot do everything, does not mean you should not do something.

Do all the good you can. By all the means you can. In all the ways you can. In all the places you can. At all the times you can. To all the people you can. As long as ever you can.

—JOHN WESLEY

been done, just doing it better” is imperative to a culture of innovation. It becomes critical to find new ways to create disruptive innovation – those new techniques which help to create a new market and value proposition and which go beyond just tweaking what already exists. This type of innovation helps to elevate systems beyond their current capacities and to find efficiencies and capacities where they were not previously identified.

Another way to infuse systems with new resources is to clearly articulate your organizational theories of change to private and public funding sources. There is a growing collective consensus that what we are

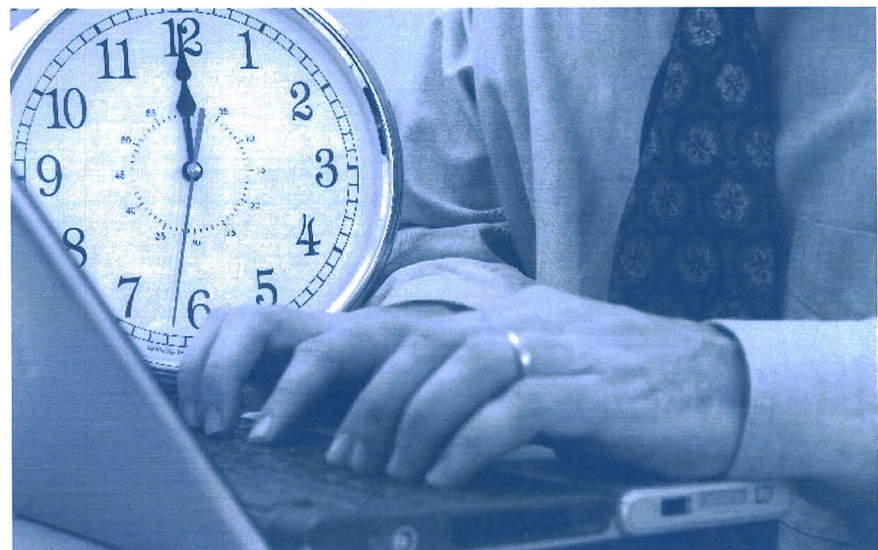
doing in child welfare is not producing the desired results and that something different must be done. However, there is a void in the field about what exactly to do to create the needed changes. If your organization has bold ideas and clearly defined and tested theories of change, public and private partners are willing to fund the development of innovative services. Completing demonstration projects or pilot projects in an effort to fully test and document the outcomes of innovative services is a way to get early seed money to mature a service and demonstrate its return on investment to public funding partners for future growth.

Additionally, in times of diminishing resources, rethinking roles and finding internal efficiencies in practice and in other operational costs becomes very important. For example, has your organization performed an analysis on paying employees mileage vs. managing agency-owned or leased vehicles? There

are hundreds more examples of these types of cost-benefit analyses to be found in every organization’s operational costs. Organizations must also maximize the use of technology in the field to gain efficiencies where possible (e.g. What is the cost savings of case managers entering case notes onsite rather than returning to the office to enter notes? Could using virtual meetings substantially reduce travel or meeting-related expenses?).

What savings could be utilized by outsourcing services that have formerly been provided internally such as human resources, information technology or accounting? Innovative use of collaboratives, such as the MACC CommonWealth model in the Twin Cities of Minnesota, is a way to achieve operational efficiencies. MACC CommonWealth is a partnership of twenty member non-profit organizations in the Minneapolis-

St. Paul metropolitan area that provides management services to its member agencies in the areas of finance, human resources and information technology. This collaborative approach creates space for shared solutions that far exceed the capacity of any of the individual member agencies (MACC CommonWealth, 2011).



**TO NAVIGATE AND SUCCEED
IN THESE RAPIDLY CHANGING
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HAVE THE ABILITY TO TRACK
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TO MAKE DATA-DRIVEN
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EVIDENCE-INFORMED PRACTICES
TO MAXIMIZE EFFICIENCIES IN
SERVICE DELIVERY.**

To navigate and succeed in these rapidly changing times, organizations must have the ability to track outcomes and information to make data-driven decisions and to utilize evidence-informed practices to maximize efficiencies in service delivery. Gone are the days of “just trying to help” or “doing what we know.” We do not have the extra resources for blind trial and error; we must do what we know works best first. In social services, it typically takes many years to apply learning from research to practice. However, in times of growing intensity of need in the people we serve and diminishing resources with which to perform those services, we must move more quickly, be more nimble and be flexible enough to alter our service delivery to reflect the best of what we know works from current research and other developing promising practices. Changes in resources demand it, and our clients deserve our most expedient and effective responses to their pressing human needs.

RESOURCES & TOOLS TO CONSIDER

CURRENT AND EMERGING INNOVATIONS

- **3-5-7 Model of Preparing Youth for Permanency** – Addressing issues of grief and loss for youth in out-of-home placement.
- **Applying Research to Practice** – Developing an on-going agency-university partnership to better understand and apply the current research on best practices, and to develop and test new innovations that can build knowledge in the field of child welfare and can inform practice and policy.
- **Continuous Quality Improvement** – Using data tracking systems that accurately and effectively measure safety, permanency and wellbeing outcomes for children in care, and developing the infrastructure to use this data to inform agency practices and policies.
- **Diana Screen** – Evidence-informed tool to screen out potential and actual maltreators from foster parent recruitment and new staff recruitment.
- **Family Search and Engagement Model (FSE)** – Intensive family finding to identify and engage family, kin and other supportive adults to help youth on their path to permanency.
- **Permanency Pact** – Developed by the Foster Club as a formalized facilitated process to clarify the relationship between a youth and a caring adult, including clarifying mutual expectations and types of support.
- **Sharing Effective Strategies** – Organizations that innovate, develop, and test new strategies for achieving better outcomes, should share their learning through child welfare conferences, journals and trainings. Anu Family Services has also been consulting with Casey Family Programs on implementing effective organizational change with public partners around the county.
- **Technological innovations** – Using technology to support the work in child welfare, such as virtual visitation to supplement caseworker visits with children and family visits.
- **Therapeutic Crisis Intervention for Family Care Givers** – Moving the entire treatment foster care program to a restraint free program, through a model that stresses crisis prevention, crisis de-escalation and understanding of pain-based behaviors, in ways that help children learn to avoid losing control and regulate their emotions.
- **Trauma-Informed Parenting** – Parent Coaching is utilized, which provides direct instruction to the parents, without the youth present, about how to parent the youth. Present Moment Parenting is the trauma-informed model of parenting used by Anu that moves away from control and behavior management towards positive reinforcement to build connections with the child to support behavior change.
- **Wellbeing Model of Integrative Practices** – Moving from an historical child welfare model to an innovative to a transformative model of child welfare. Focus on keeping youth safe, finding youth permanent families, and ensuring they are healthy in all aspects of their development including: emotional, physical, spiritual, cognitive/mental; applying trauma-informed care with grief and loss through the use of integrated healing services, recruitment and training. (See copy of the framework in the Permanency-related Tools section at the end of the guidebook.)
- **Youth Connections Scale** – A measure of youth connectedness as a component of relational permanence, looking at the youth's perception of the number and strength of connections and types of support from family and caring adults.
- **Youth Connections Map and Timeline** – Visual tools that map out different types of connections the youth experienced both currently over time.

GLOSSARY OF PERMANENCE TERMINOLOGY

Adoption

A court action in which an adult assumes legal and other responsibilities for another individual, usually a minor.

Best practice

An approach or procedure that has produced outstanding results in a previous situation or setting and could be adapted to improve effectiveness of clinical practice in a current situation or setting.

Concurrent Planning

A process used in foster care case management by which child welfare staff work toward family reunification and, at the same time, develop an alternative permanency plan for the child (such as permanent placement with a relative, or adoption) should family reunification efforts fail; planning intended to reduce the time a child spends in foster care before a child is placed with a permanent family.

Evidenced-Based Practice

The Institute of Medicine (IOM) defines "evidence-based practice" as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient values (IOM, 2001). These three factors are also relevant for child welfare.

We propose adopting the Institute of Medicine's definition for evidence-based child welfare practice with a slight variation that incorporates child welfare language:

- Best Research Evidence
- Best Clinical Experience
- Consistent with Family/Client Values

This definition builds on a foundation of scientific research while honoring the clinical experience of child welfare practitioners and being fully cognizant of the values of the families we serve.

Foster-Adoption

In this type of placement, foster parents agree to adopt the child if/when parental rights are terminated. Social workers place the child with specially trained foster-adopt parents who will work with the child during family reunification efforts but who will adopt the child if the child becomes available for adoption.

Grief

A multi-faceted response to loss, particularly to the loss of someone or something to which a bond was formed. Although conventionally driven as the emotional response to loss, it also has physical, cognitive, behavioral, social, and philosophical dimensions. While the terms are often used interchangeably, bereavement often refers to the state of loss and grief to the reaction to loss.

Legal Guardianship:

The authority and responsibility granted to a person appointed as legal guardian by the juvenile court pursuant to state Welfare and Institutions Codes (WIC). Legal guardianship suspends, but does not end, the rights and responsibilities of the birth parents. A legal guardian has sole rights to the custody and control. Legal guardianship ends when the child turns 18, marries, emancipates or is adopted. A legal guardian has sole rights to the custody and control of the child and has the legal right to:

- make all decisions regarding parental visitation in absence of a court-ordered visitation schedule;
- establish the child's residence anywhere in the state without a court order;
- make decisions regarding the child's education, sports participation and driver education;
- consent to the child's getting a driver's license; and
- give consent for medical treatment.

Outcome

Changes or benefits resulting from activities and outputs. Short-term outcomes produce changes in learning, knowledge, attitude, skills or understanding. Intermediate outcomes generate changes in behavior, practice or decisions. Long-term outcomes produce changes in condition.

Permanence-driven Supervision

Supervision is the key tool to ensure the implementation and advancement of permanence practices in an agency. Permanence-driven supervision is consistent, supportive and provides validation; is designed to diminish anxiety; is proactive and allows for problem solving; and provides accountability and maintains the focus on youth connections and permanence in both individual and group supervision methods.

Permanency Pact

A pledge with the goal of establishing life-long, kin-like connection and relationship between a young person and a supportive adult (see Foster Club at http://www.fosterclub.com/_transition/article/permanency-pact).

Permanency Plan

A proposal by the juvenile justice or child protective services system to establish a permanent placement for youth in foster care. The goal of the permanency plan is to expeditiously secure a safe, permanent placement for every child in foster care either by making it possible for children to return to their own families or by finding safe adoptive homes for them.

Permanency Planning

The systematic process of carrying out (within a brief, time-limited period) a set of goal-directed activities designed to help children live in permanent families. This process has the goal of providing the child continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime family relationships.

Program Evaluation

Individual systematic studies conducted typically or on an ad hoc basis to assess how well a program is working. They are often conducted by experts external to the program, inside or outside the agency as well as by program managers.

Promising Practices

Clinical practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.

Reunification

The returning of children to the custody of their family after they have been involved in a period of foster care placement outside their family home.

Termination of Parental Rights

The court ordered severing of all legal rights and responsibilities of birth parents from their biological child.

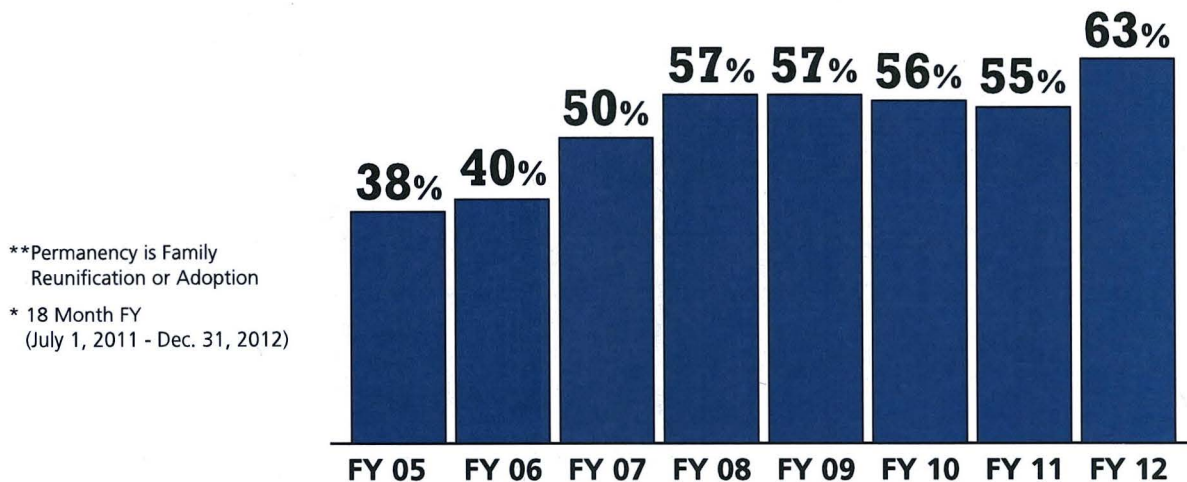
REFERENCES

- Ahrens, K. R., DuBois, D. L., Garrison, M., Spencer, R., Richardson, L. P., & Lozano, P. (2011). Qualitative exploration of relationships with important non-parental adults in the lives of youth in foster care. *Children and Youth Services Review, 33*(6), 1012-1023.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.
- Center for Advanced Studies in Child Welfare (2012). *National Implementation Research Network: A Framework for Understanding CFA*. Research colloquium presented to University of Minnesota School of Social Work in 2012.
- Child Welfare Information Gateway. (2012). Foster care statistics 2010. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2006). Enhancing permanency for older youth in out-of-home care. Washington, DC: U.S. Department of Health and Human Services.
- Children's Bureau. (2012). Memo: Promoting Social and Emotional Wellbeing for Children and Youth Receiving Child Welfare Services (No. ACYF-CB-IM-12-04). Washington, D.C.: Administration on Children, Youth and Families.)
- Collins, J. & Porras, J. (1996). Building Your Company's Vision. *Harvard Business Review, 74*(5), 65-77.
- Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., & Nesmith A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*, 685-717.
- Fixsen, D. L., Blase, K. A., Horner, R., & Sugai, G. (2009). Readiness for Change. Scaling-up Brief, 3, 1-5.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.
- Foster Club. (2006). *Permanency Pact: Life-long, kin-like connections between a youth and a supportive adult*. Retrieved on May 15, 2010 from http://www.fosterclub.com/files/PermPact_0.pdf.
- Frey, L., Cushing, G., Freundlich, M., & Brenner, E. (2008). Achieving permanency for youth in foster care: Assessing and strengthening emotional security. *Child and Family Social Work, 13*(2), 218-226.
- Geen, R. (2009). The Fostering Connections to Success and Increasing Adoptions Act: Implementation Issues and a Look Ahead at Additional Child Welfare Reforms. *Child Trends Working Paper*. Retrieved on-line on June 10, 2009 from http://www.childtrends.org/Files/Child_Trends-2009_02_10_FR_NewCWPaper.pdf
- Geenen, S., & Powers, L. E. (2007). Tomorrow is another problem: The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review, 29*(8), 1085-1101.
- Greeson, J. K. P., Usher, L., & Grinstein-Weiss, M. (2009). One adult who is crazy about you: Can natural mentoring relationships increase assets among young adults with and without foster care experience? *Children and Youth Services Review, 32*(4), 565-577.
- Henry, D. (2005). The 3-5-7 Model: Preparing children for permanency. *Children and Youth Services Review, 27* (2), 197-212.
- Henry, D. (2011). *The 3-5-7 Model Workbook: Supporting the Work of Children, Youth and Families Towards Permanency*. Sunbury Press.
- Hernandez, M., & Hodges, S. (2003). Building upon the theory of change for systems of care. *Journal of Emotional and Behavioral Disorders, 11*(1), 19-26.
- Hernandez, M., & Hodges, S. (2003). *Crafting Logic Models for Systems of Care: Ideas Into Action*. Tampa, FL: University of South Florida, The e Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.
- Hook, J. L., & Courtney, M. E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review, 33*(10), 1855-1865.
- Hyde, P.S., Falls, K., Morris, J.A., Schoenwald, S.K., (2001). Turning knowledge into practice: a manual for behavioral health administrators and practitioners about understanding and implementing evidence-based practices. Boston: Technical Assistance Collaborative.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Jones, A. S. & LaLiberte, T. (2013). Measuring youth connections: A component of relational permanence for foster youth. *Children and Youth Services Review*.
- Kadushin, A. (1976). *Supervision in social work*. New York: Columbia University Press.
- Kerman, B., Wildfire, J., & Barth, R. (2002). Outcomes for young adults who experienced foster care. *Children and Youth Services Review, 24*, 319-344.
- Kotter, J. P. (2008). *A sense of urgency*. Harvard Business School Press.
- Lenz-Rashid, S. T. (2009). *Developing Permanent, Supportive Connections While in Care: Foster Youth's Perspectives*. Retrieved May 21, 2012, from <https://alamedasocialservices.org/opg/documents/PermanencyRptSept2009.pdf>
- Louisell, M.J. (2008). Six Steps to Find a Family: A Practice Guide to Family Search and Engagement (FSE). National Resource Center for Family-Centered Practice and Permanency Planning; Hunter College & California Permanency for Youth Project. Retrieved online on June 17, 2009 from <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/SixSteps.pdf>
- MACC Commonwealth (2011). Retrieved on January 4, 2013 from <http://www.mcwmn.org/Home.aspx>
- Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children, 14*(1), 151-173.
- Munson, M. R., & McMillen, J. C. (2009). Natural mentoring and psychosocial outcomes among older youth transitioning from foster care. *Children and Youth Services Review, 31*(1), 104-111.
- Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child abuse & neglect, 24*(10), 1363-1374.
- Perry, B. L. (2006). Understanding social network disruption: the case of youth in foster care. *Social Problems, 53*(3), 371-391.
- Perry, B. L. (2006). Understanding social network disruption: the case of youth in foster care. *Social Problems, 53*(3), 371-391.
- Propp J., Ortega, D., & NewHeart, F. (2003). Independence or interdependence: rethinking the transition from 'ward of the court' to adulthood. *Families in Society (84)*, 259-266.
- Samuels, G. M. (2009). Ambiguous loss of home: The experience of familial (im) permanence among young adults with foster care backgrounds. *Children and Youth Services Review, 31*(12), 1229-1239.
- Samuels, G. M., & Pryce, J. M. (2008). What doesn't kill you makes you stronger: Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198-1210.
- United States Department of Health and Human Services, Administration for Children and Families. (2012). *Children's Bureau Information Memorandum: Promoting Social and Emotional Wellbeing for Children and Youth Receiving Child Welfare Services*. # ACYF-CB-IM-12-04.
- U.S. Department of Health and Human Services. (2012). *The AFCARS Report*. Administration for Children and Families (19).
- US Department of Health and Human Services. (2010). *Adoption and Foster Care Analysis and Reporting System (AFCARS) Report*. Retrieved July 7, 2012, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm

ANU FAMILY SERVICES' JOURNEY TO PERMANENCE

YR	Accomplishments	Discharged to Permanence
2005:	Implemented Restraint-free Policy and began using TCIF (Therapeutic Crisis Intervention for Family Caregivers)	38%
2006:	Developed BHAG (Big Hairy Audacious Goal) to be the "Last placement prior to permanence for 90% of the kids we serve."	40%
2007:	Began a Research Partnership with U of MN Center for Advanced Studies in Child Welfare U of MN Project: Placement Stabilization Literature Review and Policy/Practice Analysis	49%
2008:	Family Search and Engagement Training with author Mardi Louisell U of MN Project: Pilot project on FSE (Family Search and Engagement)	57%
2009:	Legally changed agency name to Anu following separation from parent company; hired Family Connections Specialist U of MN Project: Retrospective Study of Emotional Permanence of Youth Discharged from Anu	57%
2010:	Initiated Discharge Prior to Permanence staffings U of MN Project: Homecoming Project and merged agency comparative analysis Youth Connections Scale Developed	56%
2011:	Began full implementation and training of 3-5-7 Model by Dr. Darla Henry; U of MN Project: Pilot of Youth Connections Scale	60%
2012:	Acquired parent coaching agency Center for the Challenging Child; introduced trauma-informed parenting model; launched Intensive Permanence Services U of MN Project: Developed Youth Connections Scale guide and materials	63%

CHILDREN DISCHARGED TO PERMANENCE**



**Permanency is Family Reunification or Adoption

* 18 Month FY (July 1, 2011 - Dec. 31, 2012)



**HISTORICAL
CHILD WELFARE**

**INOVATIVE
CHILD WELFARE**

**TRANSFORMATIONAL
CHILD WELFARE**

Maintenance	Treatment	Healing
<p>Safety <i>Focus on harm reduction in care and preventing further abuse or neglect</i></p>	<p>Permanence <i>Focus on keeping youth safe and finding them permanent families through adoption or reunification</i></p>	<p>Wellbeing <i>Focus on keeping youth safe, finding youth permanent families, and insuring they are healthy in all aspects of their development including: emotional, physical, spiritual, cognitive, social / emotional</i></p>
Writhing	Surviving	Thriving
<p>Primary Evidence-Informed Technologies:</p> <ul style="list-style-type: none"> • Therapeutic Crisis Intervention for Family Care Givers (TCIF) • Diana Screen: for potential and actual maltreaters 	<p>Primary Evidence-Informed Technologies:</p> <ul style="list-style-type: none"> • 3-5-7 Model of Grief and Loss • 6-Steps to Family Search and Engagement (FSE) 	<p>Primary Evidence-Informed and Promising Technologies:</p> <ul style="list-style-type: none"> • Trauma-Informed Parenting • Youth Connections Scale
<p>Behavior Management and traditional parenting techniques used</p>	<p>Behavior Management and traditional parenting techniques used and foster parents are trained in Grief and Loss</p>	<p>Trauma-informed Parenting which understands that all behavior has meaning and parenting is used in the context of trauma, not control</p>
<p>Nothing is wrong with you; you just need love.</p>	<p>What's wrong with you?</p>	<p>What happened to you?</p>
<p>Behaviors seen as naughty</p>	<p>Behaviors seen as symptoms of a diagnosis</p>	<p>Behaviors seen as trauma-responses</p>
<p>No understanding of trauma-impact</p>	<p>Knowledge of trauma-impact</p>	<p>Applied Trauma-informed Care</p>
<p>Primary intervention: love</p>	<p>Primary interventions: traditional individual/group therapy, day treatment, residential and medication</p>	<p>Primary Interventions: grief/loss/trauma work done in the safety of relationship and/or integrative therapies</p>
<p>Foster Parents</p>	<p>Professional Treatment Foster Parents</p>	<p>Foster Parent Healers</p>
<p>Foster Homes</p>	<p>Treatment Foster Homes</p>	<p>Healing Homes</p>
<p>Long-term Care</p>	<p>Focus on shorter lengths of stay</p>	<p>Focus on reduction of entries into care</p>
<p>Multiple moves without regard of impact</p>	<p>Focus on placement stability</p>	<p>Focus on youth connections</p>
<p>Caregivers told: don't get attached</p>	<p>Caregivers told: adopt sight unseen</p>	<p>Caregivers told: heal the bridge back to lost connections & permanence</p>
<p>Youth not allowed to contact family until after 30 days of placement, then only parents, siblings and grandparents (some)</p>	<p>Youth allowed to contact others to connect with those they know in their family</p>	<p>Youth assigned a worker to search for family and important others they have lost through multiple moves</p>
<p>Youth have multiple foster home moves</p>	<p>Focus on placement stability-keeping kids in a single foster home</p>	<p>Focus on keeping kids out of care and/or shortened length of stays in a single family-based setting</p>
<p>Length of stay in out-of-home care is often years (2-18 years in placement)</p>	<p>Length of stay average at 2 years; many still in "Long term foster care" for 5 or 10 or 15 years; Anu averages 9 months</p>	<p>Out-of-home care is seen as temporary and short-term; reducing length of stay becomes a focus</p>
<p>Primary Caregivers: public systems</p>	<p>Primary Caregivers: public and private providers</p>	<p>Primary Caregivers: family, supported by private and public providers</p>
<p>Rescued Youth from their Families</p>	<p>Treated Youth and ignored Families</p>	<p>Engaged Youth and their Families</p>
<p>30-40% discharged to permanent families</p>	<p>50-60% discharged to permanent families</p>	<p>70-80% discharged to permanent families (projected)</p>

Permanency Focused Case Management Planning Guide Sheet

Youth Name:

TFC Permanence Specialist:

Date:

Recipes for Success Workbook¹

Activity –	Date Completed	Who?	What?	Where?	How?	When?
		Clarification	Clarification	Integration	Integration	Actualization
Silhouette		X				
On The Day That You Were Born		X				
Sharing the Medical History		X	X			
Oh, The Places I've Been		X	X			
Life Line/Time Line		X	X			
All in the Family		X	X			
Sibling Memories		X	X			
Connecting the Missing Pieces		X	X	X		
People I've Known		X	X	X		
The Walk of Life		X	X		X	
People Who Care About Me		X		X	X	
Safety Nets				X	X	
Dream A Little Dream		X	X		X	X
Family Connections		X				X
Family Ties		X				X
Family Collages		X	X	X	X	X
Thanks for Being Part of Me		X				X
Time Line		X	X			X
Yellow Brick Road		X			X	X
Sands of Time and Place		X	X	X	X	X

Understanding and Using the Tasks of Clarification, Integration & Actualization Workbook²

Loss History Chart		X	X			
Life Map		X	X			
Remembered People Chart				X	X	
Water Pitcher				X	X	
Collages				X	X	
Chain Link						X
All in the Family						X
Dream Catcher						X

Genogram

Initial Genogram Completed on: ___/___/___					
Genogram Updates Completed					

Youth Connections Scale

Initial Completed on: ___/___/___					
Comments:					

This Planning Guide was created using activities identified in the Pennsylvania SWAN's Preparing Children for Permanence-Recipes for Success (n.d)¹ and Darla Henry's 3-5-7 Model (2011)².

Youth Connections Scale

(A) Tools for Youth Connections

	Yes	No
Has a genogram or connectedness map been completed with youth?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Lifebook been created with or for the youth?	<input type="checkbox"/>	<input type="checkbox"/>

(B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that apply for youth at this time.

"Meaningful relationships" are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

Total # of Adult Relationships for Each Category

Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
Adult siblings	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher	
Current or former therapist, counselor or psychologist	
Pastor, rabbi or other spiritual leader	
An adult friend, mentor or sponsor	
Other adults (Please list relationships):	

(C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

Very Weak: No Contact

Weak: Infrequent contact; youth can't count on this adult for support

Moderate: Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time

Strong: Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person

Very Strong: Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed

N/A: Not applicable because adult is deceased or youth has no siblings

	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 (<i>birth, adoptive or step mother or father</i>)	0	1	2	3	4	N/A
Parent 2 (<i>birth, adoptive or step mother or father</i>)	0	1	2	3	4	N/A
Siblings	0	1	2	3	4	N/A
Other adult relatives	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A

(D) Support Indicators: Answer yes or no for each indicator. *These do not have to be from the same adult.*

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

Yes	No	Indicator
<input type="checkbox"/>	<input type="checkbox"/>	Providing a home to go to for the holidays
<input type="checkbox"/>	<input type="checkbox"/>	Providing an emergency place to stay
<input type="checkbox"/>	<input type="checkbox"/>	Providing cash in times of emergency
<input type="checkbox"/>	<input type="checkbox"/>	Help with job search assistance or career counseling, or providing a reference for youth
<input type="checkbox"/>	<input type="checkbox"/>	Help with finding an apartment or co-signing a lease
<input type="checkbox"/>	<input type="checkbox"/>	Help with school (<i>homework, re-enrolling in school, help in applying to colleges</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning
<input type="checkbox"/>	<input type="checkbox"/>	Providing storage space during transition times
<input type="checkbox"/>	<input type="checkbox"/>	Emotional support – a caring adult to talk to
<input type="checkbox"/>	<input type="checkbox"/>	Sharing in or supporting experiences of youth's cultural and spiritual background
<input type="checkbox"/>	<input type="checkbox"/>	Checking in on youth regularly – to see how they are doing
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with medical appointments so youth does not have to experience that alone
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with finding and accessing community resources.
<input type="checkbox"/>	<input type="checkbox"/>	A home to go for occasional family meals
<input type="checkbox"/>	<input type="checkbox"/>	Help providing transportation (<i>help with purchasing a car</i>) or figuring out public transportation
<input type="checkbox"/>	<input type="checkbox"/>	Someone to send care packages at college
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with purchasing cell phone and service (<i>for example, youth is added to a family plan</i>).
<input type="checkbox"/>	<input type="checkbox"/>	A place to do laundry
<input type="checkbox"/>	<input type="checkbox"/>	Supporting youth in civic engagement such as voting and volunteering

List has been modified and adapted from the FosterClub Permanency Pact (2006).

(E) Level of Youth Connections: Indicate your level of agreement with the following statements.

Circle the best response.

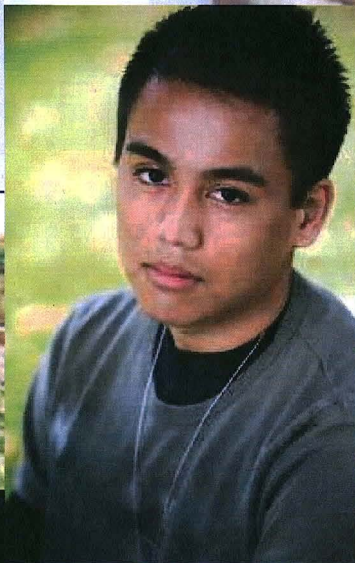
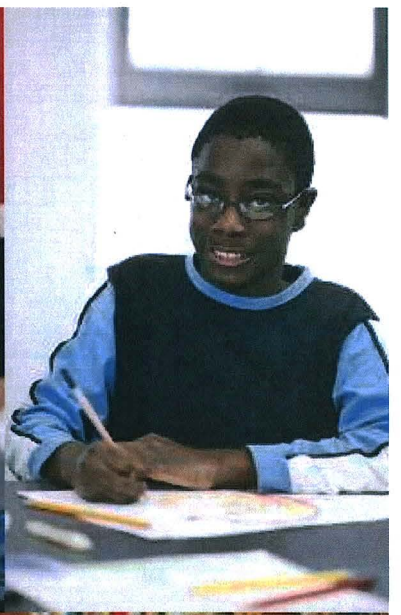
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections	0	1	2	3	4
An adult has made a commitment to provide a permanent, parent-like relationship to you	0	1	2	3	4
You are living with an adult who has or plans to adopt you or become your legal guardian	0	1	2	3	4
You feel very disconnected from any caring adults	0	1	2	3	4

Office Use Only: Youth Name _____ Youth Date of Birth _____

Worker Completing Form _____ Date of Completion of Form _____

Form Completed: Within 30 Days of Placement Within 30 Days of Discharge Other

Form Completed Without Youth at Discharge: Yes No If Yes, Explain: _____



We encourage your feedback and additions to our continued learning and efforts to improve practice.

Please contact us at:

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THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

OFFICE OF CHILDREN'S SERVICES

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March 13, 2017

Representative Les Gara
State Capitol, Room 511
Juneau, AK 99801
Representative.Les.Gara@akleg.gov

Dear Representative Gara,

I am writing in response to an inquiry raised during the House Finance Budget Sub-Committee regarding the reasons for growth in the number of children in protective custody in the Mat-Su region in recent years. We believe several factors have contributed to the dynamic including growth in the total population in the borough, increased protective services reports from the community, organizational practice changes intended to prevent child fatality and repeated maltreatment, and increased length of stay for children in protective custody.

First, it is well known that the Mat-Su borough population growth has led the state for a number of years. According to the Department of Labor population estimates, the borough grew 12% between July 2011 and July 2016 (from 91,775 to 102,598 residents) while the state of Alaska population grew less than 3% during this time. This has very likely increased the need for all social services in the area and increased the number of families served by the Office of Children's Services as well.

Second, the Office of Children's Services has experienced an increase in number of child maltreatment reports received from the community over the last two fiscal years. This may be partly or entirely a result of the aforementioned increase in total borough population. We suspect it may also be influenced by the increase in illicit drug use as both the nation and the state of Alaska have recognized significant increases in the misuse of prescription opioids, heroin and other drugs. While we are not able to discern this with certainty given our current data available, we believe it is very likely a significant factor.

South Central Region Child Reports of Maltreatment, SFY 2011-2016

SFY	Statewide Total Reports	South Central Total Reports	South Central Screened In	Percent Change in Screened In Reports from Previous Year	South Central Screen In Rate
2011	16148	3528	1498	--	42.5%
2012	16255	3234	1449	-3.3%	44.8%
2013	15663	3121	1417	-2.2%	45.4%

SFY	Statewide Total Reports	South Central Total Reports	South Central Screened In	Percent Change in Screened In Reports from Previous Year	South Central Screen In Rate
2014	15917	3118	1541	8.8%	49.4%
2015	15952	3432	1755	13.9%	51.1%
2016	16889	3733	2011	14.6%	53.9%

Third, the Office of Children’s Services operates under the principle of Continuous Quality Improvement toward the protection of children and prevention of repeated maltreatment. Toward this end, we have been modifying practices to intervene more effectively when children are determined unsafe or at high risk of future harm. These efforts have included centralizing intake functions to increase accuracy of initial screening decisions, emphasis on effective interventions that result in behavioral change and safe care giving rather than compliance based case planning (where parents check activities off of to-do list but are not held accountable to make real change), and focused emphasis on special populations such as high risk infants and children repeatedly reported for child abuse and neglect. The totality of these program changes has likely influenced both the number of maltreatment reports being screened in for investigation, the number of children entering protective custody and also the length of time they remain placed out-of-home while parents participate in remedial services.

Given the complex nature of social issues and the numerous variables that may influence the number of children in protective custody, we acknowledge there may be other causes that we have not yet identified. Various community circumstances such as local economics, substance abuse, and the inability of the behavioral health system to meet existing demands on an already fragile system of care are also factors to consider. We welcome your and the other committee members’ thoughts on any other reasons we may have missed.

Please let me know if you have any additional questions.

Sincerely,


 Christy Lawton
 Director

Cc: Darwin Peterson, Legislative Director, Office of Governor Bill Walker



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of
Health and Social Services**

FINANCE AND MANAGEMENT SERVICES
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February 15, 2017

The Honorable Les Gara
Alaska State Legislature
State Capitol, Room 511
Juneau, AK 99801-1182

Dear Representative Gara:

On February 3, 2017, the Department of Health and Social Services received the following questions regarding the budget increment amendment for Office of Children's Services.

The Division's responses are as follows:

1. *Cost of upping training to New Jersey Standard. 6-8 weeks of training depending on experience (less if the person had frontline caseworker experience and needs less training).*

Increasing the level of training to the New Jersey Standard of 6-8 weeks would cost \$555.5 for travel and \$1,685.1 in training expenses. The division anticipates training to take place in Anchorage over eight weeks, broken up by periods in the field where new caseworkers may be provided hands on experience with an assigned OCS caseworker, a Protective Services Specialist III. The federal reimbursement for training would likely be about 43% percent.

Total: \$2,460.6 (UGF \$1,277.2)

Training would be provided by the Child Welfare Academy in Anchorage through an existing contract between OCS and the University of Alaska Anchorage. In addition, division would add five Protective Services Specialist III's that would provide the hands on field level training including direct mentorship, introductions to court hearings and supervised case work. Each new position, dedicated to region level training, will be positioned in the regions, with two placed in Anchorage.

2. *Cost of extra staff needed to allow new caseworkers to meet federal standard for 75% match – no more than 6 families (or cases Christy?) for first 3 months; 12 for first 6 months.*

The cost of extra staff needed includes:

Personal Services \$4,494.5 (26 PSS I and 20 PSS II)

Travel	\$338.1 (includes multiple trips into Anchorage for training)
One Time Capital	\$294.4 (desk, chair, IP Phone, Computer)
Office Space	<u>\$45.2 (48 SF)</u>
Total	\$5,172.2 (UGF \$3,361.9)

26 new Protective Services Specialist I (Case Worker)
 20 new Protective Services Specialist II (Case Worker)

The 75% FFP is not a direct match. All training costs must be allocated to the benefiting title IV-E foster care, adoption assistance, guardianship assistance, or other state/federal program consistent with the state's approved cost allocation plan and in accordance with the cost principles delineated at 45 CFR Part 75 Subpart E. The 75% FFP is applied after the cost allocation and results in an estimated federal reimbursement rate between 40-50%.

3. Cost of enough supervisors/mentors to adequately mentor new caseworkers during the first 12 months.

Supervisors

Personal Services	\$1,275.2
Travel	\$66.2 (1 (includes multiple trips into Anchorage for training))
One Time Capital	\$57.6 (desk, chair, IP Phone, Computer)
Office Space	<u>\$8.8 (48 SF)</u>
Total	\$1,407.8 (UGF \$915.1)

9 new Protective Service Specialist IV (supervision)

According to the Child Welfare League of America, front line caseworkers are most successful when they receive proper mentorship and timely reviews of their work and recommendations. It is recommended that a ratio of one supervisor for every five caseworkers be common practice. To provide that proper support, a total of nine Protective Services Specialist IV's would need to be added to maintain appropriate supervision levels.

Support Staff

Personal Services	\$2,438.1
Travel	\$151.2 (1 (includes multiple trips into Anchorage for training))
One Time Capital	\$179.2 (desk, chair, IP Phone, Computer)
Office Space	<u>\$27.5 (48 SF)</u>
Total	\$2,762.4 (UGF \$1,795.6)

5 new Protective Services Specialist III (Training On-Site)*
 12 new Social Services Associate II (Support staff, 1 for every 4 PSS I and PSS II)
 12 new Office Assistant II (Support staff, 1 for every 3.7 PSS I and PSS II)

It is possible that expenditures associated with the Protective Services Specialist III's may be eligible for the enhanced 75% percent rate. The enhanced Title IV-E reimbursement rate related

to very structured, intensive and concentrated training where the worker is closely assessed, monitored and provided regular feedback.

According to a 2012 workforce study report contracted by OCS with Hornby Zeller Associates, the proper ratio for Social Services Associates to Protective Services Specialists is one to four; while the proper ratio for Office Assistants is one to 3.7.

4. If I could see the exact federal language that establishes the 75% match requirement that would be great.

The regulations at 45 CFR 1356.60(b) and (c) specify what is considered a training cost and what is considered an administrative expense under title IV-E. Section 1356.60(c) explains that the State's cost allocation plan shall identify which costs are allocated and claimed under title IV-E. Federal regulations at 45 CFR 1356.60 (b)(2) require that all training activities and costs funded under title IV-E must be included in the title IV-E agency's training plan for title IV-B. Title IV-E agencies may determine the manner in which they allocate costs but must do so in accordance with the cost principles delineated at 45 CFR Part 75 Subpart E. The cost-sharing or matching requirements for the title IV-E training program are addressed in regulation at 45 CFR 235.66(a), and referenced by 45 CFR 1356.60(b).

The State may claim title IV-E at the 75 percent match rate for the periods of time the employee is actually participating in training. Consistent with the regulations at 45 CFR 1356.60(b)(3) and 235.61(a), an employee must be in some form of structured training related to title IV-E administrative activities s/he will perform in order for the State to claim FFP for properly allocated trainee costs at the 75 percent match rate. In some circumstances a State or local agency employee may be considered to be in training while carrying a partial caseload and the costs of that employee's salary, fringe benefits, travel or per diem may be reimbursable at the 75 percent level. To meet these circumstances, the employee must carry a caseload that is significantly smaller than that for the journeyman position in the State. In addition, the work experience component must be fully detailed and justified as an integral component of the initial in-service training program in the State's training plan for title IV-B, as required by 45 CFR 1356.60(b)(2).

5. And any receipt authority needed to take in the 75% match. Use whatever savings would be achieved by the increased federal match to hire part of the additional above workforce.

It may not be realistic to bring 84 new staff on board in the first year. OCS anticipates that it would likely bring on 28 staff each year over three years and it envisions increased workforce stabilization in about five years as a result of the implementation of the New Jersey Standard.

The full potential of savings under the enhanced 75% FFP for training would be a gradual increase. Based on estimate thus far, OCS would need the following additional authority, which may be able to be ratcheted back in future years.

Year 1: 2018: 28 staff + enhanced training

Federal - \$1,484.4
UGF - \$2,449.9

Year 2: 2019: 28 staff + enhanced training

Federal - \$1,484.4
UGF - \$2,449.9

Year 3: 2020: 28 staff + enhanced training

Federal - \$1,484.4
UGF - \$2,449.9

If you have any additional questions, please contact me at 465-1630.

Sincerely,



Christy Lawton
Office of Children's Services

cc: Amanda Ryder, Fiscal Analyst, Legislative Finance
Neil Steininger, Office of Management and Budget
Valerie Davidson, Commissioner
Jon Sherwood, Deputy Commissioner
Karen Forrest, Deputy Commissioner
Christy Lawton, Division Director
Melissa Ordner, Budget Manager
Marian Sweet, Deputy Director, Finance and Management Services
Anthony Newman, Legislative Liaison
Sarah Woods, Deputy Legislative Liaison
Darwin Peterson, Legislative Director, Governor's Office

Relevant Statistics for HB 151

Rates of child maltreatment, abuse, and neglect are significantly higher in Alaska than they are nationally. According to STAR, the rate of child sexual assault is “almost six times the national average.”¹ The child maltreatment rate in Alaska is 70% higher than the national average.² Nearly 19% of Alaskans were physical abused before they were 18 years of age,³ and nearly 15% were sexually abused.⁴

¹ <http://www.staralaska.com/statistics.html>

² [http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2016%20Trust%20Scorecard final 2-16-2017.pdf](http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2016%20Trust%20Scorecard%20final%202-16-2017.pdf)

³ <http://ibis.dhss.alaska.gov/indicator/view/xacehurt.HA.html>

⁴ [http://dhss.alaska.gov/abada/ace-ak/Documents/State Interagency Prevention 2015.pdf](http://dhss.alaska.gov/abada/ace-ak/Documents/State%20Interagency%20Prevention%202015.pdf)

Additional Supporting Article for HB 151

Bethel Residents Recommend More Support, More Training, and Smaller Case Loads For OCS Workers.

KYUK Public Media. MacArthur, A. R. (February 12, 2017).

<http://kyuk.org/post/bethel-residents-recommend-more-support-more-training-and-smaller-case-loads-ocs-workers>

Ann Turner Olson, LCSW, Counseling Services
9000 Glacier Hwy, Suite 304
Juneau, AK, 99801
907.790.1090
907.723.5219

To: House HSS

From: Ann Turner Olson

Re: Letter of support for HB 151: Children Deserve a Loving Home Act

I am a 42-year resident of Alaska with 40+ years of working in mental health with children and families. I am writing to add my voice and support to HB 151 to make sorely needed changes in the State foster care system. The Alaska foster care system, though well-intentioned, has been failing far too many children in placement for far too many years. With the extremely high number of cases each OCS worker carries, the attention a caseworker can give to a child placed in foster care is inadequate. Our State has an obligation to not just protect children but to help them thrive and have the same opportunities for success in life as those children fortunate to be living with their own parents in stable homes.

The changes proposed in HB 151 will make it easier for children to move out of the foster care system and into permanent homes more quickly as well as provide needed resources so the foster care system can function optimally. An environment where loving homes are the priority for all youth is the cornerstone of this bill. Thank you for your vote to support this important goal.

I appreciate the movement of resources into providing for more front line social workers to allow for smaller caseloads and better attention to children in foster care. Please vote to add the additional funds for Office of Children's Services for the improvement of Alaska's foster care system.

Respectfully submitted,

Ann Turner Olson
Box 240081
Douglas, AK, 99824

Mary Rikken

3306 Park Place, Juneau, AK 99801 • Phone: (907) 209-0807
E-Mail: mary.rikken@gmail.com

March 11, 2017

Representative Les Gara
State Capitol Room 511
Juneau, AK 99801

Dear Representative Gara:

I am writing in support of HB 151: Children Deserve a Loving Home Act. I have been a Court Appointed Special Advocate (CASA) volunteer in Alaska for the past 6 years, working with children and youth in the foster care system to try to help ensure their needs are being addressed. From the insight I have gained as a CASA, and a Fostering Futures mentor, I appreciate and support the changes proposed in this bill: to help Alaska increase its effort to get neglected and abused youth out the foster care system, into a permanent, loving home, much more quickly than we do now.

Alaska's Office of Children's Services (OCS) caseworkers have impossibly high caseloads, which do not allow them to perform the necessary responsibilities to address the needs of the children under their care. I believe the provisions of HB 151 will help to improve this situation. Also greatly needed are the provisions to support the well being of youth in care, empower older youth and foster families, and support relatives who may want to care for a child.

I would love to provide examples of how these provisions would benefit the cases I have or am currently working on, but do not want to risk potentially violating confidentiality.

I commend you for your work and commitment to children and youth in Alaska's foster care system.

Sincerely,


Mary Rikken



3201 C Street, Ste 110
Anchorage AK 99503
(907) 248-7676

alaskachildrenstrust.org

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14 March 2017

Rep. Les Gara
Alaska State Legislature
Capital Building, Rm 515
Juneau, AK 99801

Re: HB 151 – Children Deserve a Loving Home Act

Dear Representative Les Gara,

Alaska Children's Trust (ACT) extends its support for HB 151, Children Deserve a Loving Home Act. ACT is the statewide lead organization focused on the prevention of child abuse and neglect.

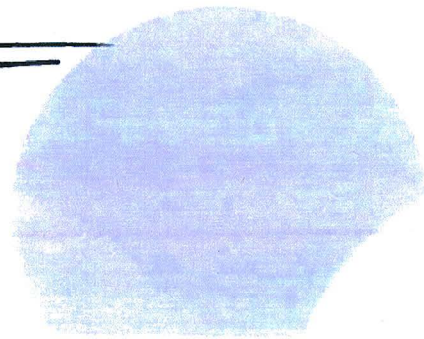
Each year, we have thousands of children and families go through the Alaska child welfare system (OCS). Nearly 50% of the children are under the age of 5 years. Abuse and neglect is occurring during the most critical time of a child's life. Research shows that abuse and neglect affect children throughout their lives. In addition to immediate injuries, abuse and neglect can disrupt brain development, weaken children's bodies, and cause long-term health problems. Children often adopt high-risk behaviors to cope with the pain of abuse and neglect, and those also can lead to chronic illness, disease, homelessness and other social ills.

It is important to ensure the safety net that is designed to protect children from the adversity of child abuse and neglect does not cause further trauma. When OCS case workers have high caseloads, it is difficult for them to provide the support and attention a child and the family needs to gain the resilience to overcome this experience. With high turnover of staff, children are unable to establish an important bond, which is one of the most important protective factors in building resilience.

HB 151 addresses these core challenges faced by OCS. By reducing high caseloads and high worker turnover, workers will be able to ensure the purpose of the safety net is achieved. When these challenges are addressed, it will help strengthen components across the entire system. Together we can prevent child abuse and neglect.

Sincerely,

Trevor J. Storrs
Executive Director



FRANK KELTY
PO BOX 162
UNALASKA, ALASKA 99685
Phone 907-268-8718
E-Mail fvkelly@gmail.com

March 13, 2017

To: House Finance Committee Members

Subject: Letter of Support for HB 151: Children Deserve a Loving Home Act

Dear Co-Chair Rep. Seaton and Co-Chair Rep. Foster

I am writing to you today in support of HB 151: I'm a 47 year resident of Unalaska, Alaska and currently serve as the Mayor of the City Unalaska. During my time in Unalaska, I served the community as an elected official for 22 years served as Mayor, a City Council Member, and Unalaska School Board member. My work history has always been connected to the fisheries; I have managed two seafood plants for 30 years and also worked for the City of Unalaska as their fishery resource person for 15 years. I'm now retired except for my elected official duties.

I have known for a few years Rep. Gara, interest foster care situation in Alaska, my interest in this legislation; is based on my own personal history which I will relay some of it today in this letter. I grew up in the Seattle area in the 1950s and 1960's. I was the oldest of three children, both of my parents were alcoholics and my father was very abusive to my mother, he eventually deserted his family in the early 1960's. My mother was a Boeing Company secretary that was now trying to raise 3 children with limited income, a mortgage, food, child care and other costs that involved with raising a family and no support from her husband. The pressure of the situation broke her, and she turned to alcohol and prescription drug abuse.

The State of Washington eventually became aware of the situation probably because of me, as the oldest feeling the pressure, became a runaway and a truant at school. The State of Washington took the children away from my mother as she became more ill, and unable to care for the family. My younger brother and I were sent to various foster homes for a while some good, and some bad, but for whatever reason it didn't work out with these families. My sister the youngest was taken in with a foster family from a local church in our area which was the best situation for her as she was with this loving family 12 years until she went to college and has had a great life. The situation for myself and my younger brother since we were older we became wards of the juvenile court, and were sent to group homes in the Seattle area which had a mixture kids from trouble

homes, some kids had been abused or teenagers that were already into criminal activity. The situation for me worked out well in the end for me. The Griffin Home had a counselor on staff they allow us to participate in athletic activities, but they demanded that you we had to stay in school and get decent grades and participate in various group work projects and outings during the four years I spent at the home; during high school brought a sense of direction and discipline to my life that I never had and has lead me to the successful career I've had. My younger brother had a different situation he dropped out of high school and joined the Army and had a tough go of it his entire life.

I think this bill is very important it will reduce caseload levels and training for caseworkers. Most importantly this bill will make changes that will improve the care and wellbeing of the youth in Alaska. This legislation if passed will assist the youths and foster parents to move forward with a more normal life. It also will give the caseworkers with a reduced workload more time to search out for relatives that may want to be a part of the youth's life. We having a saying at the school board meetings: It's for the kids! If this bill it passed, the saying would be: It's for the wellbeing of Alaska's kid's. I give my full support for HB151 from a longtime Mayor, a seafood plant manager, a leader in his community, which went to college, and was a two sport letterman. But in the early years of his life, he carried the tag of being incorrigible, and ungovernable; from circumstances in life that weren't really his fault.

Sincerely

A handwritten signature in black ink, appearing to read "Frank V. Kelty", with a long horizontal flourish extending to the right.

Frank V Kelty

Jonathon Kreiss-Tomkins

rep.jonathan.kreiss-tomkins@akleg.gov

Cindy Mills

POB 178

Klawock, Alaska 99925

Dear Representative Tomkins,

Please share this where you think it will make the most impact. What I appreciate about you, you know our Island, and you know what I'm talking about as far as driving to a community to give service. You've taken the time to get to know me and my family. Thank you for that. I appreciate you.

The intent of this letter is to paint a picture of what serving Prince of Wales is like as a Case Worker for Offices of Children's Services.

There's already three investigations that need to be completed soon. You've called the local ICWA workers in three villages and try to schedule with them to go on the investigations. Sometimes they tell you they can go whenever you want. Sometimes they have appointments because not only do they assist with your cases, they provide direct services for their tribal members. Now you just got a report that is the highest priority; a P1, which means you have to re-schedule your three appointments with your tribal peers. The report is in Coffman Cove, a two and half hour drive one way, if the roads are clear. If it's snowing, you can easily add at least another half hour. You do what research that you can in the office, and head out the door. Once in Coffman Cove, there's locating the home and meeting with the family. Interviews with children and families can take a short time or a long time. You already have four hours into your eight hour day. Now the drive home. While you've been gone, you have urgent items sitting on your desk. There are numerous phone calls from families, schools, and tribal workers. Emails are piling up. Three hours later, you get back to your office. You haven't had lunch, so perhaps there's deli food in your hand, or you packed your lunch. Going through your emails and the flashing light on the phone will not stop blinking. You are back to square one; scheduling appointments with tribal workers to do the home visits that need to be completed. You are an hour and half from their time to quit working and scheduling is tough. How to prioritize which family has the most need, knowing they all need help? Which community has the most families that need to be seen? Coffman Cove, Craig, Hollis, Hydaburg, Kasaan, Klawock, Naukati Bay, Point Baker, Port Protection, Port St. Nicholas, Thorne Bay or Whale Pass? How long it will take to get to the community can vary from three hours to fifteen minutes. Which tribal worker has called three times and sent in the same amount of emails concerning her tribal family? Do I take care of the most urgent of the urgent, or perhaps it'll be easier to get the tribal worker's family seen because you know she isn't going to stop calling or emailing because the need is urgent, but there are bigger scarier cases that need to be

addressed? Am I going to call that tribal worker and tell her there are families that are more in need? She is doing her job advocating for her family, she is not going to like hearing her family isn't as urgent as someone else's. There's that trust factor coming in to play. This job is all about relationships. Relationships with the school secretaries, the principals and staff. Relationships with your Tribal workers. Relationships with your families. Your credibility hinges on how you navigate your time and your schedule. You are hungry and tired. It's time to staff this dilemma with your supervisor.

I am a tribal worker in Klawock. I believe this is the fourth or fifth OCS worker I've seen in the office here on POW. Of course, I am generalizing with what I guess our state worker deals with. I can tell you that with each new worker, there is an adjustment period for us. I pay attention to how she thinks of our families, looking for tendencies. What is the communication style, how well do they hear what I am trying to convey. What are their biases, and are they blatant or hidden? She is doing the same thing, but with three tribal workers. We start relationship building, because we are a team. We are trying to help them understand ICWA and what it means here on POW. What they learn out of a text book about the Indian Child Welfare Act in the month training before getting here doesn't give you much. You can learn about ICWA, but you don't understand it until you have a native family and an ICWA worker trying to guide you through a case. This goes for the brand spanking new, to the seasoned worker with a Master's Degree. Factor that there are other cases that are not ICWA, and you have one person trying to absorb as much information as possible. They have to document everything that they do; if it's not written down it didn't happen. There's the documentation in the data system and in the hard file.

The island is a little larger than the state of Delaware. There are 4,000 people in twelve communities spread over this island with 1,500 miles of road. Not all the roads are paved. There are no maps of these communities, you have look for the home each time. Time management depends on which community you're going to and how long the interview will last. Meanwhile, things are piling up on your voice and emails. There isn't anyone in the office to help with that. You have no Administrative Assistant. You have itinerant workers coming in for a day and half to if you're lucky a week. It's not that you'd be ungrateful, but that is someone else you have to share information with so they can be effective.

Larger communities have the luxury of having the ability to break down each case. They have someone to do the investigations, and decide who to send the case to. They have workers that work with families during the "open for Services" cases. Larger communities have mental health, substance facilities when all efforts aren't working, the case is sent to a worker for permanency. The clock is ticking. The state is supposed to have so many months to get these children in a safe home. If the services aren't helping them it's time to pass it along to a Permanency worker. For ICWA families there are two goals now; reunification with the family, or placement elsewhere. If it's an ICWA case you better have a plan that follows those guidelines in the law. You better be able to say you have done "Active Efforts" to reunify the family. You and the Tribal Worker are both researching for a safe place to for the children to live if their parents aren't moving and working the case plan to reunify. Here on Prince of Wales, the only OCS caseworker is in this case

worker from start to finish. She is IT. I am strongly advocating for two Caseworkers and one administrative assistant for the Prince of Wales Office. While I am watching worker after worker crash and burn and I empathize with them, this has an impact to our families here on our Island. My respectful request comes deep concern for our most vulnerable citizens. There is no harm intended to our peers in OCS. This letter is in support of the OCS Worker for POW.

When I enter a case, my thought process is that while I am helping this particular family today, what I am doing will have a much longer impact. How well and healthy this family gets, will probably set the stage for how these children will parent their own children. The healthier the family, the healthier the children. Healthy families equals healthy communities. Healthy communities means a healthier state.

Now, I am 58 years old. I still believe in fairy tales, and this is one that I have invested my heart in. I am respectfully challenging that you fund the Office of Children's Services to the point that we are not running workers out the revolving doors. They have a difficult job under the best of circumstances. Unfortunately POW Office is not the best of circumstances. I would suspect we are not the only area that needs more workers on the front line. Please don't make our Directors pick and choose which area of the state that needs the most help. Let them have enough money to employ enough workers to be able to do the job we all want done successfully. The workers in this field don't go into this for a pay check. Most of us are here because we care. I am here to make a difference. I am here to help families realize what a gift a child is.

This matters to me. I hope it matters to you too.

Sincerely,

Cindy Mills

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-FCSN-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Foster Care Special Need
OMB Component Number: 2238

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	(12.0)		(12.0)	(12.0)	(12.0)	(12.0)	(12.0)
1004 Gen Fund (UGF)	12.0		12.0	12.0	12.0	12.0	12.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By: Christy Lawton, Director Phone: (907)465-3170
Division: Office of Children's Services Date: 03/20/2017 01:00 PM
Approved By: Shawnda O'Brien, Asst. Commissioner Date: 03/20/17
Agency: Health and Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday.

Title IV-E has an option to extend Title IV-E federal payments to children through their 21st birthday; however that extension must apply to all Title IV-E programs that include foster care, adoption, and guardianship.

By extending subsidy payments for foster youth up to their 21st birthdays, this legislation would alter the Division's federal claiming calculations. When the foster youth are added to the eligibility universe for all children in foster care, it is anticipated that there will be a loss of about two percent in the eligibility penetration rate (due to a 'dilution effect' in the math), which will lead to a loss of \$1,200.0 in federal revenue across the Division. (It is estimated that every 1 percent decrease in the penetration rate decreases federal revenue by \$600.0.) To determine the impact to the Foster Care Special Needs component, the Department took an average percentage of cost allocated federal revenue based on FY2016 allocated expenditures (1 percent x \$1,200.0 = \$12.0 loss in federal revenue for the Foster Care Special Needs component).

Based on the most recent reporting fiscal year quarter 12/31/2016, approximately 80 youth were in the foster care population and receiving services from the Office of Children's Services through general fund dollars. The Division does not claim Title IV-E for these youth due to the precise requirements they must meet to qualify as noted below. It is not a fiscal advantage for Alaska to include them in the IV-E population due to the requirements for Title IV-E eligibility. With the expansion up to the 21st birthday for subsidies, these 80 youth would have to be newly included in the formula and they would reduce our overall federal reimbursement for the entire population.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E foster care administrative payment was 1,574 and the total population was 2,351 (eligible and reimbursable AND the eligible and not reimbursable). To come up with the penetration rate the Division must take 1,574 divided by 2,351 = 66.95 percent.

If the Division were to extend the subsidy program to the 21st birthday, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate two percent reduction in the penetration rate overall, which is applied to our total administrative costs across the board:

- 1) Completing secondary education or a program leading to an equivalent credential;
- 2) Enrolled in an institution which provides postsecondary or vocational training;
- 3) Participating in a program or activity designed to promote, or remove barriers to, employment;
- 4) Employed at least 80 hours per month; or
- 5) Incapable of doing any of the activities described in sub-clauses (1-4) due to a medical condition, which incapability is supported by regulation updated information in the case plan of the child.

HB151 may affect how Temporary Assistance for Need Family (TANF) funds are spent, however it will not affect the total amount spent.

The number of youth the Division does not claim in its Title IV-E for foster care population is expected to remain fairly static hence the two percent reduction in the penetration rate would likely not change significantly over time as a result of this legislation.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-FLSW-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Front Line Social Workers
OMB Component Number: 2305

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
Personal Services	2,288.0		4,576.0	6,864.0	6,864.0	6,864.0	6,864.0	6,864.0
Travel	130.0		260.0	390.0	390.0	390.0	390.0	390.0
Services	27.0		54.0	81.0	81.0	81.0	81.0	81.0
Commodities	172.8		172.8	172.8				
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	2,617.8	0.0	5,062.8	7,507.8	7,335.0	7,335.0	7,335.0	7,335.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	153.7		1,205.0	2,256.4	2,182.0	2,182.0	2,182.0
1004 Gen Fund (UGF)	2,464.1		3,857.8	5,251.4	5,153.0	5,153.0	5,153.0
Total	2,617.8	0.0	5,062.8	7,507.8	7,335.0	7,335.0	7,335.0

Positions

Full-time	27.0		54.0	81.0	81.0	81.0	81.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Previous fiscal note showed \$1,200.0 (2 percent federal) reduction in the Foster Care Base Rate fiscal note. The \$1,200 is now spread across the components based on FY2016 allocated expenditures per component. For this component \$972.0 federal was offset by \$972.0 general fund. (\$1,200.0 x 81 percent).

Prepared By: Christy Lawton, Director
Division: Office of Children's Services
Approved By: Shawnda O'Brien, Asst. Commissioner
Agency: Health and Social Services

Phone: (907)465-3170
Date: 03/20/2017 01:00 PM
Date: 03/20/17

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 15 increases the responsibility of the Department to assess adult family members and family friends to meet licensing requirements for foster care to include the application for waivers, variances and exemptions. Additional licensing staff to assist an adult family member or family friend in obtaining a license and any waivers, variances or exemptions that would help the family member become eligible for foster care payments under AS 47.14.100(b) and (d) that ensures placements with family members or relatives when they are in the best interest of the child.

qty	title	BU	range	location	salary & benefits	TOTAL
1	Community Care Licensing Specialist II	GP	18	Wasilla	\$ 100.4	\$ 100.4
1	Community Care Licensing Specialist II	GP	18	Fairbanks	\$ 102.9	\$ 102.9

Section 17 increases the level or training and workloads for new front line case workers and recommends:

- 1) No more than six cases are assigned to a new front line worker in the first four months of employment
- 2) No more than twelve cases in the first year of employment

Since caseloads per front line workers are higher than the requirements outlined in Section 17, the Department will need an increase in front line workers. The Department would need to add a total of 46 Protective Services Specialists, along with support staff that enable them to be successful in managing their caseloads. In addition to the front line staff a 2012 workload study contracted by the Division recommends the following ratios of support and supervision: One Supervisor for five front line workers, one Social Services Associate for every four front line workers, and one office assistant for every four front line workers.

qty	title	BU	range	location	salary & benefits	TOTAL
26	Protective Services Specialist I/II	GP	15/17	Wasilla	\$ 84.6	\$ 2,199.6
20	Protective Services Specialist I/II	GP	15/17	Fairbanks	\$ 86.6	\$ 1,732.0
6	Social Services Associate II	GP	12	Wasilla	\$ 72.1	\$ 432.6
6	Social Services Associate II	GP	12	Fairbanks	\$ 73.8	\$ 442.8
5	Protective Services Specialist IV	GP	20	Wasilla	\$ 115.9	\$ 579.5
4	Protective Services Specialist IV	GP	20	Fairbanks	\$ 118.9	\$ 475.6
6	Office Assistant II	GP	10	Wasilla	\$ 65.8	\$ 394.8
6	Office Assistant II	GP	10	Fairbanks	\$ 67.3	\$ 403.8
						\$ 6,660.7

One-time commodities (desk, chair, phone, computer) – 79 x \$6.4 = \$505.6

Office Space – 79 x \$1.0 = \$79.0

Travel for Fairbanks Protective Services Specialists, Social Services Associates – 30 x \$13.0 = \$390.0

The Department would likely bring on twenty seven new staff each year for three years.

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday.

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis Continued

By extending subsidy payments for foster youth up to their 21 birthdays, this legislation would alter the Division's federal claiming calculations. When the foster youth are added to the eligibility universe for all children in foster care, it is anticipated that there will be a loss of about two percent in the eligibility penetration rate (due to a 'dilution effect' in the calculation), which will lead to a loss of \$1,200.0 in federal revenue across the Division.

Based on the most recent reporting fiscal year quarter 12/31/2016, approximately 80 youth were in the foster care population and receiving services from the Office of Children's Services through general fund dollars. The Division does not claim Title IV-E for these youth due to the precise requirements they must meet to qualify as noted below. It is fiscally not beneficial for Alaska to include them in the IV-E population. With the expansion up to the 21st birthday for subsidies, these 80 youth would have to be newly included in the formula and they would reduce our overall federal reimbursement for the entire population.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E eligible and reimbursable foster care payment was 1,315 and the total population was 2,351 (eligible and reimbursable AND the eligible and not reimbursable). To come up with the penetration rate we must take 1,315 divided by 2,351 = 55.9 percent. If the Division were to extend the subsidy program to the 21st birthday, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate two percent reduction in the penetration rate overall, which is applied to our total administrative costs across the board.

$1,315/2,351 = 55.93$ percent current federal reimbursement rate

$1,315/(2,351 + 80 \text{ additional youth}) = 54.09$ percent revised federal reimbursement rate

$55.93 \text{ percent} - 54.09 \text{ percent} = 1.8 \text{ percent}$

It is estimated that every 1 percent decrease in the penetration rate decreases federal revenue by \$600.0. To determine the impact to the Front Line Social Workers component, the Department took an average percentage of cost allocated federal revenue based on FY2016 allocated expenditures for each component (81 percent x \$1,200.0 = \$972.0 loss in federal revenue for the Front Line Social Workers component).

Current anticipated federal reimbursement rate = 43 percent for this component.

Any loss in federal revenue would increase the need for general fund expenditures.

For total anticipated FY2018 costs of \$2,617.8, original fund source split, adjusted for the \$972.0 fund source switch:

Federal:	\$1,125.7	(\$972.0)	= \$ 153.7
General Fund:	<u>\$1,492.1</u>	<u>\$972.0</u>	= <u>\$2,464.1</u>
	\$2,617.8	0.0	= \$2,617.8

The same fund source adjustment process is used for calculating out year costs.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-FP-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Family Preservation
OMB Component Number: 1628

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates				
			FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2018	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Not applicable; initial version.

Prepared By:	Christy Lawton, Director	Phone:	(907)465-3170
Division:	Office of Children's Services	Date:	03/20/2017 01:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/20/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday. By extending subsidy payments for foster youth up to their 21st birthdays, this legislation would alter the Division's federal claiming calculations. When the foster youth are added to the eligibility universe for all children in foster care, it is anticipated that there will be a loss of about two percent in the eligibility penetration rate (due to a 'dilution effect' in the math).

Based on the most recent reporting fiscal year quarter 12/31/2016, approximately 80 youth were in the foster care population and receiving services from the Office of Children's Services through general fund dollars. The Division does not claim Title IV-E for these youth due to the precise requirements they must meet to qualify as noted below. It is fiscally not beneficial for Alaska to include them in the IV-E population. With the expansion up to the 21st birthday for subsidies, these 80 youth would have to be newly included in the formula and they would reduce our overall federal reimbursement for the entire population.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E foster care administrative payment was 1,574 and the total population was 2,351 (eligible and reimbursable AND the eligible and not reimbursable). To come up with the penetration rate the Division must take 1,574 divided by 2,351 = 66.95 percent. If the Division were to extend the subsidy program to the 21st birthday, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate two percent reduction in the penetration rate overall, which is applied to our total administrative costs.

$1,574/2,351 = 66.95$ percent current federal reimbursement rate
 $1,574/(2,351 + 80 \text{ additional youth}) = 64.75$ percent revised federal reimbursement rate
 $66.95 \text{ percent} - 64.75 \text{ percent} = 2.2 \text{ percent}$

The component's federal authority is impacted in two other ways. The component passes through Title IV-E funding to 11 Tribal organizations and the Dept. Law, in an amount based on a combination of the division's penetration rate and the Tribes' or Law's eligible expenditures:

These Tribes have a Tribal-State agreement that provides for the pass through of federal Title IV-E funding for administration and training related to child welfare services in their community; in addition these tribes provide case management support to children in state custody. A reduction in the penetration rate would decrease the Title IV-E reimbursement passed through to the Tribes, resulting in a reduction of services to the children and families in their community. The reimbursement amount the division claims, collects and pays out is based upon the Tribes' eligible expenditures and the division does not have the ability to project that amount; however, currently the division passes through an annual average of \$1,200.0 to these Tribes, collectively.

In addition, pass through of Title IV-E federal funds in the amount of \$2,000.0 to the Department of Law, Child Protection Unit (which represents the state in Child in Need of Aid Hearings) would also be negatively impacted by the estimated penetration rate reduction. The Department of Law plays an important role in assisting the Office of Children's Services achieve their mission of protecting the health and safety of children and achieving timely permanency for these children. Again, the reimbursement amount the division claims, collects and pays out is based upon Law's eligible expenditures and the division does not have the ability to project that amount

Due to these pass through arrangements and fluctuating eligible costs for the Tribes and Law, the overall fiscal impact of this legislation to the Family Preservation component is indeterminate.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-SAG-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD
PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Subsidized Adoptions & Guardianship
OMB Component Number: 1962

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates				
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES							
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits	2,880.0		5,760.0	8,640.0	8,640.0	8,640.0	8,640.0
Miscellaneous							
Total Operating	2,880.0	0.0	5,760.0	8,640.0	8,640.0	8,640.0	8,640.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	1,036.8		2,073.6	3,110.4	3,110.4	3,110.4	3,110.4
1004 Gen Fund (UGF)	1,843.2		3,686.4	5,529.6	5,529.6	5,529.6	5,529.6
Total	2,880.0	0.0	5,760.0	8,640.0	8,640.0	8,640.0	8,640.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 12/31/17

Why this fiscal note differs from previous version:

Clarified federal percentage in the narrative. And, removed language in regard to verification of eligibility on an annual basis to claim Title IV-E funding for an individual child. Replaced with "during a month in which the requirements are not met, the agency must temporarily discontinue the Title IV-E adoption assistance payment for the youth until such time they meet the following criteria again."

Prepared By: Christy Lawton, Director Phone: (907)465-3170
Division: Office of Children's Services Date: 03/20/2017 01:00 PM
Approved By: Shawnda O'Brien, Asst. Commissioner Date: 03/20/17
Agency: Health and Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday. The increase in subsidies would be rolled out as follows: adding youth who are age 18 in year one; youth who are 18 and 19 in year two; and adding youth 18, 19, and 20 in year three. Currently, an average of 25 subsidies are closed each month as children reach the current age threshold of 18, which results in about 300 closures annually.

Projected additional subsidy costs resulting from this legislation were determined by looking at the number of existing adoption and guardianship assistance children who have aged out, and the average subsidy costs. Prior to the finalization of an adoption or a guardianship, the agency evaluates the special needs of the child and what financial assistance the prospective family may require. The subsidy starts at a \$0 base level and moves up from there, based on the individual child's identified needs. Currently, the average subsidy payment is about \$800.00 per child.

Projected additional subsidy costs: (Federal 36 percent / General Fund 64 percent)

FY2018: 300 children X \$800.00 X 12 months = \$2,880,000.00

FY2019: 600 children X \$800.00 X 12 months = \$5,760,000.00

FY2020: 900 children X \$800.00 X 12 months = \$8,640,000.00

FY2021 and forward would remain at the FY2020 level

Note: Not all youth will qualify for continuing subsidies after age 18 due to eligibility requirements for federal adoption and guardianship subsidies.

Per federal guidance, the Division must ensure that an adoption assistance payment for a youth over 18 meets the education and employment criteria. During a month in which the requirements are not met, the agency must temporarily discontinue the Title IV-E adoption assistance payment for the youth until such time they meet the following criteria again:

- 1) Completing secondary education or a program leading to an equivalent credential;
- 2) Enrolled in an institution which provides postsecondary or vocational training;
- 3) Participating in a program or activity designed to promote, or remove barriers to, employment;
- 4) Employed at least 80 hours per month; or
- 5) Incapable of doing any of the activities described in sub-clauses (1-4) due to a medical condition, which incapability is supported by regulation updated information in the case plan of the child.

Due to the Fostering Connections to Success and Increase Adoptions Act of 2008 delinking Title IV-E eligibility of adoption assistance eligibility from the 1996 Aid to Families with Dependent Children (AFDC) policy the Division is required to track any savings generated from switching general funds to federally funded adoption assistance. The Department is then required to spend the general fund that would have been spent on the subsidy on child welfare services that may be provided under Titles IV-B and IV-E. Due to the many variables in determining eligibility there is no way to predict the number of children in the proposed 18-21 age group that would fall under this category.

Regulations for foster care, adoption, and guardianship eligibility and payment requirements (7 AAC 53) will need to be changed to reflect the expansion of the eligibility requirements for Title IV-E eligibility for youth ages 18 through the 21st birthday. It is expected that these regulatory changes will be in place six months from the date the bill is adopted.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DOA-OPA-03-13-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House Health and Social Services

Department: Department of Administration
Appropriation: Legal and Advocacy Services
Allocation: Office of Public Advocacy
OMB Component Number: 43

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2018	FY 2018					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **NO**
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version

Prepared By:	Richard Allen, Director	Phone:	(907)269-3504
Division:	Office of Public Advocacy	Date:	03/13/2014 04:52 PM
Approved By:	Sheldon Fisher, Commissioner	Date:	03/13/17
Agency:	Administration		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

The proposed bill if enacted into law as introduced, would reform certain policies, standards and procedures that govern the placement, foster care, guardianship, and adoption of children in the custody of the Department of Health and Social Services (DHSS). This is largely through the Office of Children's Services (OCS).

The impact would strengthen the state's policies and programs for and in Child In Need of Aid (CINA) cases. It would promote family stability, caregiver participation in determination of outcomes for CINA cases and deeper involvement of parents, relatives, tribal and other non-governmental entities in reaching desired outcomes. The impact on the public sector would likely be to require more work and commensurate resources for OCS, and the Alaska Court System to achieve desired outcomes.

The impact on the private sector is difficult to predict. The Office of Public Advocacy (OPA), which administratively supports the Court Appointed Special Advocate (CASA) program, might experience some marginal increase in the demands upon CASA volunteers involved in CINA cases. Such an increase is not expected to result in any material impact upon the OPA budget or mission. Therefore, OPA submits a zero fiscal note.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-CMS-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Children's Services Management
OMB Component Number: 2666

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES	FY 2018	FY 2018					
Personal Services	326.3		326.3	326.3	326.3	326.3	326.3
Travel	12.0		12.0	12.0	12.0	12.0	12.0
Services	4.0		4.0	4.0	4.0	4.0	4.0
Commodities	25.6						
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	367.9	0.0	342.3	342.3	342.3	342.3	342.3

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	(23.6)		(32.8)	(32.8)	(32.8)	(32.8)	(32.8)
1004 Gen Fund (UGF)	391.5		375.1	375.1	375.1	375.1	375.1
Total	367.9	0.0	342.3	342.3	342.3	342.3	342.3

Positions

Full-time	4.0		4.0	4.0	4.0	4.0	4.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Previous fiscal note showed \$1,200.0 (2 percent federal) reduction in the Foster Care Base Rate fiscal note. The \$1,200 is now spread across the components based on FY2016 allocated expenditures per component. For this component \$156.0 federal was offset by \$156.0 general fund. (\$1,200.0 x 13 percent). Further explanation in regard to requested staffing.

Prepared By:	Christy Lawton, Director	Phone:	(907)465-3170
Division:	Office of Children's Services	Date:	03/20/2017 01:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/20/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday.

As of February 2017, there are 3,454 children in the Adoption and Guardianship program. On average 300 children discharge annually from the program upon attaining age 18; continuing subsidy benefits up to the child's 21st birthday will add an estimated 900 children phased in the initial three years (300 in the first year, 300 in the second year and 300 in the 3rd year as children age into the extension program), or 26% increase. This population has additional eligibility requirements that do not apply to the under 18 population, such as education and/or employment verification, and additional staff would be necessary to ensure the stringent eligibility requirements are met. Additionally monthly payments would increase by nearly 1,000 and staff would be required to process and issue them timely.

Two Accounting Technician II to ensure fiscal expenditure transactions meet appropriate state and federal program requirements (Range 14, Juneau, salary and benefits \$167.3, one-time commodities including desk, chair, phone, computer \$12.8, lease space for office \$2.0).

One Eligibility Technician II to determine eligibility for adoption and guardianship subsidies (Range 14, Juneau, salary and benefits \$83.6, one-time commodities including desk, chair, phone, computer \$6.4, lease space for office \$1.0).

One Social Services Associate to provide the Title IV-E eligibility determination to ensure that the youth meet one of the extension criteria and the traditional eligibility criteria (Range 12, Juneau, salary and benefits \$75.4, travel \$12.0, one-time commodities including desk, chair, phone, computer \$6.4, lease space for office \$1.0).

Total new staff costs:

\$326.3 personal services

\$ 12.0 travel

\$ 4.0 services

\$ 25.6 one-time commodities

For many years, the Office of Children's Services ended foster care payments and subsidy assistance at the age of 18. In 2008, the federal guidance through the Fostering Connections Act allowed for states to increase foster care and adoption/guardianship assistance programs to cover youth to the 21st birthday. Statutory changes in 2010 allowed for foster youth to remain in foster care to their 21st birthday. In order for a state to claim Title IV-E reimbursement for the population of youth from ages 18 to their 21st birthday, the state must claim these federal benefits for both the foster care and the adoption and guardianship programs.

The Office of Children's Services determined that it would be cost prohibitive to pursue federal claiming under the adoption and guardianship subsidy program and therefore elected not to claim Title IV-E federal reimbursement for either program for this older, age 18-21 age bracket. Instead, the Division elected to provide foster care payments to youth continuing in foster care beyond their 18th birthday, with general funds, only.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E foster care administrative payment was 1,574 and the total population was 2,351 (eligible and federally-reimbursable AND the eligible and not federally-reimbursable). To come up with the penetration rate the Division must take 1,574 divided by 2,351 = 66.95 percent. If the Division were to extend the subsidy program to the 21st birthday, as this legislation proposes, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate two percent reduction in the penetration rate overall, which is applied to our total administrative costs.

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis Continued

It is estimated that every 1 percent decrease in the penetration rate decreases federal revenue by \$600.0. To determine the impact to the Children's Services Management component, the Department took an average percentage of cost allocated federal revenue based on FY2016 allocated expenditures for each component (13 percent x \$1,200.0 = \$156.0 loss in federal revenue for the Children's Services Management component).

Current anticipated federal reimbursement rate = 36 percent for this component.
Any loss in federal revenue would increase the need for general fund expenditures.

For total anticipated FY2018 costs of \$367.9, original fund source split, adjusted for the \$156.0 fund source switch:

Federal:	\$132.4	(\$156.0)	= (\$23.6)
General Fund:	<u>\$235.5</u>	<u>\$156.0</u>	<u>= \$391.5</u>
	\$367.9	0.0	= \$367.9

The same fund source adjustment process is used for calculating out year costs.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-CST-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Children's Services Training
OMB Component Number: 2667

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	784.2		784.2	784.2	784.2	784.2	784.2	784.2
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	784.2	0.0	784.2	784.2	784.2	784.2	784.2	784.2

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	301.2		301.2	301.2	301.2	301.2	301.2
1004 Gen Fund (UGF)	483.0		483.0	483.0	483.0	483.0	483.0
Total	784.2	0.0	784.2	784.2	784.2	784.2	784.2

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Previous fiscal note showed \$1,200.0 (2 percent federal) reduction in the Foster Care Base Rate fiscal note. The \$1,200 is now spread across the components based on FY2016 allocated expenditures per component. For Children's Services Training \$36.0 federal was offset by \$36.0 general fund. (\$1,200.0 x 3 percent).

Prepared By: Christy Lawton, Director Phone: (907)465-3170
Division: Office of Children's Services Date: 03/20/2017 01:00 PM
Approved By: Shawnda O'Brien, Asst. Commissioner Date: 03/20/17
Agency: Health and Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 17 adds new subsection AS 47.14.112, *Training and workload standards; report to legislature*, to implement workload standards and training programs for the Office of Children's Services front line case carrying staff. The amendment recommends a longer training period of a minimum of six weeks.

The Department's current training occurs over a period of three weeks. The Department maintains a contract with the University of Alaska Anchorage, Child Welfare Academy, in the amount of \$917.5 for the existing three week training. An additional \$784.2 would be required to extend the training for front line case carrying staff to six weeks.

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday.

For many years, the Office of Children's Services ended foster care payments and subsidy assistance at the age of 18. In 2008, the federal guidance through the Fostering Connections Act allowed for states to increase foster care and adoption/guardianship assistance programs to cover youth to the 21st birthday. Statutory changes in 2010 allowed for foster youth to remain in foster care to their 21st birthday. In order for a state to claim Title IV-E reimbursement for the population of youth from ages 18 to their 21st birthday, the state must claim these federal benefits for both the foster care and the adoption and guardianship programs.

The Office of Children's Services determined that it would be cost prohibitive to pursue federal claiming under the adoption and guardianship subsidy program and therefore elected not to claim Title IV-E federal reimbursement for either program for this older, age 18-21 age bracket. Instead, the Division elected to provide foster care payments to youth continuing in foster care beyond their 18th birthday, with general funds, only.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E foster care administrative payment was 1,574 and the total population was 2,351 (eligible and federally-reimbursable AND the eligible and not federally-reimbursable). To come up with the penetration rate the Division must take 1,574 divided by 2,351 = 66.95 percent. If the Division were to extend the subsidy program to the 21st birthday, as this legislation proposes, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate two percent reduction in the penetration rate overall, which is applied to our total administrative costs.

It is estimated that every 1 percent decrease in the penetration rate decreases federal revenue by \$600.0. To determine the impact to the Children's Services Training component, the Department took an average percentage of cost allocated federal revenue based on FY2016 allocated expenditures for each component (3 percent x \$1,200.0 = \$36.0 loss in federal revenue for the Children's Services Training component).

Current anticipated federal reimbursement rate = 43 percent for this component.
Any loss in federal revenue would increase the need for general fund expenditures.

For total anticipated FY2018 costs of \$784.2, original fund source split, adjusted for the \$36.0 fund source switch:

Federal:	\$337.2	(\$36.0)	= \$301.2
General Fund:	\$447.0	\$36.0	= \$483.0
	\$784.2	0.0	= \$784.2

The same fund source adjustment process is used for calculating out year costs.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version: HB 151
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB151-DHSS-FCBR-03-20-17
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: House HSS

Department: Department of Health and Social Services
Appropriation: Children's Services
Allocation: Foster Care Base Rate
OMB Component Number: 2236

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018 Appropriation Requested	Included in Governor's FY2018 Request	Out-Year Cost Estimates					
			FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	(24.0)		(24.0)	(24.0)	(24.0)	(24.0)	(24.0)
1004 Gen Fund (UGF)	24.0		24.0	24.0	24.0	24.0	24.0
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2017) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2018) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? n/a

Why this fiscal note differs from previous version:

Previous fiscal note showed \$1,200.0 (2 percent federal) reduction. The \$1,200 is now spread across the components based on FY2016 allocated expenditures per component. For this component \$24.0 federal was offset by \$24.0 general fund. (\$1,200.0 x 2 percent). And, language was added in regard to Division of Public Assistance Temporary Assistance for Needy Families (TANF) funds.

Prepared By:	Christy Lawton, Director	Phone:	(907)465-3170
Division:	Office of Children's Services	Date:	03/20/2017 01:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/20/17
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

BILL NO. HB 151

Analysis

Section 2 amends AS 25.23.210(b), *Amount and duration of subsidy payments*, extending adoption and guardianship subsidy benefits for children for three additional years, from age 18 up to a child's 21st birthday.

Title IV-E has an option to extend Title IV-E federal payments to children through their 21st birthday; however that extension must apply to all Title IV-E programs that include foster care, adoption, and guardianship.

By extending subsidy payments for foster youth up to their 21st birthdays, this legislation would alter the Division's federal claiming calculations. When the foster youth are added to the eligibility universe for all children in foster care, it is anticipated that there will be a loss of about two percent in the eligibility penetration rate (due to a 'dilution effect' in the math), which will lead to a loss of \$1,200.0 in federal revenue across the Division. To determine the impact to the Foster Care Base Rate component, the Department took an average percentage of cost allocated federal revenue based on FY2016 allocated expenditures (2 percent x \$1,200.0 = \$24.0 loss in federal revenue for the Foster Care Base Rate component).

Based on the most recent reporting fiscal year quarter 12/31/2016, approximately 80 youth were in the foster care population and receiving services from the Office of Children's Services through general fund dollars. The Division does not claim Title IV-E for these youth due to the precise requirements they must meet to qualify as noted below. It is not a fiscal advantage for Alaska to include them in the IV-E population due to the requirements for Title IV-E eligibility. With the expansion up to the 21st birthday for subsidies, these 80 youth would have to be newly included in the formula and they would reduce our overall federal reimbursement for the entire population.

On 12/31/2016 the unduplicated number of children in foster care that received a Title IV-E eligible and reimbursable foster care payment was 1,574 and the total population was 2,351 (eligible and reimbursable AND the eligible and not reimbursable). To come up with the penetration rate the Division must take 1,574 divided by 2,351 = 66.95 percent. If the Division were to extend the subsidy program to the 21st birthday, approximately 80 children would be added to the denominator of the federal claiming formula, which would result in an approximate two percent reduction in the penetration rate overall, which is applied to our total administrative costs across the board.

$1,574/2,351 = 66.95$ percent current federal reimbursement rate
 $1,574/(2,351 + 80 \text{ additional youth}) = 64.75$ percent revised federal reimbursement rate
 $66.95 \text{ percent} - 64.75 \text{ percent} = 2.2 \text{ percent}$

Note: The following must be verified at least annually for the Department to continue to claim Title IV-E funding for the individual child:

- 1) Completing secondary education or a program leading to an equivalent credential;
- 2) Enrolled in an institution which provides postsecondary or vocational training;
- 3) Participating in a program or activity designed to promote, or remove barriers to, employment;
- 4) Employed at least 80 hours per month; or
- 5) Incapable of doing any of the activities described in sub-clauses (1-4) due to a medical condition, which incapability is supported by regulation updated information in the case plan of the child.

HB151 may affect how Temporary Assistance for Need Family (TANF) funds are spent, however it will not affect the total amount spent.

FISCAL NOTE ANALYSIS

**STATE OF ALASKA
2017 LEGISLATIVE SESSION**

BILL NO. HB 151

Analysis Continued

The number of youth the Division does not claim in its Title IV-E for foster care population is expected to remain fairly static hence the two percent reduction in the penetration rate would likely not change significantly over time as a result of this legislation.



Alaska CASA Program

900 West 5th Ave., #525
Anchorage, AK 99501
Phone: 907/334-2678
Fax: 907/269-3535
www.alaskacasa.org

March 20, 2017

The Honorable Les Gara
Room 511, State Capitol
Juneau, AK 99501

RE: HB 151

Dear Representative Gara and Representative Spohnholz,

My name is LeeAnn Reicks and I am the State Director for the Alaska Court Appointed Special Advocate (CASA) program. CASAs are court appointed volunteers who advocate for children who are in the custody of the Department of Health and Social Services due to abuse and neglect.

We would all like to believe that all children in the child protection system are treated like any other child in Alaska but this is far from the truth. When the Department of Health and Human Services (DHHS) files a petition on a child in court, the result in most the cases, is DHHS is given legal custody of the child. Once a child is committed to the legal custody of the Department, this relationship imposes certain duties and responsibilities to the child which are carried out by its Child Protection Specialists. Child Protection Specialists in Alaska carry caseloads of up to 30 or more cases when the Child Welfare League of America's nationally recognized standards are between 12 and 17 cases. With the current level of cases, Child Protection Specialists work long hours attempting to take care of both the children and families they serve.

I have witnessed many very capable, experienced and dedicated Child Protection Specialists who have given their all to provide for the basic needs of all the children on their caseload. This is exceedingly challenging considering the size of their caseloads. Workers spend much of their time just making sure children are housed and safe without any extra time to provide guidance and support for each unique child. In addition, despite working hard to make sure that children are reunified as quickly as possible or placed with relatives, the workers often have no choice but to place children in foster homes. Even with giving as much attention as possible to each individual child,

the sheer number of cases make it impossible to give the attention each worker would like to give and the child is viewed by the community as a "foster kid".

After a few months of working themselves to the point of exhaustion and experiencing supreme discouragement, often, a worker concludes that no matter how hard they work and how many hours they put in they will never be able to meet the many needs of the youth and his family. They leave the agency and another enthusiastic worker is hired who basically must start all over developing relationships with the children, families, and other parties to the case, which can result in delaying permanency for the child.

Because of high worker caseloads, new workers are often thrown into the fray immediately and are repeatedly called to make important decisions regarding children when they have little history on the family or facts of the case. I have listened to CASA volunteers vent their frustrations about workers they worked closely with and have created a plan to support the child only to have the worker leave after a few months.

With the high caseloads workers have right now, this ugly cycle will continue and our children and families will continue to suffer. When they have lower caseloads, they will be able to afford the time and attention all children need and deserve. Children in custody frequently come into the system traumatized and with special needs. They need workers who have the time to get to know them, evaluate them, and meet their unique needs. In the current system, children get the opposite, an overworked and overburdened worker who sees the youth monthly but is not able to give them the time and attention the worker would like to give to the child and her family.

Sincerely,



LeeAnn Reicks
Alaska CASA Director

10225 Main Tree Drive
Anchorage, AK 99507

March 14, 2017

Letter of Support - HB 151

To Whom It May Concern:

I am writing in wholehearted support of HB 151, the "Children Deserve a Loving Home Act." This bill contains much needed reforms to the child protection system, and it builds on some of the gains made with the passage of last session's HB 27. I have highlighted several provisions of HB 151 that I believe will be particularly beneficial to children and youth involved in the system.

Just so you know where I'm coming from... I spent 25 years as a guardian ad litem, advocating on behalf of abused and neglected children in Alaska. After my "retirement" seven years ago, I have continued as a volunteer guardian litem through the Alaska Court Appointed Special Advocates (CASA) program. In addition, I serve on the executive board of directors of the non-profit corporation Facing Foster Care in Alaska (FFCA), whose mission it is to improve the foster care system. I am also nearing completion of a comprehensive training curriculum for all the judges, lawyers, children's advocates, tribal representatives, and OCS staff who handle Child in Need of Aid cases. I feel that my experience has given me a good sense of the strengths and weaknesses of Alaska's child protection system, as well as a recognition of how the law can benefit the children and families who come before the courts.

One important theme throughout HB 151 is the focus on maintaining family connections:

- Two provisions address what is often the most important relationship for children and youth in state custody - their connection to their sisters and brothers. While the law already requires OCS to place siblings together when possible, HB 151 addresses the devastating situation of siblings being separated. All too often, on-going contact between separated siblings is not a priority of caseworkers and caregivers, and it is the children who suffer. Under HB 151, OCS will have the authority and responsibility to give siblings contact information for each other, even if a sibling has been adopted by an unrelated person, and to encourage caregivers to provide opportunities for sibling contact.
- Several provisions of HB 151 focus on making relative placements a reality for those children and youth who cannot remain in the home with their parents. While existing law requires OCS to search for relatives at all stages of a case, from the initial removal to placement changes to permanent placement, HB 151 requires that an OCS supervisor certify that a relative search was in fact conducted at each stage; and, if the search was not conducted, that the supervisor ensure it occurs quickly. In addition, OCS is required to assist

relatives who wish to be licensed as foster care providers to fill out an application - a daunting task for most people - so they can receive the financial support they need to care for the children. Also, OCS is directed to make a timely decision on the foster care license application (within 45 days, if feasible), so the children do not have to remain in limbo indefinitely. These provisions will help ensure that children and youth are placed in a timely manner with their relatives.

Other important provisions of HB 151 relate to older foster youth:

- One section of HB 151 requires OCS caseworkers to engage youth 14 and over in the development of their case plans and their permanent plans. Youth are permitted to choose up to two adults to support and advocate for them at planning meetings so their voice can be heard. This provision is important to ensure the youth's wishes are articulated, which in turn will result in greater buy-in and cooperation for achieving a successful permanent plan.
- Another section of HB 151 requires OCS to provide youth 16 and over who are being released from state custody with important documents (or with assistance in obtaining the documents), such as birth certificates, social security cards, medical records and drivers licenses/ID cards, to assist them in making the transition to adulthood. Too often, youth exit state custody without the most basic documents required to obtain housing, employment, and medical care.

The provisions I've highlighted are just some of the provisions contained in HB 151 that will benefit children and their families as they navigate the child protection system. I hope the Alaska legislature will continue its efforts to make life better for Alaska's children by passing this bill.

Thank you for your consideration.

Sincerely,

Barbara L. Malchick
barbmalch@gmail.com
907-229-9496



3201 C Street, Ste 110
Anchorage AK 99503
P (907) 248-7676

alaskachildrenstrust.org

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14 March 2017

Rep. Les Gara
Alaska State Legislature
Capital Building, Rm 515
Juneau, AK 99801

Re: HB 151 – Children Deserve a Loving Home Act

Dear Representative Les Gara,

Alaska Children's Trust (ACT) extends its support for HB 151, Children Deserve a Loving Home Act. ACT is the statewide lead organization focused on the prevention of child abuse and neglect.

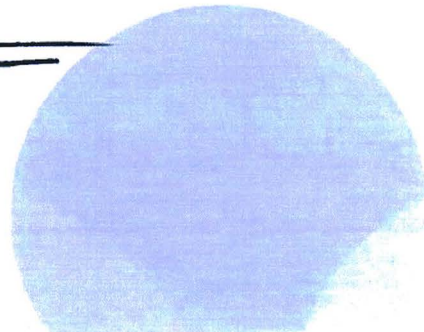
Each year, we have thousands of children and families go through the Alaska child welfare system (OCS). Nearly 50% of the children are under the age of 5 years. Abuse and neglect is occurring during the most critical time of a child's life. Research shows that abuse and neglect affect children throughout their lives. In addition to immediate injuries, abuse and neglect can disrupt brain development, weaken children's bodies, and cause long-term health problems. Children often adopt high-risk behaviors to cope with the pain of abuse and neglect, and those also can lead to chronic illness, disease, homelessness and other social ills.

It is important to ensure the safety net that is designed to protect children from the adversity of child abuse and neglect does not cause further trauma. When OCS case workers have high caseloads, it is difficult for them to provide the support and attention a child and the family needs to gain the resilience to overcome this experience. With high turnover of staff, children are unable to establish an important bond, which is one of the most important protective factors in building resilience.

HB 151 addresses these core challenges faced by OCS. By reducing high caseloads and high worker turnover, workers will be able to ensure the purpose of the safety net is achieved. When these challenges are addressed, it will help strengthen components across the entire system. Together we can prevent child abuse and neglect.

Sincerely,

Trevor J. Storrs
Executive Director



Laura Chartier

From: Ruth Rosewarne Kimerer [REDACTED]
Sent: Tuesday, March 21, 2017 2:20 PM
To: Laura Chartier
Subject: Letter in support of HB 151

To whom it may concern,

Please accept this email as a letter of support for the proposed changes to HB 151, as presented by the Honorable Les Gara. As a participant in the Big Brothers Big Sister Sync Program, I have been a 'Big' to a young adult. In the very short time she has been in my life (since June of 2016) I have witnessed the following.

She was placed in a foster home with anywhere from 3 - 6 children in foster care. Her foster parent, at one point, decided to expel all the foster kids in her care from her home, sending these children's OCS case workers in a flurry of chaos as they scrambled to find new homes for the kids. This left my 'Little' in despair, feeling immensely unloved and insecure as she didn't understand why she was being punished. The new foster placement was a bad fit and she was subsequently put back into 'emergency' placement with the former foster parent - again with 4 - 6 other children in "emergency" placement. This environment started to spoil pretty quickly which led my Little to runaway. She was then forced to undergo a psychiatric evaluation at Prov by her former foster parent (tore from her bed at Covenant House at 1 am and then left at Providence Hospital with no communication until 5 pm the following day!). This former foster confiscated all her belongings and has since left my Little with none of her personal belonging. This has been ongoing for over 2.5 weeks. And lastly, her OCS case worker quit right as this was happening and she has had NO contact from anyone at OCS since. She is 16.

The foster system in Alaska is in dire need of more support - more people and more resources. My main motivation for writing today is because these children are just that - CHILDREN. They are forced into a situation that is not of their making and not their fault. They are placed in situations of high stress, uncertainty, and instability. The result of which is children who become permanently scarred and often times, unable to learn the right skills and achieve the right mental stability to prosper as adults. We owe them every opportunity.

I urge the Legislature to support the changes to HB 151, to support our most at-risk population and give these kids a fighting chance.

Respectfully,

Ruth Rosewarne Kimerer
907.350.6301
4500 Southpark Bluff Dr.
Anchorage, AK 99516

Laura Chartier

From: Alves, Anita L (DOA) [REDACTED]
Sent: Friday, March 17, 2017 12:18 PM
To: Rep. Les Gara
Subject: Child in Need of Aid Cases

Dear Representative Gara,

I am responding to your request for input on the type of cases filed in court by OCS in which they are petitioning for legal custody or supervision of the children involved. If OCS removes the children from the home prior to court they will file an emergency petition. If there is no removal, OCS will file a non-emergency petition with the court and request legal custody or supervision at the court hearing. They may or may not request removal at that time.

In order to give you an idea of the facts involved in the petitions OCS files, I reviewed petitions that came into our Anchorage office from January 1, 2017 through March 10, 2017. I supervise the Anchorage Child Advocacy Office which covers all of Anchorage, Dillingham, Naknek, King Salmon, Valdez, and Cordova. I try and review all petitions filed so that I have an idea of the cases assigned to staff guardians ad litem (GAL) and can see any patterns that emerge. There are cases in which we have a conflict that are assigned to contractors. Our office does receive the majority of the cases. From the cases I review and from feedback from my staff, nearly 100% of the cases involve issues that affect child safety, through either imminent harm or a high risk of harm to the child, and set forth valid reasons for OCS to file with the court.

Here is a snapshot of the petitions filed by OCS from January 1, 2017 through March 10, 2017. The information I gathered is based on my review of the petitions and looking at the facts as stated in the petitions. It does not address whether a child has been removed or whether the court has found reasonable/active efforts on the part of OCS. The snapshot does reflect the serious issues facing Alaskan families and their needs for assistance.

During this time period our office was assigned as the GAL in 71 cases. These cases involved 116 children. Of the petitions, 33 were non-emergency petitions and 36 were emergency petitions. The following is a list of the issues (more than one is often seen in a single petition) set forth:

- 27 alleged domestic violence and mental injury
- 18 alleged alcohol issues
- 36 alleged methamphetamine/heroin/cocaine abuse
- 10 alleged physical abuse
- 11 alleged sexual abuse
- 33 alleged neglect
- 6 alleged abandonment by the parents
- 3 alleged medical neglect

In all the petitions, the court found probable cause for the state's involvement. This results in continued involvement of OCS and continued court oversight.

In reviewing the petitions, I noted 9 newborns that tested positive for numerous substances at birth, including meth and heroin. It has also become a standard practice of OCS to request hair follicle testing of children who have lived in their parents' home in which the parents used meth or heroin. Many of the hair follicle tests done on children come back positive for exposure to drugs, meth in particular since it can be absorbed through the skin.

While it is rare for a petition filed by OCS to be seen as frivolous, it does not mean that there is not argument and litigation over other issues such as placement, family contact, active/reasonable efforts. If those issues cannot be worked out, the parties will go before the judge in a contested hearing. There are checks and balances to the system. However, large caseloads of all participants, OCS, parents' attorneys, GALs, ICWA workers as well as lack of resources take a toll on the families that we want to serve and effect reunification. That said, in my 27 years as a GAL in the Child Advocacy Section of OPA, it is clear that the professionals in this field do their jobs because of their beliefs that children are better off with their parents or extended family members, that people can change, and that good outcomes for families and their children are possible.

Sincerely,

Anita L. Alves
Supervising Attorney/guardian ad litem

Laura Chartier

From: Lesa Hollen [REDACTED]
Sent: Tuesday, March 21, 2017 12:39 PM
To: Laura Chartier
Subject: House Bill 151

Please support this house bill for our children. We have the highest violence against Alaska women & children in the United States. An ounce of prevention (foster care) is worth a pound of cure (private prisons). Why keep putting the health of our children into greedy prison institutions? We use to protect our youth and weak. While I was working at the Boys & Girls Home (4th level lockdown facility), I observed only the smart ones survived this long and reached a place of safety & caring. The things done to them by their own parents is unfathomable and truly disgusting. They need help before they are truly lost in fear, abuse, violence, and terror that is beyond anything we could comprehend. We need to stop burying our heads in the sand and act to help our abused and lost children, before they are the ones holding you at gun point. They need education on how to handle stress & life positively. "If you think education is expensive, try ignorance". It's our fault for giving them a bad 21st century education. It's our responsibility to help them. Love to you all.

--

Sincerely,

Lesla Hollen, (Alaskan White Dragon)

"Imagination is more important than knowledge. Knowledge is limited, while imagination encompasses the world" Albert Einstein

Neuroscience Visualization M.S.
Dept of Biochemistry & Chemistry
University of Alaska Fairbanks
(907) 978-8784

Laura Chartier

From: Alyse Galvin [REDACTED]
Sent: Tuesday, March 21, 2017 1:39 PM
To: Laura Chartier
Cc: Rep. Les Gara; Rep. Andy Josephson
Subject: HB 151

Dear legislators,

I am asking for your support of HB 151. The chances of foster children ending up in prison is very high- 40%! Let's improve that- not only for the betterment of these lives but also for our community! Prison is expensive. This is so alarming and screams of a need for change.

This bill sets out to ensure better placement, inclusion of children 14 and up to help with decision making and brings the numbers of children per case manager to a reasonable amount. I support it! And I support our state front ending these costs which will result in a likelihood of foster children becoming self sustaining, loved adults!

If you cannot support all of the pieces in this bill, please make amendments so that as MUCH of these important elements as possible pass.

We must do better by all of Alaska's children!

I appreciate your very long hours of hard work for the Alaskans in our state!!

Many thanks,
Alyse Galvin

Please retain this letter for public record.
3117 Cottonwood Street
Anchorage, Alaska 99508
907-884-2299

Sent from my iPhone

Laura Chartier

From: Sharon Waisanen [REDACTED]
Sent: Wednesday, March 22, 2017 7:55 AM
To: Laura Chartier
Subject: Support HB 151

I support Rep. Les Gara's bill, HB 151 concerning foster children. At a time when there are many children in foster care, an emphasis on stable, loving families is critical to their success in later life. Whatever money can be allocated to support foster children to grow up in loving, caring homes will only pay off into the future. We must be realistic in helping social workers as they place foster children rather than overwhelming them with unrealistic caseloads in their efforts to make sure these children are successful.

When we look at resources in Alaska, our children truly are our greatest resource. It is up to us to care enough.

Sharon Waisanen
44932 Eddy Hill Dr.
Soldotna, AK
262-6298

Laura Chartier

From: Sarah Ferrency [REDACTED]
Sent: Tuesday, March 21, 2017 3:31 PM
To: Laura Chartier
Subject: Support foster care reform bill

As a formerly licensed foster parent and career educator, I support HB 151 which adds supports for foster youth and OCS. Thank you!

Sarah Ferrency
Sitka

Laura Chartier

From: Dael Devenport [REDACTED]
Sent: Tuesday, March 21, 2017 12:22 PM
To: Laura Chartier
Subject: Support HB 151

Hi Laura,

Please support HB 151 Children Deserve a Loving Home. This bill will improve success for foster youth and get them into permanent, healthy loving homes.

Thank you!

Dael

With compassion for all beings