

HB 151

(file

1)

<TARGET><BILL>HB 151</BILL><SUBJECT>HB 151 (file
1)</SUBJECT><COMM>SHSS30</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 to succeed, 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 laudable goal of reducing 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 system, into permanent, loving homes, including back with their families when safe, much more quickly than we do now.

It's been well documented by many sources that when case workers have more cases than they can handle, outcomes for children and families suffer. The Office of Children's Services (OCS) recommends a maximum caseload of no more than approximately 12 cases or families per worker – but most workers carry caseloads that significantly exceed that amount. Conditions in rural Alaska, especially with the challenges of remote travel, make even a 12-family caseload overwhelming. Beyond risking poorer outcomes, high caseloads contribute to worker turnover, a costly problem that slows timelines to permanency, harming youth and families.

Last year, the Legislature added positions to OCS to move Alaska closer to the standards in this bill. This has given us an unprecedented opportunity to attain the best practice standards called for in HB 151, to vastly improve the lives of children and families, and move more children out of foster care into a loving home more quickly.

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 carry no more than six cases/families in the first three months, and 12 families in the first six months. That would meet federal standards and result in a 75% federal matching during the training period. For other workers, this bill establishes a statewide average caseload of no more than 13 families per worker. This caseload level contains costs while staying as close as possible to a nationally recognized standard of 12. Lower caseloads 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

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

homes. The bill promotes contact with siblings and previous out-of-home caregivers to maintain a network of support for them. It also sets timelines for decisions on foster care home license applications, and for variances (for family members who may not be licensed foster parents).

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. In addition, youth at age 14 are empowered to participate in their case plan. In addition, the bill 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 to, 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 and help children to move out of the system and into permanent homes more quickly and safely. It creates an environment where loving homes are the priority for all youth.

LEGAL SERVICES

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MEMORANDUM

October 20, 2017

SUBJECT: Sectional summary (CSHB 151()); Work Order No. 30-LS0451\L)

TO: Representative Les Gara
Attn: Craig Tuten

FROM: Kate S. Glover *KSG*
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 amends legislative findings related to children to add a finding that the department should enable a child's contact with previous out-of-home caregivers if it is appropriate and in the best interests of the child.

Sections 3 – 5 amend AS 47.05.310(c), (i), and (k) to conform to a new subsection added in section 6 of this Act.

Section 6 allows the Department of Health and Social Services (the department) to issue or renew a foster home license or provide foster care payments to an entity, individual service provider, or person if the applicant or a person who resides in the home is barred from licensure or payments because of a barrier condition under AS 47.05.310(c), (i)(2), or (i)(3) if (1) a person in the home is an adult family member or family friend of a child in the custody or supervision of the state, (2) the department finds that placing the child with the entity, individual service provider, or person is in the best interests of the child, and (3) the conduct that is the basis of the barrier occurred at least ten years before the date the department receives the application for licensure or renewal or makes a payment to the entity, individual service provider, or person.

Section 7 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 8 provides that a foster parent has the right and responsibility to use a reasonable and prudent parent standard to make decisions relating to a child in foster care, and requires the department to provide foster parents with training relating to the reasonable and prudent parent standard.

Section 9 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 revision of a case plan, permanency goal, or alternative permanency plan for the child and allows the child to select up to two adults, in addition to the child's foster parents or department employees who are supervising the care of the child, to participate in the development of the plan.

Section 10 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 11 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 12 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 13 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 14 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 15 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 15 also provides that the department is immune from suit if the department is unable to meet workload standards under certain circumstances.

Section 16 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 17 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 18 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.

Section 19 provides the Act applies 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 1 - 19 and 21 of the Act.

Section 20 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 21 requires the department to implement the changes made by secs. 7 - 9, 11 - 13, and some of the changes made by sec. 15 not later than one year after the effective date of those sections. Those sections relate to searches for appropriate placements with family members, foster parent decision-making, involving children 14 or older in case plans, allowing a child to remain in the child's home with an adult family member, and training for new employees. In addition, sec. 21 requires the department to implement the changes made by secs. 3 - 6, 10, 14, the rest of the changes in sec. 15, and secs. 16 - 18 not later than three years after the effective date of those sections. Those sections relate to legislative findings, sharing case information with siblings, barriers to foster care licensing and payments, training and workload standards, assisting family members in obtaining foster care licenses, providing identification information to children 16 or older when released from department custody, and approval of foster care licenses within 45 days of receiving an application.

Section 22 provides that sec. 20 of the Act takes effect immediately.

If I may be of further assistance, please advise.

KSG:boo
17-520.boo



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

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March 21, 2018

Honorable David Wilson
Chair, Health and Social Services Committee
Alaska State Senate
Alaska State Capitol
Room 115
Juneau, Alaska 99801

Dear Senator Wilson,

The Office of Children's Services is providing the following responses to questions that were raised by the Senate Health and Social Services Committee on March 19, 2018, related to Representative Gara's HB 151.

1. ***What is the total number of current PCNs assigned to OCS? What is the vacancy rate? i.e., the average number of vacant positions at any point in the year?***

Current PCNs

564 Permanent Full Time Positions
1 Permanent Part Time Position

FY2017

175 positions became vacant, 105 of them were Protective Service Specialists.
At any point in time, there was an average of 65.4 vacant positions.

FY2018

As of December 2017, 123 positions became vacant, 71 of them were Protective Service Specialists.
At any point in time, there was an average of 63.9 vacant positions.

2. ***Of the 31 positions funded last year, how many are still employed, how many have quit, how many were promoted or moved into other positions?***

Of the 31 positions, 30 are currently filled. A total of 4 positions have turned over once. One individual left OCS while the other 3 individuals transferred to other positions within OCS.

3. ***Does the Department have the physical workspace for the requested additional positions?***

Yes, space can be used in existing offices. The fiscal note includes funding to build out additional offices for the new staff in existing lease space.

4. ***If the current 31 PCNs were fully staffed, how do the additional requested 21 employees factor in? Would the Department need the full 21 if the turnover were around 7% (like New Jersey)?***

If OCS's turnover rate was 7% like New Jersey, then no, the additional 21 employees would not be needed.

5. ***What happens if caseloads begin to decrease (which is the goal, right?) Do OCS let staff go? Is there a trigger mechanism to decrease staff when the number of cases drops below a certain threshold?***

Department policy is to eliminate positions when they are no longer needed either by deleting them in the budget or repurposing them for other priorities.

Section 15 of HB 151 bill contemplates a staffing report to the legislature to identify compliance with training and workload standards and requires an annual report to the legislature. The bill requires that the department include the staffing report in the annual report to the legislature required under AS 18.05.020.

6. ***What is the link between the number of Foster Care placements and the number of front-line workers requested, in general and specifically regarding the provisions of this bill?***

The link between caseworkers and foster care placements is directly in relation to the number of caseworkers a child or family may have from the start of their case to the end. Every time a worker changes due to turnover, the outcomes for families diminish and the gap they leave leads to placement instability and placement changes.

7. ***Please address "span of control" within the division, e.g., the ratio of supervisors to front-line workers.***

The ratio of supervisors to front line workers is 6:1. The ideal ratio, per a workload study completed in 2012 by Hornby, Zeller and Associates is 5.1. The Office of Children's Services would require an additional 7 supervisors, Protective Services Specialist IV's, to maintain optimal levels of supervision.

8. ***One of the speakers on Monday said there is an existing law that requires relative searches to take place already. How is this bill going to improve on that, as this provision was highlighted by several speakers?***

Searching for relatives within the first 30-days a child enters care is required by state and federal law. What is added value in the bill is that in Section 12 OCS would now be required to have a supervisor "certify in writing in the case file" that the department has searched for an adult family member or friend. This increases the level of accountability and will make it more transparent for the parties to see during the discovery process.

9. ***In what way has training changed from previous years for the 31 positions hired last year?***

Changes were implemented 1/1/2018 that provide for five weeks of training for newly hired staff. And, newly hired staff, upon completion of training will be assigned a mentor that will provide additional on the ground training during the new hire's initial months of employment with OCS.

10. ***Is there a strategic plan in place to specifically address training, professional development, recruitment, and retention of employees? (If so, please provide a copy.)***

OCS does not currently have a singular document that compiles and summarizes all of our workforce efforts. Currently, we have numerous efforts in process that involves the University of Alaska Anchorage/University of Alaska Fairbanks, the National Child Welfare Workforce Institute and Casey Family Programs. We are working to create one as a part of our work to create the Annual Program and Services Plan that is due to our Federal Region X partners by June 30, 2018.

11. ***In this environment of steady revenues and/or flat funding, the Department might have to move something else down on the priority list to make room for this expansion of OCS. What has HSS identified as a program that might be reduced in priority to make room for this bill's new program?***

The department has reduced the budget to the extent possible while still carrying out the mission of the department and adhering to statutory and regulatory requirements.

12. ***How do private organizations, e.g., Family Centered Services of Alaska in Fairbanks or Presbyterian Hospitality House, certify foster homes?***

An applicant to provide foster care services, whether they be a child placement or a therapeutic foster home, will work with the child placement agency to meet the foster care requirements and training. Once the application is complete the application is sent to the OCS Licensing Unit in Anchorage and the license is issued within 30 days. Child placement agencies recruit by word of mouth or having a booth at health fairs. The average timeframe for an OCS foster home to become licensed is 90 days or less after the receipt of a complete application, this is per 7 AAC 50.025 (b)(2)(3). When it takes longer than 90 days it is usually outside the control of the department, for example travel to rural communities weathered out, waiting on Adam Walsh checks from other states, etc.

Please feel free to reach out if you would like further clarification or have other questions.

Sincerely,



Christy Lawton, MSW
Director

cc: Honorable Les Gara, House of Representatives
Darwin Peterson, Legislative Director, office of Governor Bill Walker
Valerie "Nurr'araaluk" Davidson, Commissioner
Karen Forrest, Deputy Commissioner for Family, Community & Integrated Services

Fiscal Note

State of Alaska
2018 Legislative Session

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

Identifier: HB151CS(FIN)-DHSS-CST-3-16-18
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: Senate 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)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates					
			FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	145.6		145.6	145.6	145.6	145.6	145.6	145.6
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	145.6	0.0	145.6	145.6	145.6	145.6	145.6	145.6

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	62.6		62.6	62.6	62.6	62.6	62.6
1004 Gen Fund (UGF)	83.0		83.0	83.0	83.0	83.0	83.0
Total	145.6	0.0	145.6	145.6	145.6	145.6	145.6

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

Estimated CAPITAL (FY2019) 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/comments:

The number of trainers was reduced from three to one as a result of the FY2018 approved budget amendment that increased training from two or three weeks to five weeks. Two trainers resulted from the budget amendment in FY2018. Shifted travel for training back to the Front Line Social Workers component. The general fund match fund source was converted to general fund to align the expenditures to the state accounting system.

Prepared By:	Christy Lawton, Division Director	Phone:	(907)269-8018
Division:	Office of Children's Services	Date:	03/16/2018 02:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/16/18
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. CSHB151(FIN)

Analysis

Section 15 adds a 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 CSHB151 recommends a longer training period of a minimum of six weeks.

Until FY2018, the division's current training occurred over a period of two to three weeks. In FY2018, a budget amendment was approved as part of the FY2018 budget, which increased training to five weeks. The division maintains a Reimbursable Services Agreement with the University of Alaska Anchorage, Child Welfare Academy, in the amount of \$1,345.9 for the five week training. An additional \$145.6 would be required to extend the training for front line case carrying staff to six weeks and require one additional trainer to be provided by the University of Alaska, Anchorage.

The federal reimbursement rate for this component is estimated at 43 percent.

Fiscal Note

State of Alaska
2018 Legislative Session

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

Identifier: HB151CS(FIN)-DHSS-FLSW-3-16-18
Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
Sponsor: GARA
Requester: Senate 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)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates					
			FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES								
Personal Services	1,546.5		2,062.0	2,062.0	2,062.0	2,062.0	2,062.0	2,062.0
Travel	96.0		96.0	96.0	96.0	96.0	96.0	96.0
Services	184.8		184.8	184.8	184.8	184.8	184.8	184.8
Commodities	142.8		8.4	8.4	8.4	8.4	8.4	8.4
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	1,970.1	0.0	2,351.2	2,351.2	2,351.2	2,351.2	2,351.2	2,351.2

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	696.2		799.4	799.4	799.4	799.4	799.4	799.4
1004 Gen Fund (UGF)	1,273.9		1,551.8	1,551.8	1,551.8	1,551.8	1,551.8	1,551.8
Total	1,970.1	0.0	2,351.2	2,351.2	2,351.2	2,351.2	2,351.2	2,351.2

Positions

Full-time	21.0		21.0	21.0	21.0	21.0	21.0	21.0
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 (FY2018) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) 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/comments:

Reduced positions based on receipt of 31 positions in FY2018. Due to better retention trends so far in the current year, there is a remaining need for 12 Protective Services Specialists, 3 supervisory positions and 6 support staff to meet the standards outlined in this CS. Travel expenditures were moved from Children's Services Training component to this component. The general funds for these costs are a combination of match to federal funds and regular general funds. For accounting purposes the fiscal note is placing the costs in general funds rather than general fund match.

Prepared By:	Christy Lawton, Division Director	Phone:	(907)269-8018
Division:	Office of Children's Services	Date:	03/16/2018 02:00 PM
Approved By:	Shawnda O'Brien, Asst. Commissioner	Date:	03/16/18
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

**STATE OF ALASKA
2018 LEGISLATIVE SESSION**

BILL NO. CSHB151(FIN)

Analysis

Section 15 requires that the division implement workload standards and increase the level of training for new front line caseworkers. New caseworker workload recommendations:

- No more than six cases are assigned to a new front line worker in the first three months of employment, and
- No more than twelve cases in fourth, fifth, and six month of employment.

This section also amends AS 47.14 by adding a new subsection, AS 47.14.112(a)(2), requiring mentors. The division added mentors in FY2018. New subsection AS 47.14.112(a)(4) recommending that average statewide caseload be not more than thirteen families for each worker. In order to maintain this recommended average, the division will need an increase in front line worker positions. The division needs to add a total of 12 Protective Services Specialists positions. Per the workload study completed in 2012 by Hornby, Zeller and Associates, the following ratios of support and supervision are needed:

- One Supervisor for every five front line workers
- One Social Services Associate for every four front line workers
- One Office Assistant for every 3.7 front line workers

The division proposes to bring on the additional staff in the first year. The following is a breakdown to reflect the number of staff necessary to ensure acceptable caseloads of an average of thirteen cases per caseworker and lower caseloads in rural areas that require significant travel.

QTY	Title	Range	Location
5	Protective Services Specialist I/II	15/17	Anchorage
2	Protective Services Specialist I/II	15/17	Fairbanks
1	Protective Services Specialist I/II	15/17	Nome
2	Protective Services Specialist I/II	15/17	Kotzebue
1	Protective Services Specialist I/II	15/17	Kenai
1	Protective Services Specialist I/II	15/17	Craig
1	Social Services Associate II	12	Anchorage
1	Social Services Associate II	12	Petersburg
1	Social Services Associate II	12	Valdez
3	Office Assistant II	10	Anchorage/Wasilla
3	Protective Services Specialist IV	20	Anchorage/Wasilla
21			

In the first year, personal services are calculated at 75 percent of total cost in consideration of the time it would take to establish and recruit for the new positions. In addition, months 1-3 are calculated with a higher federal share based on the enhanced federal reimbursement rate for Protective Services Specialists when high training standards are met. The table below reflects the personal services detail for new hires in FY2019.

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. CSHB151(FIN)

Analysis

FY2019									
Year 1									
QTY	Title	Range	Location	Salary & Benefits @ 75%	TOTAL	Month 1-3 @ 45% fed reimbursement	Month 4-12 @ 34% fed reimbursement	TOTAL FEDERAL SHARE	STATE GENERAL FUND
Enhanced Training for New Hires: No more than six cases month 1-3, no more than 12 cases in months 4-6.									
5	Protective Services Specialist I/II	15/17	Anchorage	\$ 72.0	\$ 360.2	\$ 40.5	\$ 91.9	\$ 132.4	\$ 227.8
2	Protective Services Specialist I/II	15/17	Fairbanks	\$ 73.8	\$ 147.6	\$ 16.6	\$ 37.6	\$ 54.3	\$ 93.4
1	Protective Services Specialist I/II	15/17	Nome	\$ 93.9	\$ 93.9	\$ 10.6	\$ 23.9	\$ 34.5	\$ 59.4
2	Protective Services Specialist I/II	15/17	Kotzebue	\$ 107.5	\$ 215.0	\$ 24.2	\$ 54.8	\$ 79.0	\$ 136.0
1	Protective Services Specialist I/II	15/17	Kenai	\$ 72.0	\$ 72.0	\$ 8.1	\$ 18.4	\$ 26.5	\$ 45.6
1	Protective Services Specialist I/II	15/17	Craig	\$ 72.0	\$ 72.0	\$ 8.1	\$ 18.4	\$ 26.5	\$ 45.6
1	Social Services Associate II	12	Anchorage	\$ 54.8	\$ 54.8	Non case-carrying staff.		\$ 18.6	\$ 36.2
1	Social Services Associate II	12	Petersburg	\$ 54.8	\$ 54.8			\$ 18.6	\$ 36.2
1	Social Services Associate II	12	Valdez	\$ 59.4	\$ 59.4			\$ 20.2	\$ 39.2
3	Office Assistant II	10	Anchorage/Wasilla	\$ 50.1	\$ 150.2	Average Federal Rate at 34%		\$ 51.1	\$ 99.2
3	Protective Services Specialist IV	20	Anchorage/Wasilla	\$ 88.8	\$ 266.3			\$ 90.6	\$ 175.8
21					\$ 1,546.5			\$ 552.2	\$ 994.3

NOTE: Actual amounts shown in thousands; rounding may result in what appear to be math errors but in fact are not.

Annual support costs for new hires (34% fed, 66% GF):

Travel for training for new hire Protective Services Specialists with duty stations outside of Anchorage/Wasilla to the six week training - 7 staff x \$12.0 = \$84.0

Travel for training for new hire Social Services Associates with duty stations outside of Anchorage/Wasilla to the basic two to three week training - 2 staff x \$6.0 = \$12.0

Leased space, information technology, telecommunications, phones, utilities - 21 staff x \$8.8 = \$184.8

General office supplies - 21 staff x \$0.4 = \$8.4

One-time commodities (desk, chair, phone, computer) - 21 staff x \$6.4 = \$134.4

The table below reflects personal services detail for FY2020 through FY2024:

Year 2 - 5							
QTY	Title	Range	Location	Salary & Benefits	TOTAL	FEDERAL SHARE @ 34% reimbursement	STATE GENERAL FUND
5	Protective Services Specialist I/II	15/17	Anchorage	\$ 96.1	\$ 480.3	\$ 163.3	\$ 317.0
2	Protective Services Specialist I/II	15/17	Fairbanks	\$ 98.4	\$ 196.9	\$ 66.9	\$ 129.9
1	Protective Services Specialist I/II	15/17	Nome	\$ 125.2	\$ 125.2	\$ 42.6	\$ 82.6
2	Protective Services Specialist I/II	15/17	Kotzebue	\$ 143.3	\$ 286.6	\$ 97.5	\$ 189.2
1	Protective Services Specialist I/II	15/17	Kenai	\$ 96.1	\$ 96.1	\$ 32.7	\$ 63.4
1	Protective Services Specialist I/II	15/17	Craig	\$ 96.1	\$ 96.1	\$ 32.7	\$ 63.4
1	Social Services Associate II	12	Anchorage	\$ 73.1	\$ 73.1	\$ 24.9	\$ 48.2
1	Social Services Associate II	12	Petersburg	\$ 73.1	\$ 73.1	\$ 24.9	\$ 48.2
1	Social Services Associate II	12	Valdez	\$ 79.2	\$ 79.2	\$ 26.9	\$ 52.3
3	Office Assistant II	10	Anchorage/Wasilla	\$ 66.8	\$ 200.3	\$ 68.1	\$ 132.2
3	Protective Services Specialist IV	20	Anchorage/Wasilla	\$ 118.4	\$ 355.1	\$ 120.7	\$ 234.4
21					\$ 2,062.0	\$ 701.1	\$ 1,360.9

FISCAL NOTE ANALYSIS

**STATE OF ALASKA
2018 LEGISLATIVE SESSION**

BILL NO. CSHB151(FIN) _____

Analysis

Summary of costs by line item and fund source:

FY2019		fed	GF
personal services	\$ 1,546.5	\$ 552.2	\$ 994.3
travel	\$ 96.0	\$ 32.6	\$ 63.4
services	\$ 184.8	\$ 62.8	\$ 122.0
commodities	\$ 142.8	\$ 48.6	\$ 94.2
TOTAL	\$ 1,970.1	\$ 696.2	\$ 1,273.9

FY2020 and beyond		fed	GF
personal services	\$ 2,062.0	\$ 701.1	\$ 1,360.9
travel	\$ 96.0	\$ 32.6	\$ 63.4
services	\$ 184.8	\$ 62.8	\$ 122.0
commodities	\$ 8.4	\$ 2.9	\$ 5.5
TOTAL	\$ 2,351.2	\$ 799.4	\$ 1,551.8

The Office of Children's Services recognizes to maintain optimal caseloads outlined in this bill, all case carrying positions would need to be filled. Vacancy and turnover contribute to rising caseloads and with every position that becomes vacant, the caseloads are distributed among remaining staff, creating higher than reasonable caseloads for the duration of the recruitment process.

When evaluating the number of case carrying positions that would be necessary to maintain the workload standards required by **Section 15**, the Office of Children's Services considered and evaluated the length of time a position was vacant while in recruitment. The longest vacancy was ten months and the shortest vacancy was one month. In FY2017, the average length a position remained vacant was 3.6 months and in FY2018, the year-to-date average is 1.9 months.

The additional 12 case carrying positions are being requested to offset the additional caseloads-to-staff ratio added by vacancy and turnover and allow caseloads to be evenly distributed among case carrying staff while positions are in the process of being recruited and filled.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version:	CSHB 151(HSS)
Fiscal Note Number:	1
(H) Publish Date:	3/24/2017

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/comments:

Not applicable, initial version

Prepared By: Richard Allen, Director
 Division: Office of Public Advocacy
 Approved By: Sheldon Fisher, Commissioner
 Agency: Administration

Phone: (907)269-3504
 Date: 03/13/2014 04:52 PM
 Date: 03/13/17

REPORTED OUT OF
HFC 05/16/2017
 Control Code: ZjjPa

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

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:	CSHB 151(FIN)
Fiscal Note Number:	9
(H) Publish Date:	5/16/2017

Identifier: HB151CS(FIN)-DHSS-CST-05-13-17
 Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
 Sponsor: GARA
 Requester: House Finance

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	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	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Personal Services							
Travel	91.0		39.0	13.0			
Services	560.0		560.0	560.0	560.0	560.0	560.0
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	651.0	0.0	599.0	573.0	560.0	560.0	560.0

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	279.9		257.6	246.4	240.8	240.8	240.8
1003 G/F Match (UGF)	211.5		194.6	186.2	181.9	181.9	181.9
1004 Gen Fund (UGF)	159.6		146.8	140.4	137.3	137.3	137.3
Total	651.0	0.0	599.0	573.0	560.0	560.0	560.0

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/comments:

Drafted to the CS for House Finance, version E. In HFIN CS Vs. E, the penetration rate is not negatively impacted. In addition, the number of trainers was reduced from four to three as a result of staff reduction in the Front Line Social Workers fiscal note. Shifted travel for training from the Front Line Social Worker fiscal note to properly code to the enhanced Title IV-E rate. (CONT'D on the bottom of p.2)

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: 05/13/2017 12:00 PM
 Date: 05/13/17

**REPORTED OUT OF
HFC 05/16/2017**

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

Analysis

Section 11 adds a 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 Division's current training occurs over a period of two to three weeks. The Division maintains a Reimbursable Services Agreement with the University of Alaska Anchorage, Child Welfare Academy, in the amount of \$917.5 for the existing training. An additional \$560.0 would be required to extend the training for front line case carrying staff to six weeks and require three additional trainers to be provided by the University.

The Division anticipates that it will bring on the additional staff over three years, with 39 staff in FY2018, 17 staff in FY2019 and 8 staff in 2020. These staff and associated costs are reflected in the Front Line Social Workers fiscal note and therefore are not shown in this fiscal note.

Staff that live and work outside of the Anchorage and Wasilla areas will require travel for training, including airfare, lodging, per diem and ground transportation.

Estimated travel costs (staff that reside and work outside of the Anchorage/Wasilla area):

FY2018

7 staff x \$13.0 = \$91.0

FY2019

3 staff x \$13.0 = \$39.0

FY2020

1 staff x \$13.0 = \$13.0

The federal reimbursement rate for this component is estimated at 43 percent.

Why this fiscal note differs from the previous version:

Fund sources identified were corrected to include general fund match. The general fund match amount was based on a calculation including allowable costs, the penetration rate, time study results, and the federal reimbursement rate for the component.

Fiscal Note

State of Alaska
2017 Legislative Session

Bill Version:	CSHB 151(FIN)
Fiscal Note Number:	10
(H) Publish Date:	5/16/2017

Identifier: HB151CS(FIN)-DHSS-FLSW-05-13-17
 Title: DHSS;CINA; FOSTER CARE; CHILD PROTECTION
 Sponsor: GARA
 Requester: House Finance

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	3,608.0		5,114.4	5,842.7	5,842.7	5,842.7	5,842.7	5,842.7
Travel			91.0	130.0	130.0	130.0	130.0	130.0
Services	343.2		492.8	563.2	563.2	563.2	563.2	563.2
Commodities	265.2		131.2	76.8	25.6	25.6	25.6	25.6
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	4,216.4	0.0	5,829.4	6,612.7	6,561.5	6,561.5	6,561.5	6,561.5

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)	1,339.4		1,781.0	2,001.6	1,968.5	1,968.5	1,968.5
1003 G/F Match (UGF)	2,013.6		2,833.9	3,227.8	3,215.1	3,215.1	3,215.1
1004 Gen Fund (UGF)	863.4		1,214.5	1,383.3	1,377.9	1,377.9	1,377.9
Total	4,216.4	0.0	5,829.4	6,612.7	6,561.5	6,561.5	6,561.5

Positions

Full-time	39.0		56.0	64.0	64.0	64.0	64.0
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/comments:

Drafted to the CS for House Finance, version E. Increased federal reimbursement for enhanced training for new hires to 45 percent of payroll costs for months one to three of employment. Removed language regarding reduced penetration rate as a result of subsidy payments up to the child's 21st birthday and the subsequent loss in federal revenue with a general fund replacement. (CONT'd bottom of p.4)

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: 05/13/2017 12:00 PM
 Date: 05/13/17

**REPORTED OUT OF
HFC 05/16/2017**

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2017 LEGISLATIVE SESSION

Analysis

Section 11 requires that the division implement workload standards and increase the level of training for new front line caseworkers. New caseworker workload recommendations:

- No more than six cases are assigned to a new front line worker in the first three months of employment, and
- No more than twelve cases in fourth, fifth and six month of employment.

Additionally, proposed AS 47.14.112(a)(2) suggests that the division employ mentors for frontline staff. The division recommends four Protective Service Specialist IIIs, spread across the regions.

Proposed AS 47.14.112(a)(4) recommends that the average statewide caseload be not more than thirteen families for each worker. In order to maintain this recommended average, the Division will need an increase in front line worker positions. The division needs to add a total of 35 Protective Services Specialists positions. Per the workload study completed in 2012 by Hornby, Zeller and Associates the following ratios of support and supervision are needed:

- One Supervisor for every five front line workers
- One Social Services Associate for every four front line workers
- One Office Assistant for every 3.7 front line workers

The division proposes to bring on additional staff over three years, with the addition of 39 positions in FY2018, 17 positions in FY2019 and 8 positions in 2020. The following is a breakdown to reflect the number of staff necessary to ensure acceptable caseloads of thirteen cases per caseworker and lower caseloads in rural areas that require significant travel.

QTY	Title	Range	Location
30	Protective Services Specialist I/II	15/17	Anchorage/Wasilla
5	Protective Services Specialist I/II	15/17	Fairbanks
7	Social Services Associate II	12	Anchorage/Wasilla
2	Social Services Associate II	12	Fairbanks
8	Office Assistant II	10	Wasilla
1	Office Assistant II	10	Fairbanks
6	Protective Services Specialist IV	20	Anchorage/Wasilla
1	Protective Services Specialist IV	20	Fairbanks
1	Protective Services Specialist III	19	Bethel
1	Protective Services Specialist III	19	Juneau
2	Protective Services Specialist III	19	Anchorage/Wasilla

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Analysis Continued

The following three tables reflect the personal services detail for new hires, by fiscal year:

FY2018

Year One New Hires	Title	Range	Location	Salary & Benefits	TOTAL	Month 1-3 @ 45%	Month 4-12 @ 30%	FEDERAL SHARE	STATE GENERAL FUND
Enhanced Training for New Hires: No more than six cases month 1-3, no more than 12 cases in months 4-6.									
18	Protective Services Specialist I/II	15/17	Anchorage/Wasilla	\$ 94.9	\$ 1,708.2	\$ 192.2	\$ 384.3	\$ 576.5	\$ 1,131.7
3	Protective Services Specialist I/II	15/17	Fairbanks	\$ 97.2	\$ 291.6	\$ 32.8	\$ 65.6	\$ 98.4	\$ 193.2
4	Social Services Associate II	12	Anchorage/Wasilla	\$ 72.1	\$ 288.4	Non case-carrying staff. Average Federal Rate at 30%		\$ 86.5	\$ 201.9
1	Social Services Associate II	12	Fairbanks	\$ 74.3	\$ 74.3		\$ 22.3	\$ 52.0	
4	Office Assistant II	10	Anchorage/Wasilla	\$ 65.8	\$ 263.2		\$ 79.0	\$ 184.2	
1	Office Assistant II	10	Fairbanks	\$ 67.3	\$ 67.3		\$ 20.2	\$ 47.1	
3	Protective Services Specialist IV	20	Anchorage/Wasilla	\$ 115.9	\$ 347.7		\$ 104.3	\$ 243.4	
1	Protective Services Specialist IV	20	Fairbanks	\$ 118.9	\$ 118.9		\$ 35.7	\$ 83.2	
1	Protective Services Specialist III	19	Juneau	\$ 114.0	\$ 114.0		\$ 34.2	\$ 79.8	
1	Protective Services Specialist III	19	Bethel	\$ 115.8	\$ 115.8		\$ 34.7	\$ 81.1	
2	Protective Services Specialist III	19	Anchorage/Wasilla	\$ 109.3	\$ 218.6		\$ 65.6	\$ 153.0	
39					\$ 3,608.0				\$ 1,157.4

FY2018 Support costs for first set of new hires:

- Travel - (Training-related travel can be found in the Children's Services Training fiscal note.)
- Leased space, Information Technology, telecommunications, phones, utilities - 39 staff x \$8.8 = \$343.2
- General Office Supplies - 39 staff x \$0.4 = \$15.6
- One-time commodities (desk, chair, phone, computer) - 39 staff x \$6.4 = \$249.6

Year Two New Hires	Title	Range	Location	Salary & Benefits	TOTAL	Month 1-3 @ 45%	Month 4-12 @ 30%	FEDERAL SHARE	STATE GENERAL FUND
Enhanced Training for New Hires: No more than six cases month 1-3, no more than 12 cases in months 4-6.									
7	Protective Services Specialist I/II	15/17	Anchorage/Wasilla	\$ 94.9	\$ 664.3	\$ 74.7	\$ 149.5	\$ 224.2	\$ 440.1
2	Protective Services Specialist I/II	15/17	Fairbanks	\$ 97.2	\$ 194.4	\$ 21.9	\$ 43.7	\$ 65.6	\$ 128.8
2	Social Services Associate II	12	Anchorage/Wasilla	\$ 72.1	\$ 144.2	Non case-carrying staff. Average Federal Rate at 30%		\$ 43.3	\$ 100.9
1	Social Services Associate II	12	Fairbanks	\$ 74.3	\$ 74.3		\$ 22.3	\$ 52.0	
3	Office Assistant II	10	Anchorage/Wasilla	\$ 65.8	\$ 197.4		\$ 59.2	\$ 138.2	
2	Protective Services Specialist IV	20	Anchorage/Wasilla	\$ 115.9	\$ 231.8		\$ 69.5	\$ 162.3	
17					\$ 1,506.4			\$ 484.1	\$ 1,022.3

FY2019 Support costs for first two sets of new hires:

- Travel for Protective Services Specialist and Social Services Associate classifications in regions that require travel for casework - 7 staff x \$13.0 = \$91.0 (Travel related to training is reflected in the Children's Services Training fiscal note.)
- Leased space, Information Technology, telecommunications, phones, utilities - 56 staff x \$8.8 = \$492.8
- General Office Supplies - 56 staff x \$0.4 = \$22.4
- One-time commodities (desk, chair, phone, computer) - 17 staff x \$6.4 = \$108.8

Analysis Continued

FY2020

Year Three New Hires	Title	Range	Location	Salary & Benefits	TOTAL	Month 1-3 @ 45%	Month 4-12 @ 30%	FEDERAL SHARE	STATE GENERAL FUND
Enhanced Training for New Hires: No more than six cases month 1-3, no more than 12 cases in months 4-6.									
5	Protective Services Specialist I/II	15/17	Anchorage/Wasilla	\$ 94.9	\$ 474.5	\$ 53.4	\$ 106.8	\$ 160.1	\$ 314.4
1	Social Services Associate II	12	Anchorage/Wasilla	\$ 72.1	\$ 72.1	<i>Non case-carrying staff. Average Federal Rate at 30%</i>		\$ 21.6	\$ 50.5
1	Office Assistant II	10	Anchorage/Wasilla	\$ 65.8	\$ 65.8			\$ 19.7	\$ 46.1
1	Protective Services Specialist IV	20	Anchorage/Wasilla	\$ 115.9	\$ 115.9			\$ 34.8	\$ 81.1
8					\$ 728.3			\$ 236.3	\$ 492.0

FY2020 Support costs for all three sets of new hires:

Travel for Protective Services Specialist and Social Services Associate classifications in regions that require travel for casework - 10 staff x \$13.0 = \$130.0 (Travel related to training is reflected in the Children's Services Training fiscal note).
 Leased space, Information Technology, telecommunications, phones, utilities - 64 staff x \$8.8 = \$563.2
 General Office Supplies - 64 staff x \$0.4 = \$25.6
 One-time commodities (desk, chair, phone, computer) - 8 staff x \$6.4 = \$51.2

FY2021 and beyond Support costs:

Travel for Protective Services Specialist and Social Services Associate classifications in regions that require travel for casework - 10 staff x \$13.0 = \$130.0
 Leased space, Information Technology, telecommunications, phones, utilities - 64 staff x \$8.8 = \$563.2
 General Office Supplies - 64 staff x \$0.4 = \$25.6

Why this fiscal note differs from the previous version:

Reduced staffing from 46 Protective Services Specialists to 35 Protective Services Specialists per Section 11(4) regarding average caseload. Travel expenditures for training shifted to the Children's Services Training fiscal note, to properly code to the enhanced Title IV-E rate. Reduced Protective Services Specialist III (mentors) from nine to four. Fund sources identified were corrected to include general fund match. The general fund match amount was based on a calculation including allowable costs, the penetration rate, time study results, and the federal reimbursement rates for the component.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	SSHB 27
Fiscal Note Number:	1
(H) Publish Date:	4/3/2015

Identifier: HB027SS-DHSS-FP-02-23-15
 Title: DHSS DUTIES;CINA; FOSTER CARE; ADOPTION
 Sponsor: GARA
 Requester: House HSS Committee

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)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
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

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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) 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? 04/19/17

Why this fiscal note differs from previous version:

This version of HB 27 has removed all mandates that reflected divisional fiscal responsibility. It removed the requirement for the department to pay to the child the cost of maintenance, in addition to all of the cost to support foster children attending full-time in-state undergraduate college course (books, tuition, rent, etc.).

Prepared By: Christy Lawton, Director
 Division: Office of Children's Services
 Approved By: Sarah Woods, Deputy Director Finance & Management Services
 Agency: Health & Social Services

Phone: (907)451-2096
 Date: 02/18/2015 04:14 PM
 Date: 02/23/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This version of HB 27 would expand the department's duties, impose additional requirements on the department when making placement decisions, make changes to statutes governing the confidentiality of departmental records, and change the procedure for releasing a youth from state custody. It broadens the scope of the department's duties by requiring the department to recruit foster parents and adoptive parents when a shortage of foster parents or adoptive parents exists.

This bill mandates that, as during emergency custody, should a child transfer from one out-of-home placement to another, the Department shall search for an appropriate placement with an adult family member or family friend who meets the foster care licensing requirements. Should the child transfer from one placement to another, this bill mandates that if it is reasonable, the department shall, immediately and in advance of the transfer, coordinate with the child's school to ensure they are able to continue attendance through the end of the school term, if the child's transfer is in the same municipality and connected by the road system. If federal or school district funds are not available to pay for the cost of the child's transportation to this school, the department shall pay for the transportation costs.

This version of HB 27 would amend AS 47.10.093 requiring the department to adopt regulations to allow disclosure of appropriate confidential information to Alaska Native villages or Native organizations if (1) the department has entered into a confidentiality agreement with the Alaska Native village or Native Organization under AS 47.14.100(g); (2) the department finds that disclosing the information is in the best interests of the child; and (3) disclosing the information is necessary to protect the child's safety and to help meet the child's potential for a healthy and successful childhood and adulthood. Additionally, the department would adopt regulations that allow disclosure of confidential information to Alaska Native Villages or Native organizations that assist in evaluating whether a family should be licensed for foster care and considered a placement option. This includes information regarding denials of foster care licenses and department decisions not to place a child with a person who has requested placement.

In this version of HB 27 the department is mandated to continue searching for suitable adoptive or permanent legal guardianship for a child in custody who is under 21 years of age, and adds language so that these statutes apply to a "child or person." Also, HB 27 changes the age and requires consent for a person, age 19 or older, to be released from the department's custody.

This bill expands the department's responsibility from not only providing educational and vocational training, but also assisting the child in obtaining such training. Should there be insufficient appropriations available to meet the purpose of the foster care transition program, the department shall submit a written report to the legislature articulating the department's efforts to use existing funds, and the opportunities and services the department will be unable to provide under the current appropriation level.

The court shall also make findings, if the child remains in out-of-home placements, that the department has made reasonable efforts to find a permanent placement for the child and submits supporting evidence. If the court finds that the department made all reasonable efforts, the court shall order the department to do so unless the current placement is in the best interests of the child. With this addition, this bill also amends Rule 17.2 of CINA court rules.

This version of HB 27 removes the amendment to AS 47.14.100(b) which originally required the department to pay to the child, in addition to the costs of maintenance, the costs associated with placement in dormitories and attending undergraduate in-state full-time college courses, including food, lodging, and other necessities of life. This section was removed, as was any related fiscal responsibility, making this a zero fiscal note.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version:	CSSSHB 27(JUD)
Fiscal Note Number:	2
(H) Publish Date:	3/31/2016

Identifier: HB027SS-DHSS-FP-1-27-16
 Title: DHSS DUTIES;CINA; FOSTER CARE; ADOPTION
 Sponsor: GARA
 Requester: House Rules

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)

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
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

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Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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:

Updated to SLA2016 form; no other changes.

Prepared By: Christy Lawton, Director
 Division: Office of Children's Services
 Approved By: Sana Efird, Asst. Commissioner, Finance and Management Services
 Agency: Health and Social Services

Phone: (907)465-3011
 Date: 01/13/2016 11:00 AM
 Date: 01/27/16

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

Analysis

HB 27 expands the department's duties, imposes additional requirements on the department when making placement decisions, makes changes to statutes governing the confidentiality of departmental records, and changes the procedure for releasing a youth from state custody. It broadens the scope of the department's duties by requiring the department to recruit foster parents and adoptive parents when a shortage of foster parents or adoptive parents exists.

This bill mandates that, as during emergency custody, should a child transfer from one out-of-home placement to another, the Department shall search for an appropriate placement with an adult family member or family friend who meets the foster care licensing requirements. Should the child transfer from one placement to another, this bill mandates that if it is reasonable, the department shall, immediately and in advance of the transfer, coordinate with the child's school to ensure they are able to continue attendance through the end of the school term, if the child's transfer is in the same municipality and connected by the road system. If federal or school district funds are not available to pay for the cost of the child's transportation to this school, the department shall pay for the transportation costs.

HB 27 mandates the department to continue searching for suitable adoptive or permanent legal guardianship for a child in custody who is under 21 years of age, and adds language so that these statutes apply to a "child or person." It also changes the age and requires consent for a person, age 19 or older, to be released from the department's custody.

This bill expands the department's responsibility from not only providing educational and vocational training, but also assisting the child in obtaining such training. Should there be insufficient appropriations available to meet the purpose of the foster care transition program, the department shall submit a written report to the legislature articulating the department's efforts to use existing funds, and the opportunities and services the department will be unable to provide under the current appropriation level.

The court shall also make findings, if the child remains in out-of-home placements, that the department has made reasonable efforts to find a permanent placement for the child and submits supporting evidence. If the court finds that the department made all reasonable efforts, the court shall order the department to do so unless the current placement is in the best interests of the child. With this addition, this bill also amends Rule 17.2 of CINA court rules.

This version of HB 27 amends AS 47.14.100(a) to allow the department, for a child 16 years of age or older, to authorize another transitional living arrangement, including student dormitory residence at a postsecondary educational institution, that adequately meets the child's needs and is designed to assist the child's transition to independent life. This allows dormitories to be recognized as approved placement options and therefore identify internal mechanisms to support payment of the now authorized placement, making this a zero fiscal note.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version:	SCS CSSSHB 27(HSS)
Fiscal Note Number:	3
(S) Publish Date:	4/13/2016

Identifier: HB027SCSCSSS(HSS)-DHSS-FP-4-12-16
 Title: DHSS DUTIES;CINA; FOSTER CARE; ADOPTION
 Sponsor: GARA
 Requester: Senate 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)

	FY2017	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2017 Request	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2017	FY 2017					
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

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Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) 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:

Update fiscal note to reflect provisions contained in SCS CS SS HB027(HSS).

Prepared By:	Christy Lawton, Director	Phone:	(907)465-3011
Division:	Office of Children's Services	Date:	04/11/2016 04:55 PM
Approved By:	Sana Efir, Asst. Commissioner, Finance and Management Services	Date:	04/12/16
Agency:	Health and Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

Analysis

If enacted into law as drafted would materially change or expand the duties of the Department of Health and Social Services and to a lesser extent, the Alaska Court System, in dealing with foster placement of children and permanency planning and placement of children in Child-In-Need-Of-Aid (CINA) proceedings.

The bill directs the department to take a more proactive approach on certain issues, requires sharing of information under certain criteria with Alaska Native villages or organizations and requires the department to take more proactive measures to provide for education and safety measures, including underwriting of costs, associated with temporary placements.

The bill does not specifically address or alter any mission or activity of the Office of Public Advocacy, but, since the Guardian Ad Litem (GAL) program and the Court Appointed Special Advocate (CASA) program are both housed within that agency, it is to be expected that the duties and workloads of the individual staff and volunteers will expand and become more complex in response to the need to ensure that the department complies with the new requirements. The Office of Public Advocacy will absorb the workload with existing staff and submits a zero fiscal note.

Average Caseloads in Alaska OCS Offices

Information provided by the Office of Children's Services
Distributed by the Office of Representative Gara

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

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

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

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.

ALASKA STATE LEGISLATURE



REPRESENTATIVE LES GARA

HB 151 Letters of Support

Organizations

Alaska Children's Trust
Trevor Storrs

Alaska CASA Program
LeeAnn Reicks

Individuals

Barbara Malchik
Ann Turner Olson
Mary Rikken
Frank Kelty (Mayor, Unalaska)
Cindy Mills

Emailed letters of support

Anita Alves (Supervising Attorney/Guardian ad litem)
Ruth Rosewarne Kimerer

Lesa Hollen
Alyse Galvin
Sharon Waisanen
Sarah Ferency
Dael Devenport

Letters are attached to this cover page.



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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





**MAT-SU HEALTH
FOUNDATION**

950 East Bogard Road, Suite 218 • Wasilla, AK 99654
Phone: (907) 352-2863 • Fax (907) 352-2865
www.matsuhealthfoundation.org

March 15, 2018

Representative Les Gara
Alaska State Legislature
120 4th Street
State Capitol Room 511
Juneau, AK. 99801

Dear Representative Gara:

Please accept this letter of support for HB151 from the Mat-Su Health Foundation (MSHF). MSHF is the official business name of Valley Hospital Association, which shares ownership in Mat-Su Regional Medical Center (MSRMC). MSHF invests its share of the profits back into the community through grants and scholarships to improve the health and wellness of Alaskans living in Mat-Su.

In 2013, MSHF, along with community partners, conducted a Mat-Su Community Health Needs Assessment (CHNA). Through data analysis, public polling and 24 community forums, community members identified *the number one community health objective: ensure all children are safe and well-cared for*. In response to this goal, MSHF created a focus area dedicated to building family resilience and preventing child maltreatment, which led to staffing and funding a place-based collective impact project called Raising Our Children with Kindness (R.O.C.K.) Mat-Su.

As a means of creating systems improvements, including the Office of Children's Services (OCS), R.O.C.K. Mat-Su collaborated with the Palmer Superior Court to develop and implement a therapeutic court for families with children three and under facing out-of-home placement. R.O.C.K. Mat-Su staff worked closely with Mat-Su OCS and State level OCS administrators to develop the FIT Court model, which includes a dedicated OCS protective services specialist. R.O.C.K. is also working with the Mat-Su OCS office to increase consistent, frequent visitation between parents and their children in out-of-home placement, which strongly influences the likelihood of reunification for families, and hopes to coordinate with Mat-Su OCS in the future to develop a formal response to reports of alleged maltreatment that are currently screened out rather than being investigated.

MSHF has helped to fund much of the above. At the same time, we've watched the number of Maltreatment Reports to the Mat-Su OCS office increase from 2840 in 2014 to 3528 in 2015 as reported by the AK Indicator Based Information System for Public Health. The Palmer Court Child in Need of Aid cases also increased dramatically from 216 cases in 2014 to 242 in 2015 and 271 in 2016 largely due to the opioid epidemic. The Mat-Su OCS had 653 children in out-of-home care over 30 days during 2016, averaging 20.1 months in out-of-home care.

Through all this work, MSHF and R.O.C.K. Mat-Su staff have become quite familiar with the caseload ratios, training deficits and challenging conditions of the Mat-Su OCS office. We've witnessed attorneys, advocates, and nonprofit staff berate and complain about OCS staff, who are overworked and demoralized, along with the families they serve. We witnessed families parading with signs almost every weekend last summer at the corner of Crusey and the Parks Highway over their frustration with the system. We hear lots of complaining but very little constructive assistance to set OCS and their staff up for success.

HB 151 takes a crucial step in that direction. It seeks to improve both caseload levels and worker retention through new training and workforce standards. The bill also provides for mentors to help caseworkers become more effective and make the transition from training to a full caseload. These evidence-based standards will improve outcomes, enable faster timelines to permanency for the children being served, and allow case workers to perform their duties as intended.

The MSHF, like many of our nonprofit partners, local delegation members, and Mat-Su residents, recognize that Alaska's child welfare system needs reformed and supported to succeed. This legislation takes steps to make real positive changes that support youth and families, as well as the caseworkers who serve them. We fully support this legislation and will be glad to share our data and experiences through public testimony as well. We're grateful for Rep. Gara bringing this forward and for all his advocacy on behalf of the health of Alaska's children and families.

Sincerely,

Chief Executive Officer

"Improving the health and wellness of Alaskans living in the Mat-Su!"



950 E. Bogard Rd., Ste 218 • Wasilla, AK 99654
907-352-2863 • ROCKMatSu@healthymatsu.org
www.ROCKMatSu.org

Thursday, March 15, 2018

Rep. Les Gara
Alaska State Legislature
Capital Building, Rm 515
Juneau, AK 99801

Re: HB 151— Children Deserve a Loving Home Act

Dear Representative Gara:

R.O.C.K. Mat-Su (Raising Our Children With Kindness) is a place-based collective consisting of individuals and organizations that joined together to promote family resilience and reduce child maltreatment in the Matanuska-Susitna Borough. The partners of R.O.C.K. Mat-Su strongly support HB 151 as increasing the training OCS caseworkers receive and reducing the caseloads they carry will better support OCS staff and make them more able to care for Alaska's most vulnerable children.

In the Mat-Su Borough, just as in all of Alaska, the State's Office of Children's Services (OCS) is struggling with an increase in child abuse and neglect cases. In the past five years, the number of OCS cases statewide has increased by 50 percent. The cumulative incidence of a report of maltreatment among children aged 0-7 in the State of Alaska is 31% (longitudinal study, ALCANLink). The Palmer Court has seen the number of Child in Need of Aid (CINA) cases, where children have been removed from their parents, increase dramatically from 216 cases in 2014 to 242 cases in 2015 and 271 cases in 2016.

R.O.C.K. Mat-Su works closely with staff from our local OCS office, and together we have been able to achieve great things for families engaged in the child welfare system in Mat-Su, such as launching the first therapeutic court in Alaska for families with young children in the child welfare system. During our work together we have also seen firsthand how committed to providing meaningful services to families in need OCS staff are. The partners of R.O.C.K. Mat-Su see our support of HB151 as a way to give back to OCS staff who give so much to their work. By reducing caseloads and increasing training for OCS staff we are helping them to achieve the positive outcomes, such as increased contact with family members and decreased length of time in care, that Alaska's children deserve.

Thank you,

Desiré Shepler, MPH
Director
R.O.C.K. Mat-Su

Working collectively towards large-scale systems change, in our lifetime, we will:

Strengthen families so all children are safe, healthy, and thriving



and child abuse and neglect, and reduce Adverse Childhood Experiences.



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

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: marv.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

**FRANK KELTY
PO BOX162
UNALASKA, ALASKA 99685
Phone 907-268-8718
E-Mail fvkelty@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.

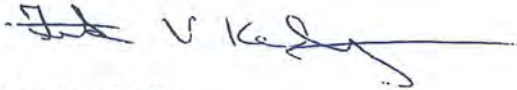
I have known for a few years Rep. Gara, interest foster care situation in Alaska, my interest in this legislation; is based on my own personal history which I will relay some of it today in this letter. I grew up in the Seattle area in the 1950s and 1960's. I was the oldest of three children, both of 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 to 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

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: 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: 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



March 21, 2018

Dear Representative Gara,

I am writing in support of HB 151: Children Deserve a Loving Home Act.

The mission of the All Alaska Pediatric Partnership is to improve the health and wellness of all of Alaska's children by promoting best practices and identifying barriers to our children reaching their optimal health and potential for success in life. We consider the OCS caseworker's high case loads and resulting inability to adequately serve families as a significant barrier to children's optimal health and we strongly support this bill and the activities it includes.

Nearly 3000 Alaskan children are in out-of-home placements, and in some areas of our state, caseworkers are managing more than 30 caseloads, which is more than double according to national recommendations. About 10 percent of these children entering the foster care system are under the age of 6.

We know that the first 3 to 4 years of life is when the brain structures that govern personality traits, learning processes, and self-regulation skills to deal with stress and emotions are established, strengthened, and made permanent. The nerve connections and neurotransmitter networks formed during these critical first years are influenced by negative environmental conditions such as child abuse and neglect, violence within the family, exacerbated by multiple placements.

Most children entering the foster care system, especially those entering so early on, have not experienced a nurturing, stable environment prior to entering the system. The positive experiences created by permanency and a solid relationship with a supportive adult caregiver, are critical in the short- and long-term development of children's brains and their ability to subsequently participate fully in society. Additionally, the premature return of a child to the biological parents and the inability to provide families with the attention they need to remain stable, compliant, and safe, often results in return to foster care or ongoing emotional trauma to the child.

No less important, we must consider that working in such stressful environments and dealing with the difficult situations that are part of a caseworker's day, creates toxic stress for the caseworkers themselves and results in high-turnover rates and further negative outcomes for our children. Reduced case loads and additional training for staff will result in a healthier and more supported workforce leading to more permanency and better outcomes for the children.

Sincerely,

Tamar Ben-Yosef
Executive Director

Jody Simpson

From: Jessica Ullrich <jessica_ruck@hotmail.com>
Sent: Thursday, March 29, 2018 12:03 PM
To: Sen. David Wilson; Sen. Natasha Von Imhof; Senator.Cathy.Giessel@alaska.gov;
Senator.Peter.Micciche@alaska.gov; Senator.Tom.Begich@alaska.gov
Subject: HB 151

Dear Senator Giessel and Health and Social Services Committee,

I am a constituent in District N, I vote in every election, and I pay close attention to what my state representatives are doing in Juneau. I am writing you today regarding HB 151. I am very concerned about the caseloads that Office of Children's Services (OCS) frontline workers are enduring. I worked as a full-time family services worker, in-home services worker, ICWA Specialist and then supervisor for 8.5 years at OCS. I can tell you from experience, that caseloads above 20 is bad, but now with it being above 30- you are going to have unsafe children. This is not okay and it's up to our legislature to do something about it.

A caseload of 20 or more makes it **impossible** to keep up with the requirements of the job. Imagine communicating with 400+ people per month: children/youth, parents, parent attorneys, GALs, CASAs, family members, foster parents, daycare providers, school personnel, service providers, visitation supervisors, judges, etc. and also being responsible for safety assessment homevisits, developing case plans, finding least restrictive placements, making request for funds, writing court reports, attending court hearings, keeping up on ORCA documentation, making referrals, returning phone calls and responding to emergencies. The amount of work is too much. It's unbelievable to me to see that the number of children removed has more than doubled since I worked at OCS. Adherence to the Indian Child Welfare Act must be incredibly difficult with caseloads higher than 30 right now.

High caseloads are directly linked to worker turnover. Children and families suffer from high turnover rates the most. Every time a family gets a new caseworker, it puts the child at risk because it's hard for workers to catch up on the full history of the case when they are receiving multiple cases at one time. It's not fair to children and families to have to start all over again with a new worker. I will never forget working with 3 teen siblings that had been in custody for years, was split apart from each other and had a younger sibling commit suicide while in a separate foster home. These youths had over 10 different OCS workers and had zero trust in anyone. What are we doing to our children in this overloaded system?

New workers are naïve. I remember making dumb mistakes when I was new. I put myself in a very dangerous situation at a homevisit with two parents that were in a violent relationship with each other (the child was in a foster home). One of the parents was shot a couple days later. I didn't have any idea that I should have screened for access to guns in the home. I felt responsible for the victim being shot and I was shaken because I felt like I could have easily been shot at the homevisit when the father started to escalate. New workers should gradually increase caseloads because the learning curve is incredibly steep and legal parties have no tolerance for mistakes (for good reason). Right now, new workers are set up to fail.

Unless you have worked within this system, it is hard for people to fathom the amount of stress and trauma that is experienced in order to keep children safe. I don't know one single OCS frontline worker that has worked 37.5 hours per week and stayed on top of all the things they needed to do. So many workers and supervisors donate their time to OCS in the name of child safety. This also leads to burn out and it was the reason I decided to leave the agency almost 5 years ago. I was taking time off for the first time in 2 years and I still couldn't get away from work. I was called, emailed, and essentially worked from home while I was on leave. I was done.

I am begging you to please do what you can to get HB 151 passed through the legislature. A caseload cap that is actually followed through on is long overdue. As much as I believe we need to do more in terms of prevention, I also know that we need to do everything we can to support the children that are caught in the child protection system at this time. People's lives are literally at stake. HB 151 would drastically improve services to children and families and also improve the working environment at OCS. I support HB 151 and I'm requesting you to do the same.

Thank you very much for reading this long letter,

Jessica Saniguq Ullrich, MSW

Social Welfare Doctoral Candidate

University of Washington

Phone: 907-301-2779

Email: jessica_ruck@hotmail.com

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
Indicates structure change

Department of Health and Social Services

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
TOTAL				4,972.0			31	(29,235.6)			0		
1			Agency Conditional Language House At the discretion of the Commissioner of the Department of Health and Social Services, up to \$25,000,000 may be transferred between all appropriations in the Department of Health and Social Services, except Medicaid Services. Senate At the discretion of the Commissioner of the Department of Health and Social Services, up to \$25,000,000 may be transferred between all appropriations in the Department of Health and Social Services.									House provision allows transfers between all appropriations except Medicaid Services. Senate provision allows transfers between all appropriations.	S
3	Alaska Pioneer Homes	Pioneer Homes	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(818.5)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet.	H
4	Behavioral Health	Alaska Psychiatric Institute	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(631.3)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet.	H
5	Children's Services	Front Line Social Workers	Inc: H HSS 1 - Reallocate Decrement from Adult Public Assistance to the Office of Children's Services	1,681.6	1002	Fed Rcpts	31					The House provision reallocates surplus funding in Public Assistance /Adult Public Assistance to fund additional Front Line Social Worker positions. The \$3,290.4 reduction in the House provision (see item 13) is not subject to conference.	H
				3,290.4	1004	Gen Fund						House adds 31 PFT positions. CC: House minus \$246.1 Federal Receipts (1002) and minus \$864.7 Unrestricted General Funds (1004).	H

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Department of Health and Social Services

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
6	Children's Services	Front Line Social Workers	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(886.2)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet. CC: Senate plus \$586.2.	S
7	Children's Services	Foster Care Special Need	FndChg: S HSS 1 - Replace UGF with Fed Rcpts to reflect savings from separating foster care licensing from residential care					1,727.1	1002	Fed Rcpts		A 2015 DHSS Performance Review recommendation indicated that, to be in line with the national average, Alaska may collect an additional \$4,653.6 of Title IV federal receipts (with a commensurate decrease in UGF). In FY17, \$2.9 million of UGF was replaced with federal receipts. This transaction aligns the budget with the entire recommended amount.	S
								(1,727.1)	1004	Gen Fund		Recommend: If the Senate provision is chosen, move the fund change transaction to the Foster Care Base Rate allocation. CC: Senate minus \$867.1 Fed Rcpts (1002) and plus \$867.1 Unrestricted General Funds (1004) and transfer the funding to Foster Care Base Rate allocation.	S
8	Health Care Services	Medical Assistance Administration	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(227.9)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet.	H
10	Juvenile Justice	McLaughlin Youth Center	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(763.6)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet.	H

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Department of Health and Social Services

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
12	Public Assistance	Alaska Temporary Assistance Program	Dec: S HSS 2 - Remove UGF and seek other sources to meet Maintenance of Effort Requirements					(3,000.0)	1003	G/F Match		The Senate provision removes \$3 million with the intent that other state expenditures be used to meet the state's MOE requirement. The Senate provision in item 14 adds \$200.0 to hire a contractor to identify state programs/ expenditures that can be used to meet the state's MOE requirement.	S
13	Public Assistance	Adult Public Assistance	Dec: H HSS 3 - Reduce/eliminate surplus funding in Public Assistance.					(209.6)	1004	Gen Fund		Caseload projections for Adult Public Assistance (APA) indicated that APA had \$3.5 million of "excess" funding. The House provision decrements \$3,290.4, and the Senate provision decrements an additional \$209.6 UGF (for a total reduction of \$3.5 million).	H
14	Public Assistance	Public Assistance Administration	IncOTI: S HSS 4 - One-time funding to hire a contractor to identify state programs/expenditures that can be used for MOE					200.0	1004	Gen Fund		This increment is intended to fund a contractor to find programs that will allow for reductions in state funding for the Alaska Temporary Assistance Program (ATAP). The Senate provision reduces ATAP by \$3 million in anticipation of the contractor finding savings. (See item 12.)	S
15	Public Assistance	Public Assistance Field Services	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(628.0)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet.	H

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Department of Health and Social Services

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
16	Public Health	Nursing	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(793.0)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet. CC: Senate plus \$708.8.	S
17	Public Health	Nursing	Dec: S HSS 5 - Reduce UGF funding by 5% with the expectation that PH Nursing collaborate with other Health Centers					(104.0) (1,032.8)	1003 1004	G/F Match Gen Fund		CC: Senate plus \$104.0 G/F Match as an IncT for FY18-FY20. CC: Senate plus \$378.9 UGF IncOTI. Senate plus \$378.9 UGF IncT FY18-FY19. Senate plus \$275.0 UGF IncT FY18-FY20. Add the following intent language "It is the intent of the legislature that public health nursing develop a three-year plan to contract with community health centers and/or other health care providers to realize efficiencies while offering similar levels of services. The Department shall present the three-year phased plan to the finance committee co-chairs and the Legislative Finance Division by January 30, 2018.	S S
18	Senior and Disabilities Services	Senior and Disabilities Services Administration	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(304.0)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet.	H
19	Departmental Support Services	Commissioner's Office	Dec: Allocate a portion of the 2.75% reduction of UGF on the DHSS Personal Services line					(471.6)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in this motion sheet. CC: Senate plus \$300.0.	S

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Department of Health and Social Services

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
20	Departmental Support Services	Administrative Support Services	FndChg: S HSS 8 - Replace UGF with I/A Receipts to reflect increased charges for services provided					(577.7)	1004	Gen Fund		The Senate provision will cause 1) a reduction in services provided and/or 2) additional charges levied throughout the agency.	S
								577.7	1007	I/A Rcpts			S
21	Departmental Support Services	Information Technology Services	FndChg: S HSS 9 - Replace UGF with I/A Receipts. Divisions will be charged for services provided					(412.8)	1004	Gen Fund		The Senate provision will cause 1) a reduction in services provided and/or 2) additional charges levied throughout the agency.	S
								412.8	1007	I/A Rcpts			S
25	Medicaid Services	Adult Preventative Dental Medicaid Services	Dec: S HSS 11 - Reduce Adult Preventative Dental Medicaid Services by 10%					(288.3)	1003	G/F Match			H
26	Medicaid Services	Health Care Medicaid Services	Dec: S HSS 12 - Decrement to incorporate FY18 projected savings included in the SB74 fiscal notes					(15,162.9)	1003	G/F Match			S
27	Medicaid Services	Health Care Medicaid Services	Dec: S HSS 15 - Decrement the estimated amount of UGF expended for abortions in FY16					(153.2)	1003	G/F Match			H or S
28	Medicaid Services	Health Care Medicaid Services	Dec: S HSS 16 - Reduce optional prescription drugs					(1,913.0)	1002	Fed Rcpts			H
								(973.5)	1003	G/F Match			H
29	Medicaid Services	Senior and Disabilities Medicaid Services	Dec: S HSS 17 - Decrement to incorporate projected FY18 savings included in the SB74 fiscal notes					(1,898.2)	1003	G/F Match			S

HSS

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
Indicates structure change

Department of Health and Social Services

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
30	Medicaid Services	Senior and Disabilities Medicaid Services	Inc: S HSS 18 - Add funding to increase Day Habilitation services from 8 to 12 hours					1,486.0	1003	G/F Match		<p>To address an anticipated shortfall in FY18, DHSS planned to reduce allowable Day Habilitation hours from 15 hours/week to 8 hours/week. The Senate provision restores funding for 4 hours (to 12 hours/week).</p> <p>CC: Senate and add the following intent language "It is the intent of the legislature that the level of funding for day habilitation services in assisted living homes be sufficient to provide a "soft cap" on recipients of up to 12 hours of services per week."</p>	S

DNR

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
Indicates structure change

Department of Natural Resources

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
TOTAL				(148.0)			1	1,255.4			2		
4	Fire Suppression, Land & Water Resources	Mining, Land & Water	IncT: Federal Receipt authority for the Hunting Guide Concession Program (FY18-FY19)					1,000.0	1002	Fed Rcpts			S

UOA

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
 Indicates structure change

University of Alaska

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
TOTAL				0.0			0	(16,251.7)			0		
3	University of Alaska	Budget Reductions/Additions - Systemwide	Dec: S UOA 1 - 5% UGF Reduction					(16,251.7)	1004	Gen Fund		CC: Senate plus \$8,251.7.	S

LEG

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Legislature

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
TOTAL				(851.8)			0	(1,109.7)			0		
1	Budget and Audit Committee	Legislative Audit	Dec: S LEG 1 - Reduce Legislative Budget and Audit by \$20,000					(20.0)	1004	Gen Fund			S
2	Budget and Audit Committee	Legislative Finance	Dec: S LEG 2 - Reduce the Senate Finance portion of Legislative Finance's budget by \$300,000.					(300.0)	1004	Gen Fund			S
3	Budget and Audit Committee	Committee Expenses	Dec: S LEG 3 - Reduce Committee Expenses by \$300,000.					(300.0)	1004	Gen Fund		CC: Senate and add the following legislative intent language "It is the intent of the legislature that the \$300,000 Unrestricted General Fund reduction be restored in the FY19 budget."	S
4	Legislative Council	Salaries and Allowances	Dec: Reduce Salaries and Allowances by \$851.8 UGF	(851.8)	1004	Gen Fund						This allocation contains per diem for a 90-day session only (per diem beyond the 90-day session is in the "special session/contingency" allocation). The House reduction is based on reducing 90-day House and Senate per diem by 75% of the \$213 daily rate that applied in FY17. Funding for the \$213 rate under "special session/contingency" was not reduced. Items 4 and 5 are mutually exclusive.	S

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Legislature

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
5	Legislative Council	Salaries and Allowances	Dec: Delete House and Senate per diem for 90-day session (move money to new appropriations)					(1,135.8)	1004	Gen Fund		Items 5, 12, 13, 14, 15 and 16 involve structure changes and should be considered together. Senate provisions 5 and 12 remove funding for per diem from the 90-day and special/contingency allocations, respectively, so that per diem funding can be relocated to allocations created in Senate items 13, 14, 15 and 16.	S
6	Legislative Council	Administrative Services	Inc: S LEG 4 - Fund dues for Energy Council					38.4	1004	Gen Fund			S
7	Legislative Council	Council and Subcommittees	Dec: S LEG 5 - Remove funding for the Senate Special Committee on the Arctic					(27.9)	1004	Gen Fund			S
8	Legislative Operating Budget	Legislative Operating Budget	Dec: S LEG 6 - Reduce Senate Operating budget by \$300,000.					(300.0)	1004	Gen Fund			S
9	Legislative Operating Budget	Session Expenses	Dec: S LEG 7 - Reduce Senate Operating session expenses by \$80,000.					(80.0)	1004	Gen Fund			H
10	Legislative Operating Budget	Session Expenses	Inc: S LEG 8 - Increase General Fund Program Receipts in the Legislative Lounge by \$15,000.					15.0	1005	GF/Prgm		CC: Senate minus \$15.0 Gen Fund (1004).	S
11	Legislative Operating Budget	Special Session/Contingency	Dec: S LEG 9 - One Year Reduction to Special Session/Contingency					(576.0)	1004	Gen Fund		Adopting both Senate items 11 and 12 would leave \$122.0 in this allocation.	H

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
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Legislature

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
12	Legislative Operating Budget	Special Session/Contingency	Dec: Delete funding for per diem for a 30-day special session (move to new appropriations for House and Senate)					(378.6)	1004	Gen Fund		Items 5, 12, 13, 14, 15 and 16 involve structure changes and should be considered together. Senate provisions 5 and 12 remove funding for per diem from the 90-day and special/contingency allocations, respectively, so that per diem funding can be relocated to allocations created in Senate items 13, 14, 15 and 16.	S
13	House Session per diem	90-Day Session	Inc: Fund \$275/day per diem					977.6	1004	Gen Fund		Items 5, 12, 13, 14, 15 and 16 involve structure changes and should be considered together. Senate provisions 5 and 12 remove funding for per diem from the 90-day and special/contingency allocations, respectively, so that per diem funding can be relocated to allocations created in Senate items 13, 14, 15 and 16. Senate provisions 13-16 create separate appropriations for House and Senate per diem. Funding in the appropriations is sufficient to pay per diem of \$275 per day for 120 days. The cost of increasing per diem from \$213 to \$275 is \$440.8, bringing total per diem funding in these two appropriations to \$1,955.2.	S
14	House Session per diem	30-Day Extended Session	Inc: Fund \$275/day per diem					325.9	1004	Gen Fund			S
15	Senate Session per diem	90-Day Session	Inc: Fund \$275/day per diem					488.8	1004	Gen Fund			S
16	Senate Session per diem	30-Day Extended Session	Inc: Fund \$275/day per diem					162.9	1004	Gen Fund			S

**Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills**

Indicates language
Indicates structure change

Personal Services Reductions

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
TOTAL				0.0			0	(16,791.2)			0		
1	House None. Senate The following appropriation items are for operating expenditures from the general fund as set out in section 5 of this Act to the agencies named for the purposes expressed for the fiscal year beginning July 1, 2017 and ending June 30, 2018. Each commissioner or commissioner equivalent may transfer the unrestricted general funds appropriated in section 4 between appropriations within the specified department or agency.		Lead-In Language									For items 2 through 15, Commissioners may transfer the following unrestricted general funds between appropriations: 1004-Unrestricted General Funds 1003-General Fund Match and 1037-General Fund/Mental Health. Members may wish to modify the Senate language to mention the fund codes.	H
2	DOA - Centralized Administrative Services	Finance	Dec: Personal Services Reduction					(1,311.8)	1004	Gen Fund			H
3	CED - Executive Administration	Administrative Services	Dec: Personal Services Reduction					(66.3)	1004	Gen Fund			H
4	DOE - Education Support Services	Executive Administration	Dec: Personal Services Reduction					(309.0)	1004	Gen Fund			H
5	DEC - Administration	Office of the Commissioner	Dec: Personal Services Reduction					(158.3)	1004	Gen Fund			H
6	DFG - Statewide Support Services	Administrative Services	Dec: Personal Services Reduction					(436.0)	1004	Gen Fund			H
7	HSS - Alaska Pioneer Homes	Pioneer Homes	Dec: Personal Services Reduction					(5,724.1)	1004	Gen Fund		In addition to a reduction of \$5,724.1 in item 7 of "Personal Services Reductions", the Senate also reduced a total of \$5,724.1 UGF in several items in the HSS motion sheet.	H

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
Indicates structure change

Personal Services Reductions

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
8	DOL - Commissioner and Administrative Services	Commissioner's Office	Dec: Personal Services Reduction					(115.5)	1004	Gen Fund			H
9	LAW - Civil Division	Natural Resources	Dec: Personal Services Reduction					(784.3)	1004	Gen Fund			H
10	MVA - Military and Veterans' Affairs	Office of the Commissioner	Dec: Personal Services Reduction					(96.1)	1004	Gen Fund			H
11	DNR - Administration & Support Services	Commissioner's Office	Dec: Personal Services Reduction					(337.3)	1004	Gen Fund			H
12	DOR - Taxation and Treasury	Tax Division	Dec: Personal Services Reduction					(506.0)	1004	Gen Fund			H
13	DOT - Marine Highway System	Marine Vessel Operations	Dec: Personal Services Reduction					(689.6)	1004	Gen Fund			H
14	UOA - University of Alaska	Budget Reductions/Additions - Systemwide	Dec: Personal Services Reduction					(5,742.4)	1004	Gen Fund			H
15	LEG - Legislative Operating Budget	Legislative Operating Budget	Dec: Personal Services Reduction					(514.5)	1004	Gen Fund			H

SUPP

Conference Committee Motion Sheet
FY18 Operating and Mental Health Bills

Indicates language
Indicates structure change

Supplemental Items

H or S

Number	Appropriation	Allocation	Description	House Change	Fund Code	Fund Source	Position Change	Senate Change	Fund Code	Fund Source	Position Change	Notes	Version Adopted
TOTAL				32,590.0			0	30,000.0			0		
4	Designated Reserves/Endowments	Public Education Fund (AS. 14.17.300) (xfer)	Reappropriate the unexpended & unobligated balance (estimated to be \$2,590.0) from the AEA Susitna-Watana hydroelectric projects to the Public Education Fund (FY17)	2,590.0	1004	Gen Fund							S

March 15, 2018

Senator Wilson
State Capitol Room 115
Juneau, AK 99801
Senator.David.Wilson@akleg.gov

RE: HB 151 – Children Deserve a Loving Home Act

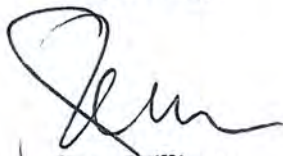
Dear Senator Wilson:

The Alaska Mental Health Trust Authority fully supports HB 151.

The Trust recognizes the capacity issues inherent in Alaska's child welfare system in its current form and supports the training and workforce standards presented in HB 151. To achieve better outcomes for children and families involved with the Office of Children's services (OCS), there must be reasonable caseload requirements. Reasonable caseloads are critical given the complexity of needs for both the child and their family involved with OCS. House Bill 151 would take Alaska in a positive step in that direction. Furthermore, ensuring new case workers have sufficient training and support as they begin their practice will better support children and families towards the ultimate goal of permanence.

This enhanced and expedited level of support for children and families would have the cumulative effect of reducing stress and mental health burden experienced by all parties involved, including case workers. Ultimately, the Trust advocates for policies and strategies that reduce the number of children requiring out-of-home placement, but in the interim HB 151 improves the existing system and better supports beneficiaries and their families.

Respectfully,



Steve Williams
Chief Operating Officer

Cc: Senator Micciche
Senator von Imhof
Senator Giessel
Senator Begich
Representative Gara



ALASKA MENTAL HEALTH BOARD
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
431 North Franklin Street
Juneau, Alaska 99801
907-465-8920

March 15, 2018

The Honorable Representative Les Gara
State Capitol Room 511
Juneau, AK 99801

Re: HB 151 Foster Care; Child Protection

Dear Representative Gara,

The Advisory Board on Alcoholism and Drug Abuse (ABADA) and Alaska Mental Health Board (AMHB) are the state agencies charged with planning, coordinating, and advising on behavioral health services funded by the State of Alaska. The joint mission of ABADA/AMHB is to advocate for programs and services that serve people with behavioral health disorders, their families, care providers, and communities.

The Boards offer their full support for House Bill 151, a bill that will address caseload levels and worker retention. The Office of Children's Services (OCS) reports a high vacancy rate of 49% in FY 17, resulting in caseloads that are significantly higher than the national average of 12 cases per case-carrying worker. For example, Anchorage caseworkers carry 28 cases and King Salmon staff carry 27 cases. Families and foster parents who struggle to maintain stability and safety for children involved with the state system are dependent on timely and professional attention from state OCS workers. This bill meets a critical need for Alaskan families.

Thank you for your ongoing advocacy for improving the lives of foster children in Alaska. We appreciate your support in continuing to improve systems that support Alaska's children and families.

Sincerely,

Alison L. Kulas MSPH
Executive Director

Alaska Regional Coalition

Representing 100 Communities

SENT VIA ELECTRONIC MAIL

March 13, 2018

RE: Support for HB 151, the Children Deserve a Loving Home Act

Dear Legislators:

The Alaska Regional Coalition respectfully submits its support for House Bill 151, the Children Deserve a Loving Home Act. The Alaska Regional Coalition is a consortium of four regional Alaska Native tribal nonprofit organizations and one regional tribe, together serving 75,000 Alaskans from Kotzebue to Ketchikan. Children are our most treasured resource, and we share a sacred obligation to ensure that they are provided every opportunity to reach their full potential and to be contributing members of our society. All children have the right to grow up in safe, loving environment.

Each year, thousands of children and families go through the Alaska child welfare system managed by the Office of Children's Services ("OCS"). Alaska Native children are disproportionately represented in the system. While Alaska Native children make up only 18.9 percent of Alaskan children, 55% of children in out of home care are Alaska Native.¹ Alaska Native children remain in foster care for longer periods of time than non-Native children and their reunification rates are lower.

OCS worker vacancy and turnover is 35%, with most new workers staying on the job for just 18 months.² With the high turnover rate, caseloads are double the national guidelines.³ With high caseloads due to high turnover, workers are unable to perform their jobs. They are severely limited in their ability to hold monthly caseworker visits, do case planning, and complete the work needed to achieve permanency through unification.⁴ In these circumstances, it is our children that suffer most, and in that our future as a state.

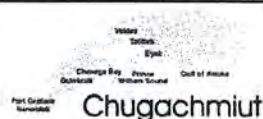
OCS is working toward getting on a path that meets the needs of our children and families, for which we are grateful. Passage of HB 151 will provide much-needed tools for OCS to provide adequate services to

¹ U.S. Department of Health and Human Services, Children's Bureau, Child and Family Services Review: 2017 Statewide Assessment (2017).

² *Id.* at 2.

³ *Id.*

⁴ *Id.* at 3.

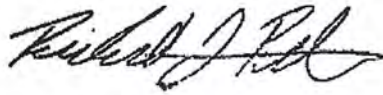


Alaska Regional Coalition

Representing 100 Communities

Alaska's children. More broadly, passage of this bill will help our state government perform its constitutional duty to promote the public welfare.

Sincerely,



Central Council of the Tlingit Haida
Indian Tribes of Alaska



Kawerak, Inc.



Chugachmiut



Tanana Chiefs Conference



Maniilaq Association



Tanana
Chiefs
Conference





February 16, 2018

To Whom It May Concern,

On behalf of Access Alaska I am writing in support of HB 151: Children Deserve a Loving Home Act. This Act provides an opportunity for children and families to heal from trauma, abuse and neglect. Children are being removed from their home at an alarming rate. The downturn in the economy, untreated mental health conditions and substance abuse has all contributed to the very high removal of children.

High caseloads for the Office of Children's Service's (OCS) caseworkers do not allow for appropriate intervention and support for children and families. Removing a child from the home is another trauma on a long string of traumatic events. Once a child is removed it is critical that the system move quickly to support the family in their ability to care for their children and have them returned as soon as possible. When this is not possible children need to find an alternate (foster) loving home in which to live, heal and develop a sense of well-being.

In the current OCS system this is not possible. Caseloads are far too high for case workers to be effective in making qualified decisions for child removal, supporting families to build their capacity to have children returned or to seek permanent alternative placements for children. Reducing caseloads and providing additional training for caseworkers as outlined in HB 151 is a step in the right direction.

As a Center for Independent Living working with people with disabilities, we understand that many of the people we serve are at risk of having children removed unnecessarily. People with disabilities across the spectrum have been unfairly assessed for being unable to care for their children. Access Alaska has intervened in several of these cases in Alaska and has been successful in ensuring that these families stay intact. The need for support, disability, poverty, etc. should not be grounds for child removal. It is an overtaxed system with inadequately trained caseworkers that contribute to this occurrence.

Alternately, children with disabilities are at greater risk of child abuse and neglect. They are also more vulnerable to lasting harm. In these cases, it is critical that the system is swift, deliberate and effective in finding permanent loving homes and families.

Please support the passing of HB 151 and protect Alaska's children and families. Let me know if you should have any questions regarding our position on this matter.

Sincerely,

Douglas White, LCSW
Executive Director

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www.accessalaska.org
info@accessalaska.org
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April 11th, 2016

RE: House Bill 151 Children Deserve a Loving Home Act

Representative Les Gara,

On behalf of Facing Foster Care in Alaska (FFCA) we would like to extend our support for House Bill 151, the "Children Deserve a Loving Home Act." As current and former foster youth, we know all too well the challenges faced by children and families engaged with Alaska's child welfare system. With record numbers of children and youth in foster care, Alaska is in dire need of the improvements outlined in HB 151.

This bill offers solutions to insure relative search/placement, sibling contact, normalcy and the prudent parent standard, and training and workload standards for child welfare staff, to help reduce caseloads, ultimately leading to the safe reduction of children in the foster care system.

Placement with Relatives & Friends

Identifying relatives promotes kinship placements for children and can help to maintain connections to family and avoid stranger foster care. HB 151 adds that an OCS supervisor must certify that a search for relatives of children placed in foster care has been conducted. This bill also requires that potential relative placements receive an answer when applying for a foster care license within 45 days.

Sibling Contact

Our youth often report that sibling connections are some of the most important relationships in their lives. Youth separated from their siblings can experience even more severe impacts of trauma and lose connections critical to their livelihood. HB 151 allows children separated from their siblings by the foster care system to maintain contact. It promotes that caregivers help to support sibling relationships, and requires OCS provide contact information for brothers and sisters to maintain connections.

Normalcy

Youth engaged in their communities have more connections to caring adults (teachers, coaches, mentors, the parent of a friend), strong connections to their peers, and opportunities grow and develop through age appropriate activities. HB 151 promotes the, "Reasonable and Prudent Parent Standard," allowing foster parents to make decisions about participation in extracurricular activities, travel, field trips, overnight activities, and cultural, and social activities.

Case Planning & Older Youth

"It's better to plan for the battle, than battle the plan," ~Abraham Lincoln. Youth engaged in their case plan are more likely to have positive relationships with their case workers, team members, and actively participate in permanency planning. HB 151 allows youth ages 14 and older, to participate in meetings to develop a case plan and decide on a permanency goal. It adds that youth are allowed to identify two adults (other than foster parents) to attend meetings, and act as advocates.



Documents

Everyone needs proof of who they and where they come from as adults to get a job, go to the doctor, file for their PFD, and get a driver's license. and HB 151 requires OCS provide or get help obtaining birth certificate, social security card, health insurance information, medical records, driver's license or ID card, and Certificate of Degree of Indian/Alaska Native Blood for youth released from foster care at ages 16 or later.

Training & Workload Standards

Fully trained caseworkers who have the time and support to do their jobs allows for meaningful engagement with families to make better decisions about the removal, placement, and long term permanency of children. HB 151 requires OCS to provide a "Gold Standard," training and lower caseloads for newer workers. It also requires that OCS submit a written report to the legislature if the department is having trouble hiring and retaining front line staff.

All of the provisions outlined in this bill offer drastic improvements to the lives of more than 3,000 children in foster care in Alaska. As Alaska's only statewide organization of current and former foster youth, we are in full support of House Bill 151.

Regards,

Amanda Metivier

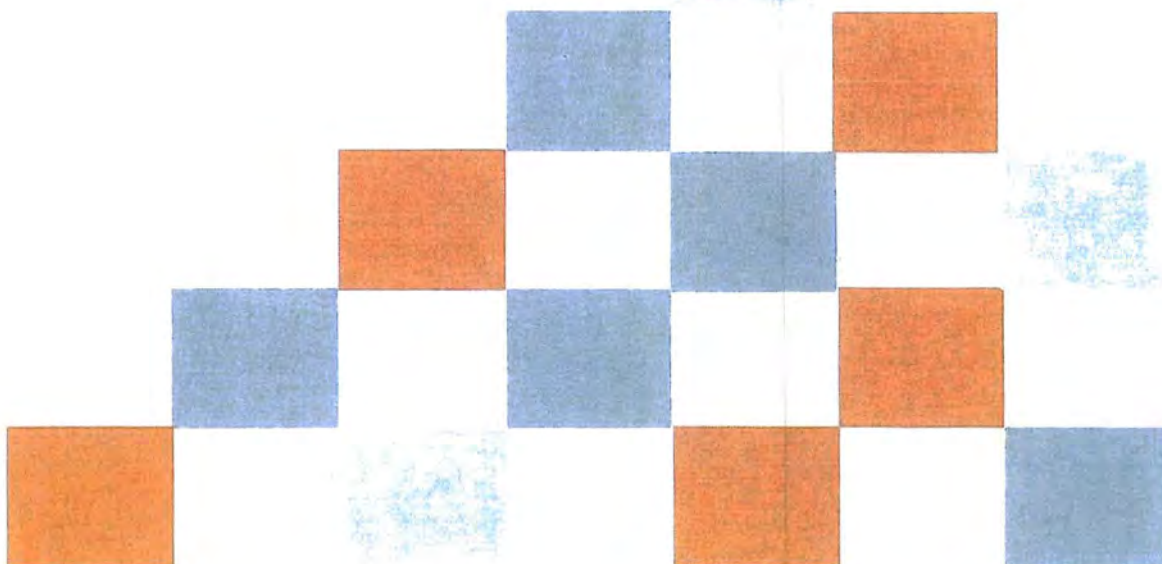
Amanda Metivier
Facing Foster Care in Alaska

	Average Caseload Per Worker	Average Caseload Per Worker
	FY2017	FY2018
Anchorage Region	30	28
Anchorage		
Northern Region		
Barrow	32	32
Delta	15	14
Fairbanks	23	21
Interior Rural	18	24
Kotzebue	21	28
McGrath	30	6
South Central Region		
*Wasilla	43	17
Dillingham	22	12
Kodiak	22	23
Homer	36	20
Seward	16	0 (cases covered by Kenai)
Gakona	7	7
*Kenai	16	19
Valdez	5	4
King Salmon	22	27
Western Region		
Aniak	16	10
St. Mary's	20	10
Bethel	30	18
Southeast Region		
Craig	17	0 (cases covered by Ketchikan workers)
Ketchikan	17	16
Sitka	10	17
Juneau	16	23
Petersburg	26	20

*Note: Wasilla reports come March with new staffing on board their average caseload will drop to 14 in Wasilla and 11 in Kenai

SCIENCE TO POLICY AND PRACTICE

**Applying the
Science of Child Development
in Child Welfare Systems**



Center on the Developing Child  HARVARD UNIVERSITY

Full study can be provided. Contact Rep. Gara's office.

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 early 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.

News » Arkansas Reporter

High caseloads hinder face-to-face visits with foster kids

by Benjamin Hardy

Arkansas Nonprofit News Network

December 06, 2017

3 comments



DCFS DIRECTOR: Mischa Martin (file photo).

BRIAN CHILSON

Despite recent improvements in Arkansas's overloaded foster care system, the state Department of Human Services' Division of Children and Family Services is struggling to reduce the average caseload of its field staff, DCFS monthly data indicates.

One consequence of high caseloads is that some foster children have little direct contact with the child welfare agency ultimately responsible for their care. In the 2017 fiscal year, 28 percent of foster children did not receive a face-to-face monthly visit from their family service caseworker.

Also, 13 percent of foster children received no monthly face-to-face contact from any DCFS staff, regardless of their position or the purpose of the visit. That's an increase since 2014, when the figure was 4 percent. Over that same period, the number of children in the foster system swelled from about 4,100 to about 5,100.

On Wednesday, the face-to-face visit metrics became the focus of questions from state lawmakers after DCFS Director Mischa Martin presented the agency's 2017 annual report to the legislature's Joint Committee on Aging, Children and Youth.

"If someone is missed in one month, are they put in the front of the line for the next month — so that maybe in a two-month period, everyone gets visited?" Rep. Carlton Wing (R-North Little Rock) asked Martin.

"I wish I could say, 'Absolutely, yes,' but [when] we started pulling data back in the spring ... we saw kids on the list who hadn't been looked at in 60 or 90 days," she replied. The DCFS now requires local offices to prioritize those cases, Martin said: "If you didn't see them this month, you have to make it a priority to see them [next month]."

Martin took over the DCFS last year, at a time when the state foster care population was reaching record levels. Since then, she has attempted to implement a number of reforms aimed at improving placement options and retaining staff.

Sen. Stephanie Flowers (D-Pine Bluff), who co-chairs the Children and Youth committee, asked whether the DCFS was running afoul of state law by failing to visit each foster child every month. "This policy, the face-to-face visits monthly — is that in our code?" she asked.

Martin said it was not a statutory requirement, but that federal funds were tied to compliance. "And it is also good practice to see that child, to establish that relationship, to know what's going on" Research shows that children who are visited monthly by caseworkers return to their biological family or get adopted more quickly, Martin said.

Over the past five years, the number of Arkansas children in foster care has increased by over 38 percent, placing greater strain on the system and its staff. There is disagreement about the cause: A report last year by an independent consultant hired by the DCFS pointed to "questionable removals" of children from their families by overzealous caseworkers and the court system, but the DCFS disputed many of its findings.

Even before the uptick in recent years, some young clients rarely saw their caseworkers.

Shannon Boney, 23, who was a foster child from age 4 to 19, told the Arkansas Nonprofit News Network that it was "very common" to not receive a visit from her caseworker for over a month. "Or, we'd see a secondary caseworker who doesn't know anything about us," she said.

Boney, who now lives in Sherwood, said she was placed in foster homes and residential facilities from Monticello to Springdale. She recalled some caseworkers who were apathetic — even hostile — and others who went above and beyond.

“Sometimes they don’t even come out to foster homes. I had some pretty bad foster homes, and I’d call and call. They’d only come out when the parents actually call and set it up — when they’re waiting for [the DCFS] to come and take the child out of the home,” Boney said.

But, she added, “Three particular caseworkers I had were very good.” She remembers each one of those three workers by name. “They made sure I had what I needed. They made sure they kept in contact with my foster mom, with me, with the school You know, they just made sure I was A-OK, and I wasn’t going through anything I didn’t need to be going through.”

Even as a child, Boney noticed how overworked her caseworkers were, in part because she sometimes experienced the consequences. “I would get passed off to another caseworker because my old caseworker had such a big caseload,” she said.

A year ago, in December, the average family service caseload was 30; under Martin, the DCFS set a goal of reducing it to 20. (The national standard is 15.) The DCFS made progress on caseload reduction throughout most of 2017, and by the time the division released a progress report in September, the average had dipped down to 22.5.

However, Martin told the committee Wednesday that the caseload average has rebounded the past three months, to 26.

“When school started back, we started breaking records with the number of calls that we’re getting at the [child maltreatment] hotline, which upticked our caseload,” she said.

After the meeting, Martin explained that teachers and other school staff are “mandated reporters,” meaning they are required to call the hotline if they suspect an instance of neglect or abuse. Such reporting includes categories such as “environmental neglect,” meaning an unsafe or unhealthy living situation, or “educational neglect” if a parent fails to send a child to school or to provide home schooling.

“I can’t prove it, but there was new legislation related to posting the child abuse hotline number in the schools ... which could have also increased the number of reports that we’re getting,” she added.

During the meeting, Rep. Danny Watson (R-Hope) asked whether the DCFS was “adequately staffed.”

In 2017, the legislature, at the urging of Governor Hutchinson, gave the agency a funding increase. The extra money allowed the DCFS to hire additional caseworkers and implement a new state employee pay plan, effective July 1, which boosted the starting salary for family service workers from \$30,713 to \$36,155 and the starting salary for their supervisors from \$37,332 to \$45,010.

The higher pay scale was intended to address the DCFS’ dismal employee retention numbers. According to the agency’s progress report published in September, “most Division service areas in the state faced a 32 percent turnover rate among Family Service Workers” as of late 2016.

Martin said the DCFS was also improving its worker training and implementing a new “graduated”

caseload system to avoid new hires being overwhelmed by an enormous number of cases or grueling tasks such as being on-call after hours.

“We’re really trying to walk workers through the training in an appropriate timeframe, as well as not overload them with cases,” she said.

But, Martin also noted, “I think realistically you always have to remember that this work is very hard, and that it is difficult to go into homes, to remove children, to work with families, repeatedly, even when you’re trying your best. It’s a tough job for our caseworkers, and so we’ll probably always have higher [turnover] than some other professions.”

Other numbers in the DCFS annual report illustrate clear progress on stated reform goals. The percentage of children placed with relatives — rather than with a family in the broader foster care system — increased to almost 30 percent, up from half that number two years ago. The ratio of foster home beds to foster children has increased from a year ago, from 0.7 to 0.8. And the number of overdue child maltreatment investigations has plummeted, from 1,627 last December to just 67 this month.

This reporting is courtesy of the Arkansas Nonprofit News Network, an independent, nonpartisan news project dedicated to producing journalism that matters to Arkansans. Find out more at arknews.org.

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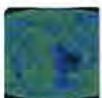
12/09/2017 AT 2:25 AM

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LIKES DISLIKES

Thank you for keeping the public updated about the Foster Care Kids. You have done very good reporting on this over the years. It seems to be a never ending sad story.

REPORT

LIKE DISLIKE



DIOGENES

12/09/2017 AT 6:13 AM

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LIKES DISLIKES

We have the system the Gov and Legislature pay for. The First Lady has a genuine understanding of the issues, and needs to weigh in.

REPORT

LIKE DISLIKE



PATRICIA HUTCHINS

12/11/2017 AT 12:40 PM

2 **0**
LIKES DISLIKES

I am genuinely glad it is getting better. Kudos to the reporting you have done on the foster system. Focusing a light on the issues has led to them getting better funding and leadership in my opinion.

REPORT

 LIKE  DISLIKE

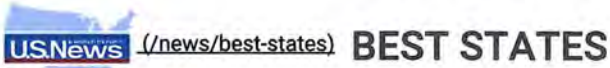
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High Turnover, Caseloads in Louisiana Foster Care Program

A new audit finds Louisiana's social services agency has been so short-staffed amid repeated budget cuts that it didn't ensure the safety of its foster children.

Aug. 14, 2017, at 6:00 p.m.



AP

By MELINDA DESLATTE, Associated Press

BATON ROUGE, La. (AP) — [Louisiana \(/news/best-states/louisiana\)](#)'s social services agency was so understaffed amid repeated budget cuts that it short-changed its foster children, skipping some background checks on foster parents and placing children with people accused of abuse, according to an audit released Monday.

Legislative Auditor Daryl Purpera's office reviewed the Department of Children and Family Services' handling of the foster care program during former Gov. Bobby Jindal's administration, saying that high caseloads, hefty employee turnover and ineffective computer systems damaged the agency's oversight of children placed in its care.

"These challenges may impact (the agency's) ability to ensure the safety and well-being of children in foster care in Louisiana," the report says.

Auditors reviewed the program from Jan. 1, 2012, through Jan. 1, 2016, finding that although the number of children in foster care increased by nearly 4 percent over the period, field staff for the program dropped by more than 3 percent.

By 2016, caseworkers carried an average of 16 cases, higher than the 10-case maximum established in agency policy, the audit says. More than 4,400 children were in the foster care program on Jan. 1 of that year.

Auditors found that 29 percent of those who took in children because they were family members or someone known by the foster child didn't receive background checks. A handful of providers were allowed to care for children though they had prior "valid cases of abuse and neglect," the audit says. Also, the department didn't make sure foster children were getting the medical and behavioral health treatments they needed.

The Department of Children and Family Services — which oversees child welfare, food stamps, the welfare program and child support enforcement — had a more than \$1.2 billion budget with 5,200 jobs when Jindal took office. By the end of his tenure, spending was down to nearly half, and the department had fewer than 3,500 employees.

Marketa Garner Walters took over as agency secretary in January 2016, appointed by Gov. John Bel Edwards. She wasn't surprised by the audit, which came after an Edwards transition committee determined the department couldn't properly manage its child welfare mission.

"We knew that coming in we had inherited a mess," she said.

Since then, the department's budget has edged up. Walters said she's reorganized, shuffled foster care caseworkers to address shortage areas and bolstered employee coaching. She enacted a policy that no child will be placed with someone with a prior case of abuse or neglect.

"We have cleaned up so much. We are not where we want to be by any stretch of the imagination, but in 18 months we're in a world of difference," Walters said.

Walters said the department also has changed its approach to foster parenting, beefing up education and seeking to build more community support from church organizations, nonprofits and businesses.

"The kids we get are hard, and they come with lots of trauma. So, we're giving the parents trauma training," Walters said. "We're being more candid and upfront."

Still, the agency has trouble, according to the audit, retaining enough foster care providers — paying foster parents less than the estimated cost to care for children. The average payment rate of \$15.20 per day hasn't been increased since 2007, and no rate hike is on the horizon amid continued state budget gaps.

Follow Melinda Deslatte on Twitter at <http://twitter.com/melindadeslatte>

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THE FOSTER CARE SYSTEM IN INDIANA IS IN CRISIS.

Jessie Higgins (/staff/10051944/jessie-higgins), Courier & Press

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Email Comment

The foster care system in Indiana is in crisis.

There are not enough foster families to care for the growing number of children in state custody.

It's to the point the Indiana Department of Child Services is placing children in homes in different counties – sometimes hours away from their hometown. Siblings are scattered. Some children are left with their parents, long after they lose custody.

"I've had (a DCS worker) tell me, 'If you can't find a place, this kid is going to be staying the night in the office,'" said Nicole Schultz, the director of admissions for The Villages Foster Care of Southern Indiana (<https://www.villages.org/>). "That's how severe the situation is now."

In Vanderburgh County in May, there were 857 children in DCS custody. There were 150

foster homes.

"We are in a crisis as a state right now," Schultz said. "We need foster families, and as soon as possible."

[Evansville couples respond to the \(https://www.courierpress.com/story/news/2017/10/21/evansville-couples-respond-foster-care-crisis-evansville-couples-respond-desperate-need-foster-paren/776308001/\)](https://www.courierpress.com/story/news/2017/10/21/evansville-couples-respond-foster-care-crisis-evansville-couples-respond-desperate-need-foster-paren/776308001/)

The Villages is a private foster care company that used to take kids that standard foster homes would not – kids with behavior problems, teenager or large groups of siblings.

"That has totally changed now," Schultz said. "Now, we take anyone. We have to. I got 50 referrals so far in June. Of those, I was able to place three."

The cause of the sudden crisis is no mystery, state officials say.

It's the opioid epidemic.

"For some places, it is prescription pills, some places it is heroin," said James Wide, a spokesman for DCS (<http://www.in.gov/dcs/2982.htm>). "The common thread is, these drugs comatose the users so they're not thinking about their children."

The foster home shortage became critical about three years ago as opioid abuse in Indiana reached epidemic levels.

The number of children with addicted parents entering foster care skyrocketed. At the same time, kids were remaining in care longer.

It can take parents with opiate addictions a long time to regain custody. They have to get clean first. Recovery takes time – and is often peppered with relapses, Wide said.

Judges hesitate to grant parents' custody until they show uninterrupted periods of sobriety, Wide said.

The result is an overcrowded foster care system that can further traumatize children.

"It's already traumatic for the kids if we're involved," Wide said. "We don't want to make it worse."

The state would prefer that children be placed close to home. That way they remain in their schools and around other community supports.

It's not always possible, Wide said.

"Right now, say, we'll get a kid from Evansville, and the next closest place is in rural Pike County," Wide said.



Ashley McReynolds and her husband Kyler McReynolds take care of their new foster baby at their home in Newburgh, Ind., on Friday, June 16, 2017. The couple received a call asking if they would be willing to care for the baby on June 1, the day before their ten year wedding anniversary, while they were on vacation in New York City.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)

Because there are so few places, many kids are placed temporarily in a foster home, only to be quickly moved a few months – or even days – later.

"A family may have an opening for just a few days," Schultz said. "So we put them there, then figure out what to do next."

The frequent movement between homes can be traumatic for children.

"Kids need stability," said Ashley McReynolds, a local foster parent.

McReynolds experienced this firsthand when she became a foster parent. Her foster daughter, Lily, moved between families several times before arriving at the McReynolds home.

It took a toll on the child, then 7.

Lily hid in closets whenever a DCS caseworker came to their house, afraid she would be taken away. And when the family moved a year ago, Lily was sure she would be left behind.

It was a difficult time for the new family.

"She's been through more than she should have," McReynolds said. She squeezed her hands together in her lap, and took a deep breath. "But, she's ours now. She's OK now."

McReynolds and her husband adopted Lily about a year ago.

It was the best – and easiest – decision they've ever made, she said.

"She is the coolest kid," McReynolds said, beaming. "She has a bucket list of things she wants to do that she made all herself. She really is a hoot."

McReynolds and her husband recently signed up to foster another child, and were quickly given a newborn.

"I got a phone call on Thursday, while we were on vacation in New York City," McReynolds said. "And they said, 'Do you want a newborn?'"

She laughed. Sitting in her Newburgh living room one day last week, she was surrounded by baby clothes, toys and bottles.

"We picked him up on Saturday from the NICU," she said.



Lily McReynolds (left), 9, kisses the new foster baby living in her home as her adopted mother holds him in Newburgh, Ind., on Friday, June 16, 2017. Lily has been living with the McReynolds for over three years.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS,

Sam Owens)



The newborn, who McReynolds lovingly refers to as Baby-T, has an uncertain future. His biological mother and father are both working to regain custody, visiting the child multiple times a week.

McReynolds would love to adopt the boy. But she also hopes his mother is able to get him back.

"To be a foster parent, you have to have a willingness to be flexible," McReynolds said. "You never know what is going to happen. It takes a lot of openness. You have to love them, and at the same time take care of yourself."

Fostering is one of the best thing she has ever done, she said.

Right now, the state needs more people like the McReynolds to foster children.

"We're burning the candle at both ends," Schultz said. "We have to deal with this crisis right now."

She paused a moment.

"We all see that things are still getting worse," Schultz said. "We need to be talking about these issues as a society. Because putting kids in foster care is just a Band-Aid. As a community, we need to work on the bigger issues that are causing this problem."

Ashley McReynolds rubs her adopted daughter Lily McReynold's back as her husband Tyler McReynolds holds their new foster baby at their home in Newburgh, Ind., on Friday, June 16, 2017. The couple received a call asking if they would be willing to care for the baby on June 1, the day before their ten year wedding anniversary, while they were on vacation in New York City.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)



Lily McReynolds (left), 9, holds the new foster baby living at her home in Newburgh, Ind., on Friday, June 16, 2017. The two-week-old boy joined the family at the beginning of June.

(Photo: SAM OWENS / EVANSVILLE COURIER & PRESS, Sam Owens)

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Opioid crisis strains Indiana foster care system

December 12, 2017

By **MATT SEDENSKY and MEGHAN HOYER**

Associated Press

INDIANAPOLIS — The case arrives with all the routine of a traffic citation: A baby boy, just 4 days old and exposed to heroin in his mother's womb, is shuddering through withdrawal in intensive care, his fate now here in a shabby courthouse that hosts a parade of human misery.

The parents nod off as Judge Marilyn Moores explains the legal process, and tests arrive back showing both continue to use heroin. The judge briefly chastises, a grandmother sobs, and by the time the hearing is over, yet another child is left in the arms of strangers because of his parents' addiction.

There is little surprise in any of this, for it's become a persistent presence at Indianapolis' juvenile court. A Monday with a heroin-dependent newborn spills into a Tuesday in which a trembling mother admits breaking her 70-day clean streak with a four-day bender. A Wednesday with two children found in a car beside a mother passed out on pills fades into a Thursday with a teen who found both his mother and grandmother overdosed on heroin.

Across the U.S., soaring use of opioids has forced tens of thousands of children from their homes, creating a generation of kids abandoned by addicted parents, orphaned because of fatal overdoses or torn from fractured families by authorities fearful of leaving them in drug-addled chaos.

"This isn't a trickle. This isn't a wave. It's a tsunami," Moores said of a child welfare system grappling with an unprecedented crush of parental drug cases.

From her first full year on the bench in 2006 through last year, the number of filings for children in need of services more than tripled to 4,649 in Marion County, driven largely by cases involving opioids — a glimpse of a problem that has swept across communities of all sizes.

Behind each of those cases is a child subjected to the realities of life amid addiction — of barren fridges, unwelcome visitors and parents who couldn't be roused awake. Moores is still haunted by the story of a 2-year-old found alone at home with his father's corpse, a needle still poking from his arm. A neighbor was drawn in by the boy's relentless wails.

By Friday, the largest pile of cases on Moores' desk has reached a towering two feet, and she has plodded on in bureaucratic fights to get more judges, more court reporters and more mediators to deal with work in which the despair dwarfs the fleeting moments of hope.

"It seems like there's a whole generation of people disappearing," Moores said.

In Miami, a 10-year-old boy died after stray powder from the painkiller fentanyl found its way to his skin. In Philadelphia, a library once known for its after-school programs is now such a magnet for heroin users that the staff practices overdose drills. From New York to Kentucky, schools stock the overdose antidote naloxone in the nurse's office.

As opioids have thrived, children have suffered. And families are being torn apart, again and again.

New foster care cases involving parents who are using drugs have hit the highest point in more than three decades of record-keeping, accounting for 92,000 children entering the system in 2016, according to just-released data by the U.S. Department of Health and Human Services.

The crisis is so severe — with a 32 percent spike in drug-related cases from 2012 to 2016 — it reversed a trend that had the foster care system shrinking in size over the preceding decade. All told, about 274,000 children entered foster care in the U.S. last year. A total of 437,000 children were in the system as of Sept. 30, 2016.

Though substance abuse has long been an issue for child welfare officials, this is the most prolific wave of children affected by addiction since crack cocaine use surged in the 1980s, and experts said opioid-use is driving the increase.

Among the states with the biggest one-year increases in their foster care population were Georgia, West Virginia and Indiana.

"It's been an overburdening of our system," said Cindy Booth, executive director of Child Advocates of Marion County, which represents kids at the center of drug cases.

The Associated Press delved further into the troubling numbers, examining county-level foster care statistics obtained from the National Data Archive on Child Abuse and Neglect through the end of 2015. The analysis showed counties with higher levels of opioid prescribing and opioid deaths also had higher shares of foster cases linked to drugs. Last year's county-level statistics are not yet available.

The data show that foster children of drug users are on average about three years younger than others in the system. Indeed, a wave of babies born to opioid-using mothers has led hospitals to add detox programs for pregnant women and save umbilical cords in case they need to pinpoint what drug an infant was exposed to. Volunteers are enlisted to cuddle heroin-dependent babies — often born premature and underweight with a distinctive high-pitched cry and tremors in their arms and legs.

In Indiana, drug-related foster cases shot up more than sixfold between 2000 and 2015. Vanderburgh County, with a population of 179,000, had more children of drug users enter foster care than major cities including Seattle, Miami and Las Vegas. And here in Marion County, cases involving drugs went from about 20 percent of foster children in 2010 to 50 percent five years later.

Stephanie Shene, who started in 2003 as a case manager at the state Department of Child Services, recalled how use of heroin and other opioids went from a virtual non-issue to a constant part of her day. She and her colleagues became increasingly vigilant looking for shaking, fidgety parents or needle marks on their arms, behind ears and between fingers.

Her agency has added more than 1,200 workers in four years and its budget has increased from \$793 million to more than \$1 billion. Keeping up with the caseload remains a challenge, though, and turnover among case managers is high. Especially maddening is the huge number of parents who can't stay clean long enough to get their kids back or keep them.

Shene remembers one of her first cases, a mother whose four children were taken because of her morphine and heroin addiction. Just 10 months after getting clean and regaining custody, the woman not only had returned to drugs but had given birth to a heroin-dependent baby.

"Stuff like that is hard to look at," she said.

By the time Rachael Stark arrives at her office at 8:45 a.m., she has already been working for hours. At 2:30 a.m., it was a call seeking an emergency placement for a child. Around 4 a.m., a series of texts alerted her that an alarm went off at a foster home and

police showed up. Since 8 a.m., she's been furiously tapping away at her phone, juggling 15 foster cases. Now she's splashed with coffee and running late for a 9 o'clock appointment when a state DCS worker calls looking for a foster family for three siblings.

"I've got no one," she reports somberly.

For the past 13 years, Stark has managed cases for The Villages, the largest private foster care and adoption agency in Indiana, which contracts with the state to find children homes. All but a few of her cases involve drugs and of those that do, about half are opioid-related.

The Villages is receiving 30 to 40 percent more referrals than it had been accustomed to, creating a "crisis state," as the agency's president, Sharon Pierce, puts it. Foster parent training sessions, once held monthly, are now weekly; advertising to attract new families has been ramped up. It takes at least three months to recruit, screen and train foster parents, but as soon as they get their state license, the need for help is so great they often receive an immediate call.

"Five or 10 minutes later, that family will have two or three children placed in their home," Pierce said.

The Villages used to see about 60 percent of children return to their birth families. Today it's around half that. So the agency turns to successful foster parents to adopt. The problem is that limits the family's ability to take on another foster child, creating the need for even more foster homes.

"So then we jump back on the treadmill," Pierce said.

The agency has added a few employees, but it's largely up to case managers like Stark to cope with the surging workload. She crisscrosses farm-lined stretches of Grant County, about 90 miles northeast of Indianapolis, driving beside fields of corn and soybeans in the rush to make her next appointment. The county's drug-involved foster caseload grew from nine in 2000 to 48 in 2015.

Stark makes her first stop at the foster home of a 5-year-old girl who answers "hot fudge sundae ice cream" when asked what happens when she meets her therapist; the child's mother is in jail. The second home is a whirl of sailing plastic cups, bouncing rubber balls and kids jumping on furniture, with six children, two of them foster placements, in perpetual motion. The foster mother, Megan Carender, hopes to adopt the children but is prepared if their stay is temporary: "No matter what, this was a place that they were loved and that they were taken care of."

It goes like this all day for Stark, a series of visits and a blur of calls and texts interrupted by sighs and talk of "imperfect solutions." "We just can't keep up," she said.

Her third stop of the day is emblematic of the cases inundating the system. Two sisters, 9 and 10, landed in foster care because their mother got hooked on painkillers. There was no family to turn to, with their grandmother also addicted. The girls now live on a farm where sheep, cattle and hogs are raised, and they sit in the bed of a pickup, fussing over a carton of fluffy day-old chicks their foster father, Justin Lovell, picked up for them. When he notes, matter-of-factly, it won't be long before the chicks reach a size fit only for "a freezer or a frying pan," the girls' jaws drop in comical unison.

"You're not going to fry them!" one cries.

Their birth mother has already had her parental rights rescinded, and the Lovells hope to adopt. One of the girls had been in four foster homes before arriving here, the other in three. Three siblings were placed elsewhere.

Lovell's wife, Kristen, laments the turmoil the sisters have been through — "so many stops and starts and bumps along the way" — and that "their whole world's changing, and it's changed so many times already." Her husband simply cannot fathom how someone could put drugs before family.

"They had their choice," he said, "and they didn't choose their children."

There is no simple assessment of the impact of all of this on kids. At one extreme, there are infants born healthy who wind up in safe and loving foster homes until their birth parents get clean. At the other are children whose parents' addictions have led to their own, who find themselves hopping from foster family to foster family, or living in a group home or a strange town.

Fear and anxiety can amass, academic performance can plunge, feelings of abandonment can run rampant, and the ability to trust can be strained. Said Maria Cancian, a University of Wisconsin-Madison professor whose research focuses on foster care and the effects on children: "When people ask me, 'Is foster care good or bad?' the first thing I say is, 'Compared to what?'"

Shawnee Wilson has found herself on both sides of the system.

Wilson's parents used, and she was 13 when child welfare officials removed her from her home. Now, at 26, she's trying to beat heroin, having already lost custody of two children and given another up at birth.

Her fourth child, a boy named Kingston, was born just over a year ago, and it took a month for doctors to wean him off the heroin Wilson exposed him to. He is in foster care now in Indianapolis, and Wilson is fighting to get him back.

Despite some relapses, she's been clean several months and is convinced she'll be able to keep it up. The clock is ticking. Federal law dictates the loss of parental rights for those whose children have been in foster care for 15 out of the previous 22 months.

Wilson knows how those who don't struggle with addiction view her, and said it's hard to explain what compels people to keep using even when it can cost them their children. When she's been high, she said, "I can't see the consequences, because all I want is to feel that drug. I want that numbness."

Back at juvenile court, the waiting room is brimming with people who may wait hours for their cases to be called. Babies screech. Toddlers whine. Adults emerge from courtrooms wet-eyed.

Moore, the plainspoken 62-year-old who leads this division, sees a familiar expression on the faces that pass through — not just parents, but case managers and attorneys and a parade of others who've seen their work overtaken by pills and powders. She saw the same blank eyes during a National Guard deployment to Afghanistan, as soldiers returned to base.

"They're war-weary," she said.

She counts herself among the battle-scarred, having presided over a court that took 1,270 children from their parents last year, more than triple a decade earlier. Cases roll in to courtrooms that once were classrooms, converted to accommodate snowballing need.

It is 11 p.m. on Friday now and Moore is home on her farm, clad in pajamas and awake in bed. Her phone goes off, a new crisis arrived. DCS has a boy who previously was removed from the home of his opioid-addicted mother, now needing to be taken out of the house of relatives. There are no foster families available, and the county's emergency shelters are full.

It won't be long before the details of the case recede from a memory crowded by a thousand others. Tonight, though, it weighs on her as she tries to drift to sleep.

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Caseload and Workload Management

Large caseloads and excessive workloads in many jurisdictions can make it difficult for child welfare caseworkers (workers) to serve families effectively. Administrative requirements for each case are on the rise, and complex cases require intensive interventions, which further add to caseworker workloads. Manageable caseloads and workloads can make a real difference in a worker's ability to engage families, deliver quality services, stay with the agency, and ultimately achieve positive outcomes for children and families.

Reducing and managing caseloads and workloads are not simple tasks for child welfare administrators. Agencies face a number of challenges, including negotiating budget crises and hiring freezes, addressing worker turnover, finding qualified applicants for open positions, implementing time-intensive best practices, and managing multiple reforms simultaneously (Munson, McCarthy, & Dickinson, 2014). It can even be difficult to just determine what the caseload and workload levels currently are and what they should be.

WHAT'S INSIDE

Background

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Assessing caseloads and workloads

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Nevertheless, agencies are addressing these challenges and successfully implementing a variety of strategies to make caseloads and workloads more manageable. This issue brief aims to build the knowledge base about caseload and workload issues and help State child welfare managers, administrators, and others learn how they can improve caseload and workload situations in their agencies.

Definitions

Caseload: The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).

Workload: The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to (1) do the work required for each assigned case and (2) complete other non-casework responsibilities.

Background

High caseloads and workloads can stem from a variety of circumstances. Increased caseloads can be attributed to rises in the incidence of maltreatment (e.g., as a result of escalations in substance use), increases in reporting (e.g., due to increased public awareness), changes to intake or case decision criteria (e.g., thresholds for opening cases for services), or the expansion of services (e.g., extended foster care for older youth).

Increases in the amount of work required for each case may also be caused by changes to laws and policies or other accountability requirements. For example, child maltreatment hotline staff in Pennsylvania experienced an unexpectedly high call volume in 2015 after State laws expanded the definition of who is a mandated reporter

(Owens, 2015). The Department of Human Services planned to hire additional workers to handle the surge. Additionally, workers are increasingly expected to do more assessments, searches, notifications, visits, team meetings, plans, referrals, court testimonies, and documentation. Although the heightened expectations may be necessary to provide quality services, they can make for excessive workloads even when caseloads do not exceed agency standards.

Although specific results vary by agency, there are some common findings about caseload and workload in the child welfare literature (American Humane Association [AHA], 2000; Deloitte Consulting, 2015; Hornby Zeller Associates [HZA], 2006; HZA, 2009; ICF International & Walter R. McDonald & Associates, 2014; McKinsey & Company, 2008; Walter R. McDonald & Associates & AHA, 2006; Walter R. McDonald & Associates & AHA, 2007):

- **Available time.** Workers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contact or collateral contact (i.e., individuals, such as the referral source or professionals in the community, who can provide additional information). The remaining non-case-related time is spent on training, leave, and administrative tasks (e.g., supervisory or unit meetings not related to a case, task forces or committees, community outreach, and/or reviewing policies).
- **Variability in workload demands.** Workload varies by a number of case characteristics, such as where the child resides (e.g., in his/her home, relative home, foster home, or congregate care), the number of children involved, the phase of the case process (e.g., intake, assessment, investigation, permanency), court involvement, permanency goals, task types (e.g., face-to-face contact, service planning, team meetings, and/or documentation), and the complexity of the case. It also is affected by the worker's caseload. Workload also varies by agency characteristics such as location (i.e., urban, rural, remote), number of staff, and number of support staff. These data can help establish standards for caseload sizes or to weigh cases when calculating a worker's current caseload.

Benefits of Reasonable Caseloads and Manageable Workloads

Caseload and workload management often appear as key ingredients in a State's comprehensive strategy to produce better outcomes for children and families. There are many benefits of reasonable caseloads and manageable workloads:

- **Engaging families and delivering quality services.** Essential child welfare processes—including family engagement, relationship building, assessment, permanency planning, and service coordination—are time intensive and require frequent worker-client contact. Manageable caseloads and workloads permit workers the time they need to invest in these activities to support families.
- **Achieving positive outcomes for children and families.** Workloads and caseloads have been linked to performance on Federal Child and Family Services Reviews (CFSRs) and achievement of safety and permanency outcomes (U.S. Department of Health and Human Services [HHS], 2006; U.S. General Accounting Office [GAO], 2003).
- **Managing organizational commitment and worker retention.** The child welfare literature is not conclusive about whether large caseloads negatively affect worker retention or turnover. Studies that factor in worker-reported caseload data tend not to find a direct association between high caseloads and increased turnover or intent to leave (e.g., Jacquet, Clark, Morazes, & Withers, 2008; Lee, Rehner, & Forster, 2010). In other studies asking caseworkers, supervisors, or administrators about why caseworkers leave their jobs, however, high caseloads are frequently cited (e.g., APHSA, 2005; GAO, 2003). In other words, caseworkers may anecdotally cite high caseloads as a reason for leaving, but the quantitative data tend to show that departing caseworkers did not have higher-than-average caseloads. It may be that the workers in the latter studies perceive their caseloads as being too high or causing additional stress, which contributes to poor organizational commitment and decisions to

leave (e.g., Bowling, Alarcon, Bragg, & Hartman, 2015; Kim & Kao, 2014). Manageable workloads may help agencies retain workers who would otherwise opt to leave as a result of feeling overloaded.

- **Supporting worker attitudes and well-being.** Workers' perceptions of their workloads are related to work-family conflict, job satisfaction, mental well-being, strain, depression, distress, fatigue, physical symptoms, burnout, and absenteeism (Bowling et al., 2015). Efforts to ensure that workloads are manageable may prevent workers from experiencing myriad negative outcomes and may enhance job satisfaction. Workers also may feel overwhelmed due to secondary traumatic stress (STS), which can occur when a professional experiences stress or symptoms of trauma when working with traumatized children and families. This additional stress could exacerbate any stress they are feeling from high caseloads or workloads. For additional information about STS, visit Child Welfare Information Gateway at <https://www.childwelfare.gov/topics/adoption/preplacement/caring-addressing/> or the National Child Traumatic Stress Network at <http://www.nctsn.org/resources/topics/secondary-traumatic-stress>.

Catalysts and Motivating Factors for Reducing Caseloads and Workloads

Some agencies specifically set out to reduce caseloads and workloads. Others have reforms imposed on them or achieve reductions as unintended effects of other initiatives. The following factors often provide an impetus for caseload and workload reduction efforts:

- **CFSRs.** Beginning with the first round of CFSRs in 2001, States' Program Improvement Plans (PIPs) have frequently noted the need for improvements in workloads or caseloads (HHS, 2012; Children's Defense Fund and Children's Rights, 2006). States continue to address workloads/caseloads and related issues (e.g., recruitment, retention, training, supervision, and systems reform) in their PIPs as a means to improve CFSR outcomes and to achieve compliance with Federal standards.

- **Legislation.** Several State legislatures, such as Delaware, Florida, Indiana, and Texas, have mandated that State and local jurisdictions assess workload issues, meet identified standards, implement specific strategies such as hiring additional staff, and report on progress.
- **Litigation and consent decrees.** Class-action litigation across the country—frequently resulting from high-profile fatalities—has brought attention to child welfare system reform and generated workforce improvements (Farber & Munson, 2007). Provisions in settlement agreements and consent decrees often require jurisdictions to meet specific caseload standards.
- **Staffing needs.** Turnover and hiring freezes can result in vacancies, which result in unstaffed cases or unmanageable caseloads for existing workers. Turnover is also very costly. For example, the Texas Department of Family and Protective Services estimates that each caseworker who leaves costs the agency \$54,000, due in part to recruiting and training new workers (Sunset Commission, 2014). In a nationwide survey, State administrators identified reducing caseloads, workloads, and supervisory ratios as the most important action for child welfare agencies to take to retain qualified frontline staff (APHS, 2005).
- **Standards and accreditation.** When developing caseload management strategies, some agencies and localities take into consideration the caseload standards and guidance recommended by CWLA. (As of publication, CWLA has begun the process to develop updated standards.) Others strive to meet the Council on Accreditation (COA) standards in order to achieve accreditation. (For more information about the COA standards, visit <http://coanet.org/standard/cps/14/>.) Agencies have had varying success in achieving and maintaining these standards.
- **Systems reform.** Currently, some agencies are engaged in developing new practice models and implementing systemwide reform efforts, such as alternative/differential response, family engagement, and systems of care initiatives. Although caseload and workload reduction may not be a stated goal of these

reform efforts, it is sometimes a necessary component or an unintended outcome. (For more information about practice models, visit <https://www.childwelfare.gov/topics/management/reform/approaches/practicemodels/>.)

- **Union negotiations.** Unions representing child welfare workers have played a role in requesting or negotiating improved caseload ratios, as well as bringing greater attention to the issue.

Assessing Caseloads and Workloads

The most comprehensive approach to assessing caseload and workload is a workload study. A workload study can help agencies compare how much time is available to complete casework with how much time is spent or should be spent completing it. The studies can be used by agencies in many ways, including developing caseload standards, assessing the number of workers or positions necessary to complete the required work, and instituting methods to regularly monitor caseload and workload. Agencies can assess data across the entire staff or by region, office, or unit. Additionally, agencies can use the results from the studies to justify requests for additional funding or staffing as well as to help develop legislation or other policies outlining caseload or other practice standards.

Agencies often engage expert assistance to conduct workload studies, which may provide the necessary credibility and objectivity to secure approval and resources for implementing needed improvements. For agencies that do not have the resources to contract with an expert, it may be possible to leverage university partnerships to conduct research and evaluation of caseload, workload, or workforce issues. Two States that have recently completed workload studies are Colorado (see [http://www.leg.state.co.us/OSA/coauditor1.nsf/All/E5214710B77C878487257D320050F29A/\\$FILE/1354S%20-%20Colorado%20Childrens'%20Welfare%20Workload%20Study%20Report%20August%202014.pdf](http://www.leg.state.co.us/OSA/coauditor1.nsf/All/E5214710B77C878487257D320050F29A/$FILE/1354S%20-%20Colorado%20Childrens'%20Welfare%20Workload%20Study%20Report%20August%202014.pdf)) and Alaska (see <http://dhss.alaska.gov/ocs/Documents/Publications/pdf/HZA-workload-study-2012.pdf>).

Minnesota Local Workload Analytic Tool

The following resources were developed as part of a workload study for the Child Safety and Permanency Division of the Minnesota Department of Human Services. The tool calculates resource needs and workloads at the county level by unit (or staff person for small counties) from intake through case closure. It can assist administrators, supervisors, and other staff in assessing staffing needs and determining the effect of staffing on achieving outcomes and practice standards. Although the resources were developed for Minnesota counties, they can inform the development of similar tools or be modified for use at other agencies.

- **Administrator's Reference Guide and System Documentation:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Local_Workload_Analytic_Tool_-_Administrators_Reference.pdf
- **User's Reference Guide:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Local_Workload_Analytic_Tool_-_Users_Reference.pdf
- **Workload Study Analytic Tool:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Workload_Study_Analytic_Tool.xls
- **Workload Study Measures:** http://ncwwi.org/files/Job_Analysis__Position_Requirements/MN_Workload_Study_Measures.xls

For agencies that are not positioned to undertake a comprehensive study, the results and recommendations from other agencies may have some value. Additionally, agencies can use existing quality assurance or information system data to assess potential indicators of insufficient workforce capacity, including whether caseworkers use overtime or unpaid time to complete their work. Examples of indicators include backlogs of overdue open investigations; past-due medical exams, case plans, court hearings, or worker-client contacts; turnover rates; and the percent of workers in training (Wagner, Johnson, & Healy, 2008).

Agencies should monitor caseloads and workloads on an ongoing basis and institute assessments into their ongoing data analysis efforts. Monitoring indicators of timeliness and staffing over time and by region can reveal trends in workload management needs. To facilitate ongoing assessments, agencies can build reports or processes into their existing child welfare information systems that allow supervisors or other staff to view the workload burden of each caseworker.

Strategies for Caseload and Workload Management

Strategies to manage caseloads and workloads include targeted efforts as well as broader initiatives in four categories: enhancing work processes and supports; implementing program, practice, or system changes; staffing; and improving worker effectiveness.

Funding for Strategies

The strategies outlined in this section require varying levels of funding depending on each agency's current infrastructure and needs. Agencies may need to request additional funding to develop and fully implement the strategies they require. For resources about funding for child welfare agencies, visit Information Gateway at <https://www.childwelfare.gov/topics/management/funding/>.

Enhancing Work Processes and Supports

Agencies can improve worker efficiency by streamlining job requirements, providing supports, and allowing workers flexibility to meet work demands. The following are specific strategies for these types of approaches.

Consolidated requirements and processes. With new legislation, regulations, and technology regularly appearing within child welfare, changes in expectations for workers are frequent. Agencies can use systematic and comprehensive approaches, such as process mapping, to analyze and improve workflow efficiency within jobs, units, programs, or an entire agency. To promote efficient work, agencies can implement the following strategies:

- Review existing policies and procedures to ensure they are relevant to current practice needs
- Streamline duplicative or inefficient expectations, processes, or forms
- Retire outdated requirements or processes that no longer add value

Tools and technology. Due to rapid advancements in technology, mobile devices such as laptops, notebooks, tablets, and smartphones have become commonplace. They can allow workers to readily access information that supports decision-making; document casework more efficiently; communicate with supervisors, providers, and families; and make more efficient use of waiting time. Large-scale technological support is being provided by analytic tools, such as SafeMeasures (<http://www.nccdglobal.org/analytics/safemeasures>) and the Results-Oriented Management Reporting System (<https://rom.socwel.ku.edu/ROMTraining/ReportSystem.asp>), which provide staff with real-time reports and performance metrics that can help prioritize and proactively manage their work. (See the State examples section for more information about the use of SafeMeasures.) Some States are modernizing their child welfare information systems to allow mobile access, enhance interfaces, eliminate redundant data entry, and enable ad hoc reporting capabilities. These systems also may be useful when assessing an agency's capability to conduct caseload and workload assessments.

For agencies interested in transitioning away from in-house information systems, the Administration for Children and Families now allows State and Tribal agencies to purchase commercial-off-the-shelf (COTS) solutions, including those that are cloud-based, through a waiver of limitations on the use of Federal funding for proprietary human service software. (See ACF-OA-PI-13-01 at https://www.acf.hhs.gov/sites/default/files/assets/acf_oa_13_01.pdf for more information.) As one of the first recipients of the waiver, Indiana purchased and implemented Casebook (<http://casecommons.org/casebook/>), a web-based case management system that has helped workers in a variety of ways, such as making data-driven decisions and better understanding families' interactions with the child welfare system (Markowitz, 2015).

Alternative work arrangements. Agencies are implementing a variety of work arrangements to reduce turnover and improve work-life balance. Several agencies (e.g., Alaska, New Hampshire, and Washington, DC) have had success with telecommuting, flexible schedules, and compressed work weeks. To view examples of alternative work schedules, refer to the State examples section.

Implementing Program, Practice, and System Changes

Some agencies are using broader approaches to improve caseload and workload, such as the use of evidenced-based practices, a larger focus on prevention and permanency, continuous quality improvement, changes to organizational culture and climate, and other reforms.

Evidence-based practice. By implementing practices that are supported by scientific evidence, agencies can help workers invest their time more effectively. Although solid empirical evidence in child welfare is still developing, there are some casework practice models that have greater research support. The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>) is a useful online resource for exploring evidence-based programs in child welfare. Agencies also can equip workers to refer families to evidence-based services in the community for mental

health services, substance abuse treatment, and other supports. This may help families better achieve child welfare outcomes in a timely manner. The Substance Abuse and Mental Health Services Administration within HHS maintains the National Registry of Evidence-Based Programs and Practices (<http://www.nrepp.samhsa.gov/>), which provides information about empirically supported mental health and substance use interventions.

Prevention and early intervention. Agencies seek to reduce the number of cases entering the child welfare system through in-home and other prevention services, as well as differential/alternative response initiatives. By decreasing the number of incoming cases, workers can spend more time on existing and complex cases. For more information about preventing child maltreatment, visit Information Gateway at <https://www.childwelfare.gov/topics/preventing/>.

Permanency initiatives. Some States and jurisdictions focus on the back end of the system, employing initiatives related to family preservation, reunification, kinship care, adoption, and other avenues to permanency as a means to reduce caseloads. By finding more permanent homes for children in the child welfare system, agencies can reduce the number of children on workers' caseloads. For more information about achieving permanency for children and youth, visit Information Gateway at <https://www.childwelfare.gov/topics/permanency/>.

Continuous quality improvement (CQI). Agencies use a variety of mechanisms, including CQI, to monitor and promote effective practice. When implementing CQI processes, staff conduct a variety of case reviews; track and report on performance measures; and help implement statewide, regional, or local improvement plans. In some agencies, supervisors and workers receive individualized feedback on reviewed cases, including strengths, barriers to permanency or closure, and recommended actions. These types of reviews can assist caseworkers in serving clients more efficiently, which may help reduce caseload and workload. In 2012, the Children's Bureau released an Information Memorandum (<http://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf>) that outlines how agencies can establish and

maintain CQI systems and how they may be able to use Federal funds to support these efforts. For additional information about CQI, refer to Information Gateway at <https://www.childwelfare.gov/topics/management/practice-improvement/quality/approaches/>.

Organizational culture and climate. Growing evidence suggests that an agency's effectiveness depends on the organization's culture and climate as well as the programs and procedures it implements. Agencies with a more positive climate have higher job satisfaction and organizational commitment among workers, less turnover, better service quality, and more positive outcomes for children (Glisson, 2010; Glisson, Dukes, & Green, 2006; Glisson & Green, 2011; Glisson, Green, & Williams, 2012; Glisson & Hemmelgarn, 1998; Glisson & James, 2002). Moreover, intervention strategies can be used to improve organizational climate and reduce turnover (Claiborne et al., 2014; Glisson et al., 2006).

Staffing

Manageable caseloads and workloads are dependent in large part of the number of qualified staff available to handle cases. Below are a few caseload and workload strategies related to staffing. Additional information and examples of many of these approaches are available in the State examples section of this bulletin.

Reallocation of positions. To manage workloads and caseloads with existing staff, agencies can reallocate staff positions to different regions, offices, or units. Child welfare agencies also may be able to obtain new positions from other non-child welfare jobs in the department that are no longer needed. These decisions should be based on what are likely to be enduring staffing needs rather than temporary shifts.

Additional positions. Many agencies are able to secure additional positions after pivotal events such as a critical incident, litigation or a consent decree, or a workload study. Some agencies take advantage of smaller-scale additions by hiring and training staff in advance of vacancies, so replacements are prepared to immediately fill positions. These staff typically do

not carry cases, but they are paid a salary and may help with other tasks. Although adding staff may be the most obvious approach to reducing caseloads and workloads, it often is constrained by available funding and the lack of qualified applicants for open positions.

Recruitment of new staff. Vacancies pose significant challenges for caseload management. The first step in filling positions is to implement a recruiting plan that targets the optimal candidates. Common strategies include online job boards, the agency's website, social media, posters, fliers, recruitment brochures, public service announcements, employee referral incentives, job fairs, public speaking events, university partnerships, internships, and realistic job previews (National Child Welfare Workforce Institute, 2010). Some agencies aim to attract applicants by offering hiring bonuses, tuition reimbursement, educational stipends, career ladders, or loan forgiveness (Gomez, Travis, Ayers-Lopez, & Schwab, 2010).

Selection of new staff. Once an agency has attracted a pool of applicants, a competency-based selection process will help identify the most qualified candidates (Bernotavicz & Locke, 2000; Graef, Paul, & Myers, 2009). Common steps include an application, screening for minimum qualifications and goodness of fit, a structured interview, and reference and background checks. Additional competencies can be assessed through training and experience forms; writing assessments; personality measures; and situational judgment, cognitive ability, and critical thinking tests (Graef & Potter, 2002; Graef et al., 2009). To ensure that the hiring process is not a barrier to staffing, it is important to create streamlined and efficient procedures. Online applicant tracking systems or talent management software may expedite the application process for candidates and hasten the internal exchange of information between human resources staff and hiring teams. Creating pools of prescreened or prequalified candidates can accelerate the hiring process by requiring fewer steps when vacancies arise.

For additional information about recruiting and selecting child welfare staff, visit Information Gateway's Recruitment and Hiring webpage at <https://www.childwelfare.gov/topics/management/workforce/recruit-hire/> or its compilation of realistic job previews at <https://www.childwelfare.gov/learningcenter/video-series/rjp/>.

Specialized and support staff. Some agencies develop specialized staff units or positions to allocate workloads more efficiently; others assign support staff to help lessen caseworker paperwork and administrative tasks.

Teaming. To reduce individual workload and strengthen decision-making and service delivery, some agencies use a teaming model to manage more challenging cases (New York State Office of Children and Family Services, n.d.). When teaming is instituted, more than one worker is assigned to a case, and group supervision and teamwork are used to make decisions and develop strategies. (For more information about teaming, visit <http://ocfs.ny.gov/main/cfsr/Teaming%20in%20CW%20A%20Guidebook%20Complete.pdf>.)

Retention of existing staff. To reduce turnover, which can be both a consequence and a cause of high workloads, agencies are introducing employee recognition and reward programs, providing mentoring and coaching initiatives, enhancing supervision and support, enabling job sharing and flex time, and offering opportunities for professional development and advanced education. Many agencies also are conducting exit interviews to determine why staff leave and are using findings to inform new retention initiatives. Design teams, which bring together staff from throughout the agency to address workforce issues, offer another method for retaining staff. (For more information about design teams, refer to the *Design Team Manual* at https://ncwwi.org/files/Org_Environment/Design-Team-Manual.pdf. For additional information about staff retention, visit Information Gateway at <https://www.childwelfare.gov/topics/management/workforce/retention/>.)

Improving Worker Effectiveness

Agencies also address workload management through practices, such as training and supervision, which aim to improve the efficiency and effectiveness of workers.

Training and ongoing support. Training and ongoing support regarding time management strategies and other ways to streamline work processes can help workers better manage their workload. Training can also be used to improve workers' performance and their ability to help families achieve safety and permanency. This may help workers close cases more quickly and successfully and prevent reentry, which could have a positive impact on caseloads or workload, particularly in the long run. (To view a tip sheet from the Ohio Child Welfare Training Program about caseworker readiness and workload management, visit http://ncwwi.org/files/Job_Analysis__Position_Requirements/Workload_Management.pdf.)

When caseloads and workloads are high, however, it can be challenging for workers to take time to attend training. In addition, new practices may be time consuming to learn and implement, especially in the early stages of skill development. Even when competence is gained, doing tasks the right way (i.e., following agency requirements and best practice) tends to take longer than the way workers previously spent on tasks (HZA, 2006). For new workers, attempts to follow training advice can be obstructed by time constraints as well as an office culture that does not support the training guidelines or transfer of learning (i.e., applying the concepts from the training to the job).

When appropriate, training can be delivered more efficiently through interactive webinars, on-demand tutorials, job aids, or on-the-job training via mentors, coaches, supervisors, or field training specialists. These methods can minimize workers' time away from direct field work and allow them to get the training they need at the time the need it.

Before providing training, agencies should ensure that performance issues are due to the absence of knowledge or skills (Mager & Pipe, 1997). Workers often know exactly what is needed to do their jobs correctly, but in the face of competing pressures, they are forced to make compromises. For example, a worker may know that using a newly instituted assessment is best practice but does not have the time to administer the assessment to each family assigned to her caseload.

Supervision. Many supervisors are directly responsible for making case assignment decisions. Thus, it is essential that supervisors have a system for assigning cases in a fair and equitable manner. The process should take into account the anticipated workload of a case, the worker's experience and capabilities, and the worker's current caseload. Although there may be pressure to do so, supervisors should resist the urge to give high-performing workers higher caseloads or more complex cases. This approach can backfire by unfairly overloading the best workers, prompting them to leave.

Supervisors can enhance workload management by providing clear direction about goals, priorities, and next steps in a case and by teaching time-management strategies. Supervisors should schedule regular, uninterrupted case conference time with staff to proactively manage work and decrease crises and stress (Hanna, 2009). For needs that cannot wait for structured consultation, workers benefit when supervisors respond in a timely manner to requests for signatures, approvals, or other additional support.

Supervisors also play an essential role in building worker knowledge and skills. When workers struggle to meet expectations, constructive feedback and monitoring are necessary (Paul, Graef, Robinson, & Saathoff, 2009). Supervisors are also responsible for approving the use of overtime and for ensuring that workers are not compensating for excessive workloads by working off the clock to keep up with their cases. When working with agency administrators, supervisors can advocate on behalf of workers to influence systems and procedures that facilitate or impede workload management.

Supervisor support is positively associated with workers' satisfaction with their workload management (Juby & Scannapieco, 2007), intentions to stay on the job (Kim & Kao, 2014) and retention (Faller, Graberek, & Ortega, 2010; Jacquet et al., 2008; Yankeelov, Barbee, Sullivan, & Antle, 2009). Agencies can promote effective supervision by using a competency-based selection process for hiring supervisors, reducing staff-supervisor ratios, and building supervisor skills through supervisory training and leadership development initiatives.

For more information about supervision, refer to Information Gateway's *Supervising for Quality Child Welfare Practice* at <https://www.childwelfare.gov/pubs/factsheets/effective-supervision/> or its Management & Supervision section webpage at <https://www.childwelfare.gov/topics/management/>.

State Examples of Caseload and Workload Strategies

State and local agencies throughout the country are using the aforementioned strategies to reduce caseloads and manage workloads. The following examples highlight certain aspects of a State's caseload and workload strategy, but they may provide only a point-in-time snapshot rather than a complete picture of that State's multifaceted initiative. The examples are presented for informational purposes only; inclusion does not indicate an endorsement by HHS, the Children's Bureau, or Information Gateway.

- New Hampshire: Telework units
- Alaska: Position reallocation and alternative work arrangements
- New Jersey: Hiring processes, impact teams, and SafeMeasures
- Delaware: Structured decision-making (SDM), online reporting, and supplemental positions

New Hampshire: Telework Units

Faced with a need to merge district offices due to budgetary constraints, the New Hampshire Division for Children, Youth, and Families (DCYF) decided to

implement a telework mobile unit in their Southern District Office in 2010. Based on telework experiences in another division of the Department of Health and Human Services and agencies in other States, DCYF established telework personnel guidelines, conducted a caseload analysis to plan for staffing and service areas, convened a workgroup to establish plans for daily functions, and identified technology needed to support the project. Before launching the unit, an explanatory announcement letter was sent to families; community providers; and other stakeholders, such as law enforcement, schools, courts, and the medical community. In addition, a public informational meeting was held to address questions and concerns.

The resulting unit is composed of 10 staff: 9 who work remotely (a supervisor, 7 workers, and a staff attorney) and an administrative assistant who supports the unit from the local office. Together they represent approximately 19 percent of the staff in the district office, with the remainder working according to traditional office arrangements.

To be selected to work in the unit, applicants must meet advanced experience requirements (i.e., the positions are not entry level). Workers must have at least 1 year of experience as a social worker or case manager, and supervisors must have at least 5 years of experience in a related field and 3 years of supervisory experience. Both must pass a competency-based structured hiring interview that addresses unique telework challenges related to, for example, communication, accountability, and organization.

Using funding from a Child Abuse Prevention and Treatment Act discretionary grant, DCYF purchased equipment to allow staff to successfully telework, such as a laptop, smartphone, printer/scanner/fax, video camera, and locking file cabinet. Each employee must have a dedicated home-office space that is approved by the supervisor. Staff use a virtual private network to securely access everything they need (e.g., email, calendars, child welfare information system) from home or in the field.

Workers are expected to check in with their supervisors via phone, text, or email at the beginning and end of each work day. Depending on their schedules, additional check-ins may be expected (e.g., at the conclusion of a home visit). The workers must share their electronic calendars and keep them current. Weekly supervisory meetings may occur in workers' homes, the supervisor's home, or in the community, as long as confidentiality can be maintained. Biweekly staff meetings are held in the community (e.g., a hospital) or the district office to ensure thorough communication and maintain a sense of community.

Results: Positive results for employees include a better balance of field time and paperwork, fewer distractions, increased communication with the supervisor, an increased sense of team membership, less travel in some cases, greater job satisfaction, increased efficiency, and lower turnover. Because laptops allow staff to complete work from anywhere, the unit has fewer overdue protective assessments. Staff are able to have greater presence in the community and be more responsive to families. The success led to the creation of a second telework unit elsewhere in the State. Nonetheless, telework has challenges that need to be managed, including feelings of isolation and disconnectedness from the district office, technology and connectivity issues in remote areas, and steep costs for smartphone data plans. Because telework requires additional self-discipline, organization, and time management skills, workers occasionally require extra oversight and accountability to ensure efficiency and accountability.

For more information, contact Robert Boisvert, DCYF, at 603.271.4717 or rboisvert@dhhs.state.nh.us.

Alaska: Position Reallocation and Alternative Work Arrangements

A 2006 workload study of frontline caseworkers in the Alaska Department of Health and Social Services, Office of Children's Services (OCS) found that workers had greater workload than they could appropriately handle, more positions were needed, vacancies needed to

be filled, and position distribution should be monitored and adjusted if necessary (HZA, 2006). As a result, OCS requested and received additional funds over a period of several fiscal years to increase the number of frontline and supervisory positions accordingly (HZA, 2012). OCS now regularly assesses statewide staffing needs and reallocates positions as needed on nearly an annual basis.

To address recruitment and retention, OCS has experimented with alternative work schedules. In addition to a standard 5-day workweek, compressed schedules include a 4-day week; a 4-day week alternating with a 5-day week; 1-week on/1-week off; and 2-weeks on/2-weeks off. In the 1-week on/1-week off schedule, which is currently limited to one remote office, staff work 2 weeks' worth of hours in a single week. They share case coverage to ensure that someone is always available to provide case management services, and because their permanent residence is elsewhere, they temporarily live in the village while they work and return home for a week in between. Finally, the 2-weeks on/2-weeks off schedule is used by a travel team that is deployed to over 25 field offices to provide case coverage as needed due to vacancies.

Results: The regular assessment of staffing needs has led to smaller adjustments than might otherwise be needed if it were done less frequently or not at all. Using this approach, statewide position allocation stays fairly well balanced across time.

The 1-week on/1-week off schedule has resulted in greater staffing stability. The office previously experienced frequent turnover. Seasoned staff now occupy the positions and have stayed for 18 months after the approach was implemented. The success has OCS exploring the possibility of implementing this strategy elsewhere in the State. The travel team is considered a remarkable support to the field.

For more information, contact Travis Erickson, OCS, at 907.269.3903 or travis.erickson@alaska.gov.

New Jersey: Hiring Processes, Impact Teams, and SafeMeasures

The New Jersey Department of Children and Families (DCF) takes a proactive approach to hiring by establishing a pool of prescreened, prequalified candidates to fill vacancies for entry-level case manager positions. Because DCF receives more than 9,000 resumes for the case manager positions each year, candidates are prioritized based on their education and experience in order to select those most likely to succeed in public child welfare. Two to three times per month, a group of 25 to 35 candidates participates in a large-scale selection process called Job Fest, which consists of an overview of the agency, the job, and the hiring process; a realistic job preview video; a panel interview; a writing sample; and application paperwork. Candidates that successfully complete the Job Fest and background check processes are added to a hiring matrix distributed weekly to local offices throughout the State. Several hundred candidates are on the matrix at any given time, and each stays on for 18 months. For employees who left the agency in good standing and want to be considered for employment again, a rehire list is also maintained. Managers and supervisors use the hiring matrix and the rehire list to select candidates to fill positions as vacancies occur.

DCF also has impact teams, which consist of a supervisor and three workers that can be assigned to a unit or an office throughout the State wherever intakes are unusually high. Each of the nine area offices have an impact team to assist in maintaining caseload standards by taking any overflow of investigations.

Since 2006, DCF has used SafeMeasures to enhance caseload and workload management. SafeMeasures is a web-based reporting service that pulls data nightly from the New Jersey Statewide Protective Investigation, Reporting and Information Tool (NJ SPIRIT) and provides administrators, supervisors, workers, CQI staff, and Central Office staff with detailed reports and other performance indicators. More than 80 reports are available to allow quick and easy access to important information, such as current caseload and workload

levels, completion of key case activities, family contacts, and compliance with other Federal requirements. Users can view the data at the statewide level or filter down to any level of the agency, from an area office to an individual caseload. Managers use SafeMeasures to track progress against caseload standards, direct new staff and supports to identified areas of need, and distribute cases appropriately across staff. Managers and workers can more efficiently manage workloads by viewing overdue and upcoming tasks, such as contacts, hearings, or case plans. SafeMeasures is available through the National Council on Crime & Delinquency (NCCD).

Results: Job Fest is considered a robust and successful program that allows the agency to fill caseload-carrying positions as soon as vacancies arise. Being able to quickly fill positions is an important step in trying to achieve and maintain caseload standards. The impact teams are a successful strategy to balance intake operations and help local offices maintain caseload size. They have the flexibility to move quickly to an office and respond to new referrals and assume caseloads from staff who have taken emergency leave, thus ensuring there is no break in service for the children and families. Impact team members develop a strong knowledge base as they respond to a much larger geographical area, whereas staff from a local office work within a prescribed catchment area. The use of SafeMeasures allows the agency to use timely data to monitor and proactively manage caseloads and workload.

For more information, contact Betsy Sunder, DCF, at 609.888.7000 or betsy.sunder@dcf.state.nj.us.

Delaware: SDM, Online Reporting, and Supplemental Positions

For a variety of reasons, including new legislation related to mandatory reporting, the Delaware Division of Family Services (DFS) experienced a 50 percent increase in the volume of calls to its child abuse and neglect report hotline over approximately a 4-year period. In addition, it had an above-average percentage of cases accepted for investigation and a large number of unsubstantiated

cases. Immense resources were directed to families that might not require agency intervention, and those limited resources needed to be used more effectively. With the help of the Annie E. Casey Foundation and the NCCD's Children's Research Center, DFS implemented SDM at the hotline. SDM is an evidence- and research-based system that includes structured assessments to improve the consistency and validity of case management decisions (NCCD, 2015). The intake assessment helps workers use a systematic decision process to determine whether a report requires an investigation and, if so, how soon a response should be initiated. Staff, supervisors, and administrators received training prior to implementation, and fidelity case reviews were conducted to address strengths and areas for improvement.

As an additional support to hotline workers, DFS also has an online reporting system tool for reports that do not warrant an immediate screening and response. Reporters must answer four questions before being allowed to report online to determine if an immediate response is required. (To view the questions, visit http://kids.delaware.gov/fs/fs_can_report.shtml.) The intent of the system was to reduce frustration of professional reporters waiting in queue due to the increased high call volume (Delaware Department of Services for Children, Youth, and Their Families [DSCYF], 2014).

To better meet legislatively mandated caseload standards, DFS employs overhire workers and casual seasonal workers. Overhires are full-time, permanent positions that result from assigning two people to one budget position slot, which the agency is permitted to do for up to 15 positions. Casual seasonal workers are part-time, temporary positions. Both overhires and casual seasonal staff must complete all new worker training before receiving cases beyond their training cases.

Overhire positions were created to have a pool of trained caseworkers ready to quickly move into vacant positions. To ensure their availability, overhires can only have a maximum of five cases once they have completed training. If no vacancies are imminent, they can still provide workload relief by assisting with certain tasks, such as

making home visits, supervising family visits, and providing transportation. An employee can be in an overhire status for as little as a few weeks or sometimes up to 1 year. Casual seasonal workers provide additional support by managing cases in areas with high caseloads or covering for employees on extended medical leave. Many of the casual seasonal workers serve in that role for an average of 5 to 7 months and then move into overhire positions.

Results: Although the number of child abuse or neglect reports has continued to increase, the number of screened-in investigations has decreased as a result of implementing SDM at the hotline (Delaware DSCYF, 2014). Moreover, the percent of screened-out reports with a subsequent screened-in report within 1 year has also gone down. Although some revisions to the process have been made since the initial implementation, DFS has achieved greater consistency in the screening of reports. The positive experience led DFS to adopt the full array of SDM assessments, which span the case process from intake to permanency.

The use of an online reporting process has helped to partially offset the increased workload resulting from a continued rise in call volume.

The use of overhires and casual seasonal workers has been an indispensable means of filling vacancies quickly, managing extra work, and stabilizing caseloads. Overhires are available to step into a position immediately when a worker resigns, thereby preventing the domino effect of turnover on caseloads. Casual seasonal workers provide the temporary assistance needed to successfully manage workload fluctuations and limit the burden on permanent workers when coworkers take extended leave.

For more information, contact Shirley Roberts, DFS, at 302.633.2601 or Shirley.Roberts@state.de.us.

Conclusion

There is no one-size-fits-all approach to reducing and managing caseloads and workloads. However, there is a wide range of promising practices that administrators can choose from and tailor to meet the needs of their staff and agency. Additional funding or staffing can greatly assist agencies achieve improvements in caseloads and workloads, but many strategies can be implemented even without additional funding. Striving to ensure staff have manageable caseloads and workloads will help them better support families in achieving positive outcomes.

Additional Resources

Child Welfare Capacity Building Collaborative:

Helps public child welfare agencies, Tribes, and courts enhance and mobilize the human and organizational assets necessary to meet Federal standards and requirements; improve child welfare practice and administration; and achieve safety, permanency, and well-being outcomes for children, youth, and families (<https://capacity.childwelfare.gov/>)

Child Welfare Information Gateway: Presents research, tools, and other resources that describe a range of topics for enhancing the child welfare workforce, including organizational culture, management, supervision, recruitment and hiring, and retention (<https://www.childwelfare.gov/>)

- **Child Welfare Staff Recruitment and Retention Training Discretionary Grant Cluster:** Provides information about eight Children’s Bureau grants that developed and implemented comprehensive training curricula and models for recruiting and retaining a competent workforce in public child welfare agencies (<https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/randrt/>)
- **Workforce:** Describes workforce issues in child welfare, including State and local examples, such as organizational culture, managing the workforce, supervision, recruitment and hiring, and workforce retention (<https://www.childwelfare.gov/topics/management/workforce/>)

National Child Welfare Workforce Institute:

Seeks to increase child welfare practice effectiveness through partnerships that focus on workforce systems development, organizational interventions, and change leadership (<http://www.ncwwi.org>)

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Facts About Child Sexual Abuse

According to the Child Welfare League of America, Alaska consistently has one of top 5 rates of child abuse in the United States:

For every 1,000 children in Alaska, 42.2 were victims of abuse. That means that every year, approximately 8,000 children in Alaska are physically or sexually abused. This only represents reported cases that result in substantiation or indication of abuse. Numbers of unreported cases may be much higher.

Other Facts About Child Sexual Abuse:

It is not usually a violent act. It is more typically a gradual process of sexualizing (or grooming) the relationship between the child and abuser over time.

It is a violation of the child's very nature, which is to be vulnerable, curious, trusting, and dependent. Because trickery, manipulation, deceit, coercion, secrecy, threats, play, or bribery are part of child sexual abuse, a disruption to the child's normal development can occur and increase the risk of problems in childhood and adult life.

Child sexual abuse usually occurs without a witness. Often, there isn't outward physical evidence, so it can be difficult to detect.

Child sexual abuse does not impact all children in the same way.

Multiple episodes of sexual abuse are very common.

Even if a child was sexually abused only once, it was still a violation to that child.

Supportive adults and counseling for the child and family can help with coping and starting a healing process.

Ignoring, minimizing, denying, hoping it will go away, or not talking about it does not help a child cope, begin a healing process, and continue to develop in healthy ways.



Family Reunification: What the Evidence Shows

What's Inside:

- The Child and Family Services Reviews and Family Reunification
- Research on Family Reunification
- Examples From the Field
- Program Support for Reunification

Research to Practice in Child Welfare

Issue briefs include a review and synthesis of recent published research and selected program examples that demonstrate evidence-based practices.



Family reunification in child welfare refers to the process of returning children in temporary out-of-home care to their families of origin. Reunification is both the most common goal for children in out-of-home care as well as the most common outcome. According to preliminary estimates from the Adoption and Foster Care Analysis and Reporting System (AFCARS), reunification was the case plan goal for nearly half (49 percent) of all children in foster care on September 30, 2009. More than half (51 percent) of the children who exited foster care during fiscal year 2009 returned to a parent or principal caregiver (Children's Bureau, 2010a).

Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve successful reunification. A broad review of the empirical literature in child welfare suggests common characteristics of interventions that are most helpful in reunifying families when child maltreatment has been identified.¹ These include:

¹ It should be noted that the literature addresses some effective reunification strategies at the agency level, rather than at the level of caseworker interventions:

- Research suggests that caseworkers who have social work education, appropriate training, specialized competencies, and greater experience are better able to facilitate permanency (Ahart, Bruer, Rutsch, & Zaro, 1992; Albers, Reilly, & Rittner, 1993; National Center for Youth Law, 2007; Pine, Spath, & Gosteli, 2005; Walton, Fraser, Pecora, & Walton, 1993).
- More flexible funding that allows agencies to provide better community-based services to families can also lead to greater rates of reunification (Children's Bureau, 2010b; Wulczyn & Martin, 2001; Wulczyn, Zeidman, & Svirsky, 1997). Waivers of constraints on categorical funding and collaboration with community agencies to form more efficient service networks have the potential to affect reunification efforts positively by making more formal and informal resources available to families.

Meaningful family engagement.

Engagement of families is critical to the change process (Dawson & Berry, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Yatchmenoff, 2005).

Assessment and case planning.

Individualized needs assessment and clear, mutually established goals are critical to case planning (DePanfilis, 1999; Macdonald, 2001).

Service delivery. Cognitive-behavioral, multi-systemic, skills-focused services have been found to be most effective (Corcoran, 2000; Macdonald, 2001).

This issue brief examines these strategies in terms of a series of questions:

- What have the Child and Family Services Reviews identified regarding family reunification in States?
- What does the literature say about family reunification?
- What are some examples of success from the field?

The Child and Family Services Reviews and Family Reunification

Final Reports from the Federal Child and Family Services Reviews (CFSRs) present results and discussion for each State regarding its conformity with child safety, permanency,

and well-being outcomes.² In the first full round of 52 reviews, 19 States met the national standard for reunification, which stated, “76.2 percent of all children who were reunified went home in less than 12 months” (Children’s Bureau, 2004b). In order to reflect the ability of States to help families both achieve reunification and prevent reentry of their children into care, in the second round of reviews, which began in 2007, the data indicator for reunification was revised to include four components:

1. Percent of children who were reunified, where reunification occurred in 12 months or less from removal
2. Median length of stay from removal to reunification
3. Percent of all children who entered foster care who were reunified in 12 months or less from removal
4. Percent of children reunified who reentered foster care within 12 months

The national standard of 122.6 was then calculated using State data to establish a range.³ Thirteen of the 49 States to have completed the review process received composite scores above that standard.

² The Child and Family Services Reviews are designed to enable the Children’s Bureau to ensure that State child welfare agency practice is in conformity with Federal child welfare requirements, determine what is actually happening to children and families as they are engaged in State child welfare services, and assist States to enhance their capacity to help children and families achieve positive outcomes. For more information about the CFSR process, visit the Children’s Bureau website at www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm#cfsr.

³ For a full explanation of data indicators and national standards in the second round of reviews, see Children’s Bureau (2007).

No State was found to be in conformity with the first permanency outcome, “Children have permanency and stability in their living situations,” in either round of reviews. However, 12 States received a rating of “Strength” on the indicator related to achievement of a child’s goal of reunification, guardianship, or placement with relatives in the first round;⁴ three States received that rating in the second round. A Children’s Bureau (2004b) summary and analysis of the 52 Final Reports in Round One found that the following factors had a significant association with a rating of “Strength” on this indicator:

- The stability of foster care placement
- Visiting with parents and siblings in foster care
- The needs of and services for the child, parents, and foster parents
- Child and family involvement in case planning
- Worker visits with the child
- Worker visits with the parents

Items associated with stronger performance in this permanency outcome in the first 32 States reviewed in the second round were: (Children’s Bureau, 2009)

- Services to the family to protect children in the home and prevent removal or reentry into care
- Needs assessment and services to children and parents
- Worker visits with the child
- Worker visits with the parents

⁴ This indicator was added in the second year of reviews and was therefore applicable for only 35 States.

Further review of the States' Final Reports in both rounds yields additional details about these and other factors' relationships to the achievement of timely, stable family reunification. The factors related to family engagement, assessment and case planning, and service delivery, as well as a number of systemic issues, shed light on States' successes and challenges in this area.

Family Engagement

The CFSRs indicated that a number of family engagement activities contribute to the success of family reunification efforts. Effective family engagement activities include involving birth families in planning and decision-making, encouraging foster parent support of the birth parents, and facilitating visits between children in foster care with their parents. States' experiences in facilitating family engagement point to the following as important practices:

- The use of some type of family team meetings (e.g., Family Group Conferencing, Family Group Decision Making) to facilitate reunification efforts promotes active involvement of both birth parents, extended family, and others to achieve permanency for children.
- Foster parents' support of contact between children and birth parents and the foster parents' direct support of birth parents (e.g., mentoring) facilitates achievement of reunification goals.
- Increasing the frequency of visits leading up to reunification helps to facilitate achievement of this goal and decreases reentries to foster care.
- Early and diligent search for extended family members and use of kinship

care supports maintaining parent-child connections during out-of-home care episodes contribute to reunification efforts that include return of the child to the parental home as well as permanency through guardianship and placement with relatives.

Assessment and Case Planning

Early emphasis on reunification as the most desirable permanency goal, adequately assessing the strengths and needs of children and families, involvement of parents and children in case planning, building on family strengths and addressing specific needs, and finally, carrying out plans are all critical activities to the achievement of a family's reunification goals. States' experiences in assessing the strengths and needs of families indicate that initial assessments can be vital to the implementation of case plans that ultimately lead to reunification. Conversely, early assessments can also lead to the decision that reunification is not in the best interest of the child, prompting States to seek alternate routes to permanency for some children. States also report that risk or safety assessments conducted *prior to reunification* help ensure safe, timely reunification decisions and minimize both the risk of harm to children and reentries to foster care.

Many Final Reports in both rounds of reviews cite child and parent problems that impede reunification efforts and contribute to foster care reentries. Parental substance abuse is the problem most often cited; other problems include child behavior problems, child involvement with the juvenile justice system, parental mental health concerns, and parents' lack of cooperation with service plans.

Service Delivery

Targeted services that meet the individualized needs of children and families are key to achieving family reunification and ensuring children's safety. Issues reported by States related to the delivery of appropriate services include the following:

- Some Final Reports mention the availability and coordination of specific services as factors important to the achievement of reunification. These include in-home services, concrete services such as housing and food, mental health and substance abuse services, culturally competent services, comprehensive wraparound services, and coordination or collocation of service providers. In the second round of reviews, many States pointed to the use of trial home visits, during which time the agency continues to provide services and supervision, as an important factor in reducing reentry to foster care.
- Many more Final Reports cite problems with service delivery, including a lack of specific services, a lack of transportation to services, long waiting lists, and inconsistent service accessibility in all jurisdictions, with rural areas having the most difficulties. Problems with housing and substance abuse, mental health, and culturally competent services were most often cited as specifically impeding efforts to reunify families.

Many States specifically cite the provision of post-reunification services as a key to reducing the risk of harm to children, repeat maltreatment, and reentries to foster care. A number of these reports discuss the length of time post-reunification services are provided (ranging from 3 months to as long as needed). Reports indicate that continued monitoring

of families supports their participation in such services.

- Specific post-reunification services that contribute to positive outcomes include in-home services, mental health or counseling services, substance abuse services, parenting support, child care, concrete services such as housing and financial assistance, and transportation.
- Many Final Reports specifically tie poor post-reunification services to an increased risk of harm to children after reunification, repeat maltreatment, and higher numbers of reentries to foster care. Common problems include service disruptions, the lack of availability of services in all areas, services not available at the intensity or duration that families need them, and the high costs of needed services.

Systemic Issues

The CFSR Final Reports mention a number of systemic issues that contribute both positively and negatively to the achievement of timely, stable reunifications. These include issues related to funding, courts, and staffing.

Funding. Positive contributions of various funding strategies cited in Final Reports as supporting reunification efforts include increased funding for reunification, dedicated reunification funds, flexibility in the use of funds, blended funding streams, and financial incentives for contractors.

Courts. Positive contributions related to the courts are mentioned in Final Reports and include cooperation between the courts and child welfare agencies, court tracking of permanency timeframes, and court monitoring of families after reunification. Court-related

issues noted as impeding reunification efforts include continuances and crowded court dockets delaying reunification, judges extending the timeframe for reunification beyond the Adoption and Safe Families Act (ASFA) guidelines, and courts ordering reunifications in cases in which agency staff do not feel the family is ready.

Staffing. Staffing problems that reportedly impede reunification efforts include high rates of staff turnover, inexperienced staff, and high caseloads. These problems may result in insufficient worker visits both with foster children and birth parents, insufficient monitoring and support of parents' service participation and progress toward goal achievement, and longer timeframes to achieve reunification goals as each new worker starts over.

Finally, policies regarding timeliness to reunification are cited as a concern in many State Final Reports. A few States report that while the time taken to reunification is longer than allowed for in the national standard, this caution results in fewer reentries to foster care. Correspondingly, other States are concerned that shorter times to reunifications are resulting in higher reentries because families are sometimes reunited before risk and safety issues are fully resolved. Many Final Reports state that the goal of reunification is often kept too long even when it seems unlikely that it will be achieved (e.g., when the parents have made little or no progress on service plan tasks).

Research on Family Reunification

It is clear from a review of the State CFSR Final Reports that numerous factors interact and play important roles in a State's ability to reunite children in foster care with their birth families. Meaningful family engagement, assessment, case planning, and service delivery are key. Systemic supports related to funding for services, support from the courts, and stable, competent staff also appear to impact, directly and indirectly, the achievement of reunification goals. A review of the relevant literature sheds additional light upon State CFSR findings regarding the factors in achieving timely, stable reunifications.

Family Engagement Is Fundamental to Successful Reunification

Much of the literature addresses four dimensions of family engagement:

- The relationship between the caseworker and the family
- Parent-child visitation
- The involvement of foster parents
- The involvement of a parent mentor or advocate

The relationship between the caseworker and the family. Both the frequency and the nature of the caseworker's contact with the family are important. Family reunification appears to be facilitated by more frequent caseworker contact (Farmer, 1996; Littell & Schuerman, 1995; Children's Bureau, 2004a).

In an analysis of 411 children who spent at least 3 years in out-of-home care, caseworker engagement with the family (measured by caseworker self-report) was positively associated with permanency outcomes of both reunification and adoption (Cheng, 2010). However, parents are sometimes mistrustful of child welfare professionals and thus unwilling to share information or establish a relationship with agency representatives (Kemp et al., 2009). Family engagement becomes meaningful when family members believe their involvement in case planning and services is valued and respectful of their potential to keep their children safe, provides them with the information they need to successfully advocate for themselves and their children, and enables them to access the services and resources they need to achieve reunification (National Resource Center for Permanency and Family Connections, 2009). In a study examining engagement in a sample of 63 families receiving child protective services, the interpersonal relationship with the caseworker was determined to be the strongest predictor of the family's self-report of engagement (Regional Research Institute for Human Services, 1998).

The above studies, as well as engagement research in related fields, suggest that the following caseworker behaviors are important in mitigating families' fears and building the rapport necessary for effective helping:

- Establishing open, honest communication with parents (Yatchmenoff, 2005)
- Requesting family participation and feedback in the planning process (Regional Research Institute for Human Services, 1998; Rooney, 1992)
- Providing instruction and reinforcement in the performance and completion of mutually agreed-upon activities (Rooney, 1992)

Parent-child visitation. Research supports the significance of parent-child visitation as a predictor of family reunification (Leathers, 2002). A study of reunification in a sample of 922 children aged 12 and younger found that children who were visited by their mothers were 10 times more likely to be reunited (Davis, Landsverk, Newton, & Ganger, 1996).

Effective visitation practice goes far beyond attention to the logistics of scheduling and transportation; it provides an opportunity to build parental skills and improve parent-child interaction. Studies suggest that visitation should have a therapeutic focus. Thus, it is important that anyone supervising visits has clinical knowledge and skills (Haight, Sokolec, Budde, & Poertner, 2001).

The involvement of foster parents. Foster parents may facilitate family reunification through both the mentoring of the birth parents and the support of their visitation. The development of a positive relationship between the foster and birth parents may allow children to avoid the stress of divided loyalties and position foster parents to play a supportive role after reunification. However, when selecting foster parents to work with birth parents, agencies should consider their experience, maturity, communication skills, their ability to handle these multiple roles, and the possible need for additional training (Lewis & Callaghan, 1993; Sanchirico & Jablonka, 2000).

The involvement of a peer mentor or advocate. When parents lose custody of their children, they must interact with an array of

systems, including—at a minimum—the child welfare agency, the court, and one or more service providers. In order to negotiate their way through unfamiliar systems, they can benefit from having a designated partner who can help them understand court and agency processes, normalize their experiences, and focus on changes they need to make in order to have their children returned to them. Such partners are most often foster parents or parents who have successfully achieved reunification themselves (Marcenko, Brown, DeVoy, & Conway, 2010; Romanelli et al., 2009). Anthony, Berrick, Cohen, & Wilder (2009) found that parents participating in a program that paired them with parents who had successfully navigated the system were more than four times as likely to be reunified with their children as parents in a comparison group.

Accurate, Individual Assessment and Case Planning Are Crucial for Successful Reunifications

Child maltreatment is a complex phenomenon with a number of underlying causes. Accurate differential assessment is therefore essential. Differential assessment involves developing an individualized, family-centered understanding of a child and family's circumstances, environment, and potential in order to identify each family's unique needs, determine the extent of the risk to the child, and to construct an appropriate intervention plan (National Resource Center for Foster Care and Permanency Planning, 2003; Macdonald, 2001; National Research Council, 1993).

Research has demonstrated that adequate assessment often does not occur in child welfare, and this failing may be linked to the

instability of reunification. In a review of 62 failed reunifications, Peg McCartt Hess and her colleagues found that "poor assessment or decision-making by the caseworker or service provider" was a factor in 42 cases (Hess, Folaron, & Jefferson, 1992).

The use of standardized tools to aid assessment is an emerging area of child welfare research that offers some promise of improving practice in this area (Corcoran, 1997; McMurtry & Rose, 1998).

- The North Carolina Family Assessment Scales for Reunification (NCFAS-R), developed by Ray Kirk, Ph.D., at the University of North Carolina at Chapel Hill, is a validated instrument designed specifically for use in reunification. The NCFAS-R, an adaptation of the original North Carolina Family Assessment Scale used in family preservation, has proven to be an effective tool in assessing readiness for reunification and parent and child ambivalence (Kirk, 2001).
- The Structured Decision Making® Reunification Reassessment was recently validated by the California Department of Social Services (Wagner & Bogie, 2010). The instrument is designed to help workers assess caregiver case plan progress and estimate probable child safety and stability after reunification.

Services Should Be Practical and Comprehensive, Addressing All Aspects of Family Life

Services should be designed to promote an environment to which a child can be safely returned and to help maintain that environment after reunification. A number

In 2005, the National Child Welfare Resource Center for Family-Centered Practice, a service of the Children's Bureau, published *Comprehensive Family Assessment Guidelines for Child Welfare* (available on the Children's Bureau website at www.acf.hhs.gov/programs/cb/pubs/family_assessment/index.htm). In 2007, the Children's Bureau funded a 5-year demonstration grant cluster, Using Comprehensive Family Assessments (CFA) to Improve Child Welfare Outcomes.

Grantees were:

- Alabama Department of Human Resources
- Alamance County Department of Social Services (North Carolina)
- Contra Costa County Child and Family Services Bureau (California)
- Illinois Department of Children and Family Services
- Ramsey County Community Human Services (Minnesota)

At the end of the projects, the grantees' process evaluations will assess the implementation of the eight key components of the *Comprehensive Family Assessment Guidelines for Child Welfare*, as well as the linkages between child-serving systems that will help ensure that identified needs of children and families are met. The practice evaluation will demonstrate how the practice of comprehensive and ongoing assessment has improved over time. The outcomes component will utilize a randomized trial, or other approach of sufficient rigor, to examine how the assessment approaches affect key outcomes of interest.

of studies have supported the use of interventions that have a behavioral, skill-building focus and that address family functioning in multiple domains, including home, school, and community (Corcoran, 2000; Macdonald, 2001). Cognitive-behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches (Kolko, 1996, cited in Corcoran, 2000). The most effective treatment involves all family members and addresses not only parenting skills but also parent-child interaction and a range of parental life competencies such as communication, problem solving, and anger control (Corcoran, 2000; Dore & Lee, 1999).

The literature reports on the effectiveness of several types of services:

Concrete services. The provision of concrete services such as food, transportation, and assistance with housing and utilities has been demonstrated to be an important aspect of family reunification services (Cheng, 2010; Choi & Ryan, 2007). A study reviewing effective family-centered service models identified concrete services as critical elements of practice (Wells & Fuller, 2000). The most effective programs not only provided services to meet concrete needs, but offered families instruction in accessing community resources so that they could do so independently in the future. In a study of 1,014 families participating in a family reunification program in Illinois, the 50 percent of families who experienced reunification demonstrated high utilization of concrete services such as financial assistance and transportation (Rzepnicki, Schurman, & Johnson, 1997).

Substance abuse treatment. The well-documented incidence of parental substance

abuse as a factor in the placement of children into foster care (Smokowski & Wodarski, 1996) supports the critical importance of readily available resources for the assessment and treatment of addiction. In a longitudinal study of 1,911 mothers, Green, Rockhill & Furrer (2007) found that those who entered substance abuse treatment faster after their children were placed in substitute care, stayed in treatment longer, and completed at least one course of treatment were significantly more likely to be reunified with their children. A few agencies have established alliances with drug treatment centers or brought addiction professionals into the agency to ensure more effective assessment of drug-related needs, treatment planning, and monitoring of progress. Others have undertaken more intensive training of staff in addictions and the process of recovery (Maluccio & Ainsworth, 2003; Hohman & Butt, 2001). Research has shown promising results with three types of service delivery:

- **Intensive case management.** Ryan, Marsh, Testa, and Louderman (2003) reported significant results when substance-involved families received intensive case management that included “recovery coaches” to facilitate assessments, conduct service planning, and eliminate barriers to accessing substance abuse treatment. However, later follow-up with the same population indicated that likelihood of reunification is diminished when families experience co-occurring problems and are unable to make progress in those areas as well (Children and Family Research Center, 2007). Choi & Ryan (2007) found that the likelihood of both substance abuse treatment completion and family reunification was improved when mothers

also received matched services that addressed co-existing problems such as mental health issues, housing, family counseling, and parenting skills.

- **Tailoring programs for women with children.** The provision of treatment services specifically developed to meet the needs of women with children appears to hold promise for retaining women in treatment and decreasing subsequent drug use (Clark, 2001). In a study of 1,115 mothers, Grella, Needell, Shi, & Hser (2009) found that the likelihood of reunification was enhanced when mothers received a broad range of employment, educational, and family and children’s services in addition to substance abuse treatment.
- **Strong social support.** Because social support appears to be an important factor in the successful treatment of addiction, assessment and intervention should involve the entire family, especially spouses or partners, and include consistent, ongoing support from caseworkers and treatment providers (Gregoire & Schultz, 2001).

Home-based services. Many home-based service models originally developed to prevent out-of-home placement have shown some success in effecting family reunification. In one experimental study, families in the treatment group received intensive casework services, parenting and life skills education, family-focused treatment, and help in accessing community resources. The treatment group had a reunification rate three times that of the control group and remained intact at a far higher rate 7 years later (Lewis, Walton, & Fraser, 1995; Walton, 1998). It is important to note, however, that while some short-term intensive models have demonstrated success

in achieving family reunification, not all such programs appear to reduce the risk of reentry into foster care substantially (Kimberlin, Anthony, & Austin, 2009; Littell & Schuerman, 1995; Wulczyn, 2004). Many families who have experienced placement of one or more children in foster care require longer term intervention and support (Gaudin, 1993).

Post-reunification services. Data from the Multistate Foster Care Data Archive indicate that about 25 percent of all children who go home will return to care at some point, often within 1 year (Wulczyn, 2004). Reunification, although a positive milestone for the family, is also a time of readjustment, and a family already under stress can have difficulty maintaining safety and stability. The difficulty is compounded when children or parents have numerous or more complex personal needs or when environmental factors, such as extreme poverty and a lack of social supports, are present (Festinger, 1996; Terling, 1999). Research suggests that follow-up services that enhance parenting skills, provide social support, connect families to basic resources, and address children's behavioral and emotional needs must be provided if reentry into foster care is to be prevented. Post-reunification services are especially important when parental drug or alcohol use is a concern (Festinger, 1996; Terling, 1999).

Examples From the Field

The following program examples illustrate key characteristics of interventions found to be associated with the achievement of timely, stable reunifications.

Michigan: Time-Limited, Intensive Services Promote Family Reunification

In 1992, Michigan created and pilot tested the Family Reunification Program for families with children in out-of-home care. The program was intended to reduce the number of children in out-of-home care and to reduce the cost to the agency. The program provided several services to each family in treatment, including:

- Assessment
- Case management
- Transportation services
- 24-hour service availability
- Flexible funds
- In-home services
- Two staff (one master's level, one bachelor's level) for each family

Families were required to participate in assessment, family or individual therapy, and workshops on parenting. Services were offered for either 4 or 8 months.

An evaluation of the program showed that the families who participated in treatment programs were more likely to remain reunified than those in the control group. In addition, treatment was more cost-effective in the long run.

Fewer children in out-of-home care. Twelve months after exiting the program, 73 percent of the 813 children in the treatment group had been returned home and remained safely with their families; 69 percent of children in the comparison group had been returned home. No significant difference was found

in reunification rates between families who participated in the 4-month (78 percent) and 8-month programs (72 percent). At 24 months following reunification, 81 percent of the treated families remained reunified, compared to only 60 percent of the comparison group families. Furthermore, the research indicated that children in the treatment group who did reenter out-of-home care tended to spend less time out of the home.

Cost-effectiveness. The agency calculated that it saved more than \$5,000 per family for those participating in the Family Reunification Program (more than half of the cost for a child in the control group). The average cost per child was \$3,830 to return a child in the treatment group home, including 6 months of services and 12 months of follow-up. The cost for the same 18-month period was approximately \$9,113 per child in the comparison group, due to more frequent contacts and more reentries into care after reunification.

In follow-up interviews, families rated the following program features most strongly: the use of two-worker teams, the services offered in the family home, the 24-hour service availability, the use of a solution-focused service delivery, the skill-teaching in both individual and child management techniques, and concrete services (e.g., transportation, home repairs, etc.).

Today, the Family Reunification Program has expanded into 26 counties throughout Michigan, which serve 85 percent of all foster children in the State. The program served 730 families in fiscal year 2008. The two-worker team is made up of a team leader who provides the therapeutic intervention with family members and a family reunification

worker who provides skill teaching and concrete services. Services are home-based and intensive, averaging 8-12 hours per week for the first 2 weeks after children are placed back in the home, and 4 hours per week for 4-6 months. Services are strength-based and focus on child safety. Family Reunification workers maintain small caseloads (six families), and the Team Leader provides 90 minutes of weekly family therapy and carries a larger case load (up to 12 families) during an intervention period.

For additional information, contact:

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Rhode Island: Project Connect Improves Reunification Rates for Substance Abuse-Affected Families

Established in 1992 by Children's Friend & Service in Providence, RI, Project Connect is a community-based program for substance abuse-affected families who are at imminent risk or who have already had a child removed from their care. Project Connect offers home-based substance abuse and family counseling, as well as parent education, nursing services, parenting groups, domestic violence groups, sobriety support, and links to services such as affordable housing, substance abuse treatment, and health care. Each family is assigned to a team that includes a master's level clinician, pediatric nurse, and parent

educator. Staff work with parents and foster families to support relationships with children while in out-of-home care. Since 2007, the project has expanded its services statewide.

Evaluations of the program in 2003 and 2010 indicate that nearly all of the babies born to parents involved with Project Connect were born drug-free. Parents who completed the program after a high level of involvement with services showed significant progress in their parenting capabilities vis-a-vis creating a learning environment, addressing the health needs of their children, and effective use of supervision and discipline. They also were more likely to display adequate to mild strengths in family safety.

An evaluation of the 2003 program documented a number of positive outcomes. Parents showed marked improvement in meeting reunification goals and the ability to address the health needs of their children. Progress also was made in dealing with substance abuse issues, parenting behaviors, and meeting concrete needs. Researchers also noted that all but 2 of the 16 children assessed were functioning at or above the appropriate developmental stage.

Since 2007, improvements in child well-being are being assessed using the North Carolina Family Assessment Scale; while almost all children showed some improvement in the areas of child mental health, child behaviors, and parent-child relationships, those whose parents were highly involved with services displayed the greatest improvements. In the period 2007-2009, 16 of the 23 children who were removed from their families experienced reunification. Seventy-five percent of Project Connect reunifications occurred within 12 months of removal, compared to 68 percent

for all reunifications in the State. Only one Project Connect child reentered foster care in that time period, 15 months after reunification.

The program attributes its success to a number of factors:

- A service coordinating committee, which developed statewide policies that are responsive to families, reduced barriers to services, and developed opportunities for cross-training of service providers
- Increased outreach and engagement efforts by staff
- An increased focus on permanency planning for children

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Program Support for Reunification

In addition to offering insight into factors and services that are linked to reunification and stability, the literature and the program examples discussed above suggest several guiding principles for practice in this critical area of permanency planning:

- Families must be included and engaged in the planning and selection of services and the assessment of progress. Positive change is best driven by mutually established goals

and open, honest communication between families and helping professionals.

- Maintaining family relationships while children are in care is a critical component of any successful reunification practice. Frequent family visitation is linked to both the likelihood of reunification and post-reunification stability.
- Successful reunification must be systematically considered and planned for from the earliest possible point. Such planning must rest on comprehensive assessment that focuses not only on the issues precipitating placement, but also on family history, relationships, the parents' health and emotional functioning, and the community environment.
- Reunification preparation and post-reunification supports must be based on the needs of the children and family rather than on arbitrary timeframes. Reunification should be viewed as a process that includes maintaining family relationships while children are in care, careful planning, and the provision of post-reunification supports. Families are best supported when all available resources, both formal and informal, are brought to bear on their behalf (Warsh, Maluccio, & Pine, 1994).

Some of these guiding principles can be implemented by caseworkers; all of them, plus the systemic changes such as flexible funding, can be implemented at the agency level or higher.

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March 20, 2018

RE: Letter of Support - House Bill 151

Dear Senator Wilson and members of the Senate HSS Committee,

I am writing in support of HB 151. With record numbers of children and youth in foster care, high rates of caseworker turnover and the need for more relative foster homes, Alaska is in dire need of the improvements outlined in HB 151.

As a former foster parent who has adopted and is currently raising two children from care, and in my professional capacity of regularly interacting with OCS, with current foster families, with children in care, and with biological parents I have a very good understanding of the system and its shortfalls. HB 151 makes huge strides in addressing issues that are currently in place.

This bill offers solutions to insure training and workload standards for front line caseworkers, strengthens language and agency accountability for timely relative searches; requires the department encourage children connections to siblings and former foster parents, when appropriate; provides for supports for certain family members to obtain variances to provide foster care; mandates that child in custody and at least age 14 be included in their own case planning and provided with tools they need to successfully transition to adulthood.

The changes proposed in HB151 will help to stabilize the workforce to better serve the needs of families involved in the child welfare system, increase the timeliness of children exiting foster care, improve the care and wellbeing of children and youth in foster care and help youth successfully transition to adulthood.

I strongly support your efforts to improve the life of Alaska's children by passing this bill.

Sincerely,



Mark Lackey

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District 7D

Kristina D. Andrew
P.O. Box 146 Dillingham, AK 99576
907-843-0413

March 20, 2018

RE: Letter of Support - House Bill 151

Dear Senator Wilson and members of the Senate HSS Committee,

I am writing in support of HB of 151. With record numbers of children and youth in foster care, high rates of caseworker turnover, and the need for more relative foster homes, Alaska is in dire need of the improvements outlined in HB 151.

Our children deserve the best of care when they are seeing their parents at their worst. Currently because of the caseload size, caseworkers are not able to give their best to the children in need. When people become overworked, the very work they have in front of them suffers, in this case it is the children. Please give them the best chances in life by giving them happy healthy caseworkers to fill in the gaps while their parents get help.

Also, children take ownership and accountability when they are a part of the planning process. Please help ensure that children find the right fit and allow them to be a part of their case planning.

This bill offers solutions to insure training and workload standards for front line caseworkers, strengthens language, and agency accountability for timely relative searches; requires the department encourage children connections to siblings and former foster parents, when appropriate; provides for supports for certain family members to obtain variances to provide foster care; mandates that child in custody and at least age 14 be included in their own case planning and provided with tools they need to successfully transition to adulthood.

The changes proposed in HB151 will help to stabilize the workforce to better serve the needs of families involved in the child welfare system, increase the timeliness of children exiting foster care, improve the care and wellbeing of children and youth in foster care and help youth successfully transition to adulthood.

I strongly support your efforts to improve the life of Alaska's children by passing this bill.

Sincerely,

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THE STATE
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March 21, 2018

Honorable David Wilson
Chair, Health and Social Services Committee
Alaska State Senate
Alaska State Capitol
Room 115
Juneau, Alaska 99801

Dear Senator Wilson,

The Office of Children's Services is providing the following responses to questions that were raised by the Senate Health and Social Services Committee on March 19, 2018, related to Representative Gara's HB 151.

1. ***What is the total number of current PCNs assigned to OCS? What is the vacancy rate? i.e., the average number of vacant positions at any point in the year?***

Current PCNs

564 Permanent Full Time Positions

1 Permanent Part Time Position

FY2017

175 positions became vacant, 105 of them were Protective Service Specialists.

At any point in time, there was an average of 65.4 vacant positions.

FY2018

As of December 2017, 123 positions become vacant, 71 of them were Protective Service Specialists.

At any point in time, there was an average of 63.9 vacant positions.

2. ***Of the 31 positions funded last year, how many are still employed, how many have quit, how many were promoted or moved into other positions?***

Of the 31 positions, 30 are currently filled. A total of 4 positions have turned over once. One individual left OCS while the other 3 individuals transferred to other positions within OCS.

3. ***Does the Department have the physical workspace for the requested additional positions?***

Yes, space can be used in existing offices. The fiscal note includes funding to build out additional offices for the new staff in existing lease space.

4. ***If the current 31 PCNs were fully staffed, how do the additional requested 21 employees factor in? Would the Department need the full 21 if the turnover were around 7% (like New Jersey)?***

If OCS's turnover rate was 7% like New Jersey, then no, the additional 21 employees would not be needed.

5. ***What happens if caseloads begin to decrease (which is the goal, right?) Do OCS let staff go? Is there a trigger mechanism to decrease staff when the number of cases drops below a certain threshold?***

Department policy is to eliminate positions when they are no longer needed either by deleting them in the budget or repurposing them for other priorities.

Section 15 of HB 151 bill contemplates a staffing report to the legislature to identify compliance with training and workload standards and requires an annual report to the legislature. The bill requires that the department include the staffing report in the annual report to the legislature required under AS 18.05.020.

6. ***What is the link between the number of Foster Care placements and the number of front-line workers requested, in general and specifically regarding the provisions of this bill?***

The link between caseworkers and foster care placements is directly in relation to the number of caseworkers a child or family may have from the start of their case to the end. Every time a worker changes due to turnover, the outcomes for families diminish and the gap they leave leads to placement instability and placement changes.

7. ***Please address "span of control" within the division, e.g., the ratio of supervisors to front-line workers.***

The ratio of supervisors to front line workers is 6:1. The ideal ratio, per a workload study completed in 2012 by Hornby, Zeller and Associates is 5:1. The Office of Children's Services would require an additional 7 supervisors, Protective Services Specialist IV's, to maintain optimal levels of supervision.

8. ***One of the speakers on Monday said there is an existing law that requires relative searches to take place already. How is this bill going to improve on that, as this provision was highlighted by several speakers?***

Searching for relatives within the first 30-days a child enters care is required by state and federal law. What is added value in the bill is that in Section 12 OCS would now be required to have a supervisor "certify in writing in the case file" that the department has searched for an adult family member or friend. This increases the level of accountability and will make it more transparent for the parties to see during the discovery process.

9. ***In what way has training changed from previous years for the 31 positions hired last year?***

Changes were implemented 1/1/2018 that provide for five weeks of training for newly hired staff. And, newly hired staff, upon completion of training will be assigned a mentor that will provide additional on the ground training during the new hire's initial months of employment with OCS.

10. *Is there a strategic plan in place to specifically address training, professional development, recruitment, and retention of employees? (If so, please provide a copy.)*

OCS does not currently have a singular document that compiles and summarizes all of our workforce efforts. Currently, we have numerous efforts in process that involves the University of Alaska Anchorage/University of Alaska Fairbanks, the National Child Welfare Workforce Institute and Casey Family Programs. We are working to create one as a part of our work to create the Annual Program and Services Plan that is due to our Federal Region X partners by June 30, 2018.

11. *In this environment of steady revenues and/or flat funding, the Department might have to move something else down on the priority list to make room for this expansion of OCS. What has HSS identified as a program that might be reduced in priority to make room for this bill's new program?*

The department has reduced the budget to the extent possible while still carrying out the mission of the department and adhering to statutory and regulatory requirements.

12. *How do private organizations, e.g., Family Centered Services of Alaska in Fairbanks or Presbyterian Hospitality House, certify foster homes?*

An applicant to provide foster care services, whether they be a child placement or a therapeutic foster home, will work with the child placement agency to meet the foster care requirements and training. Once the application is complete the application is sent to the OCS Licensing Unit in Anchorage and the license is issued within 30 days. Child placement agencies recruit by word of mouth or having a booth at health fairs. The average timeframe for an OCS foster home to become licensed is 90 days or less after the receipt of a complete application, this is per 7 AAC 50.025 (b)(2)(3). When it takes longer than 90 days it is usually outside the control of the department, for example travel to rural communities weathered out, waiting on Adam Walsh checks from other states, etc.

Please feel free to reach out if you would like further clarification or have other questions.

Sincerely,



Christy Lawton, MSW
Director

cc: Honorable Les Gara, House of Representatives
Darwin Peterson, Legislative Director, office of Governor Bill Walker
Valerie "Nurr'araaluk" Davidson, Commissioner
Karen Forrest, Deputy Commissioner for Family, Community & Integrated Services

Jody Simpson

From: Michelle Sydeman
Sent: Wednesday, April 04, 2018 9:16 AM
To: Jody Simpson
Subject: RE: section 15

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: pending

Yes, I think we should change it there, so they get right on it.

Michelle

Staff to Representative Les Gara
(907) 465-1335

From: Jody Simpson
Sent: Wednesday, April 4, 2018 9:15 AM
To: Michelle Sydeman <Michelle.Sydeman@akleg.gov>
Subject: section 15

Looks like a two-year window for the first report, as it's under Section 15, case/workload standards. So, first report would be Nov. 2020?

Maybe that should be changed in SFIN?

Jody Simpson

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