

HB 151

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HB 151: Children Deserve A Loving Home Act



Representative Les Gara

It is easier to build strong children
than to repair broken men.

Frederick Douglass



Children Deserve Better

By age 21,

- 29% of Alaskan foster youth have been incarcerated
- 53% have been homeless (after leaving care)
- 37% have children of their own
- 40% are utilizing public assistance
- 34% were employed

Sobering Facts

- ▶ Alaska's child maltreatment rate is 70% higher than the national average.*
- ▶ According to the Child Welfare League of America, we consistently have one of top 5 rates of child abuse in the U.S.
- ▶ Results in more youth being physically or emotionally damaged in their own homes.
- ▶ 49% caseworker turnover harms families, wastes money. Can be fixed.

*http://dhss.alaska.gov/dph/HealthPlanning/Documents/scorecard/2016%20Trust%20Scorecard_final_2-16-2017.pdf

We Are Not Alone

- ▶ Highest number of foster youth ever nationally

News » Arkansas Reporter

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

by Benjamin Hardy
Arkansas Nonprofit News Network
December 06, 2017

Indiana foster care system
is in crisis

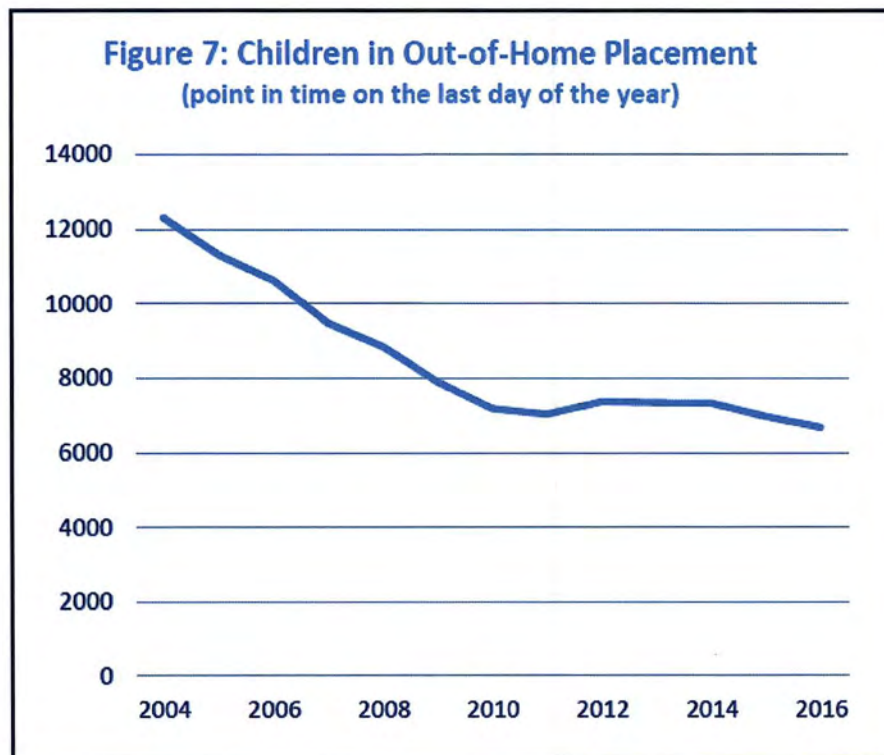
THE FOSTER CARE SYSTEM IN INDIANA IS IN CRISIS.

- ▶ It's time to adopt comprehensive, recommended reforms.
- ▶ New Jersey has. It's working.

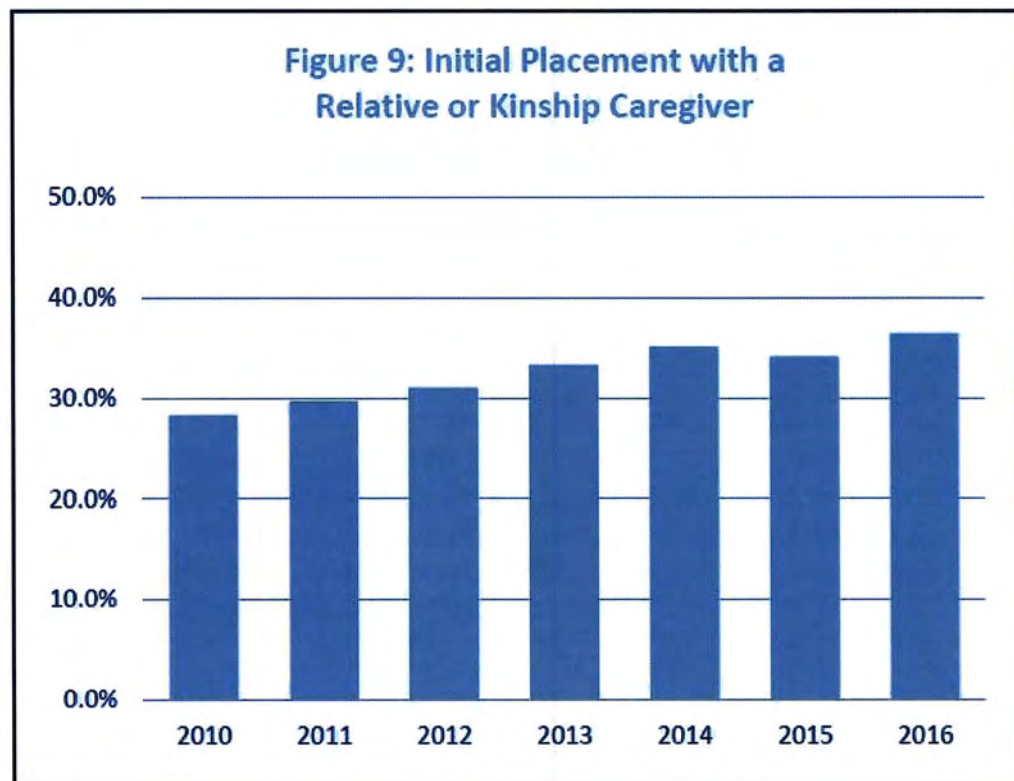
Vast Improvement Is Within Our Reach

- ▶ New Jersey faced a class-action lawsuit over its damaging foster care system.
- ▶ A 2005 settlement required **reductions in caseloads** and **increases in training**, among other provisions.
- ▶ Their outcomes have been encouraging.
 - 84% of children experience 2 or fewer placements within first year.

Keeping Families Together: N.J. Placements Down 12,000 to 6,700



Placing Youth With Relatives: A 30% Increase in N.J.



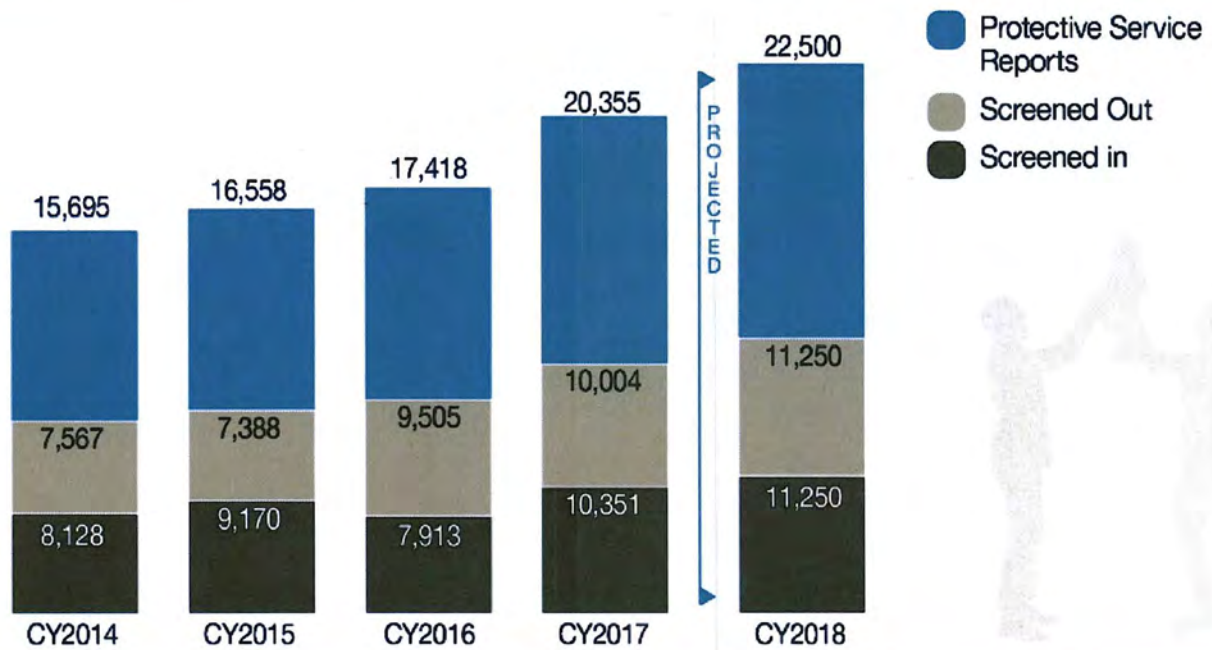
NJ Turnover = 7% Annually

The current NJ DCF workforce is...

<i>Descriptor</i>	<i>Indicator</i>
Attracted to Child Welfare	NJ DCF has a 1.27% vacancy rate
Educated & Prepared for the Work	Position requirements include bachelor's degrees, plus relevant child welfare or social work experience
Stable & Consistent	NJ DCF has a 7.24% turnover rate, much lower than the national average (30%)
Diverse & Reflective of the Children Served	Staff race/ethnicity (44% Black, 35% White, 19% Hispanic) mirrors the demographic trends of children receiving services
Committed	74.2% of staff have been employed by the State for 6+ years
Adequately Compensated	Starting salaries range from \$49,000-\$70,000, on par with other human and protective service professions in the State
Well-supported	89-99% of caseloads meet national standards and MSA benchmarks
Well-supervised	Average supervisory ratio is low, with 1 supervisor to 4.7 workers
Well-trained	Caseload-carrying staff and supervisors are provided with 229,767 hours of training (71.5 hours on average), with 100% receiving at least 40 hours per year

In AK, Reports of Potential Harm On the Rise

71% from mandatory reporters, not meddling neighbors



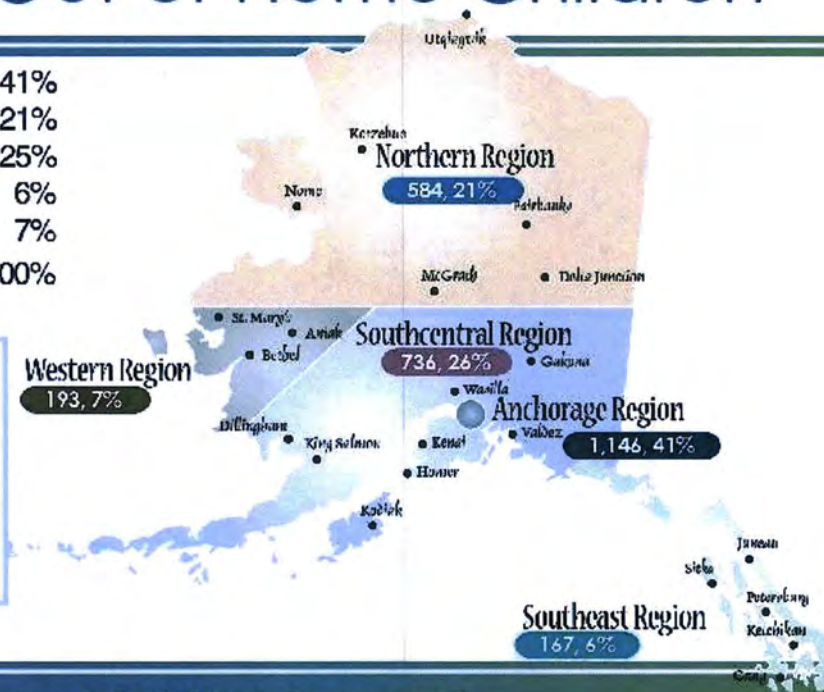
Vision: Safe Children, Strong Families

As of Dec 31 of Each Year

Count of Out of Home Children

■ Anchorage	1,146	41%
■ Northern	584	21%
■ Southcentral	736	25%
■ Southeast	167	6%
■ Western	193	7%
Statewide	2,826	100%

	Total
2012	1,884
2013	1,988
2014	2,287
2015	2,779
2016	2,968
2017	2,826



December 31st 2017



Vision: Safe Children, Strong Families

Alaska's Staggering Caseloads

- ▶ 43% increase in reports of harm since 2014
- ▶ 51% increase in children in out of home care since 2012
- ▶ Only a 14% increase in front-line social workers, including the 31 added last year, from FY 11 – FY 19

Caseworkers: Essential to Success

“A well-trained, highly skilled, well-resourced and appropriately deployed workforce is foundational to a child welfare agency’s ability to achieve best outcomes for the vulnerable children, youth and families it serves.”

Casey Family Programs

How Excessive Caseloads Harm Children & Families

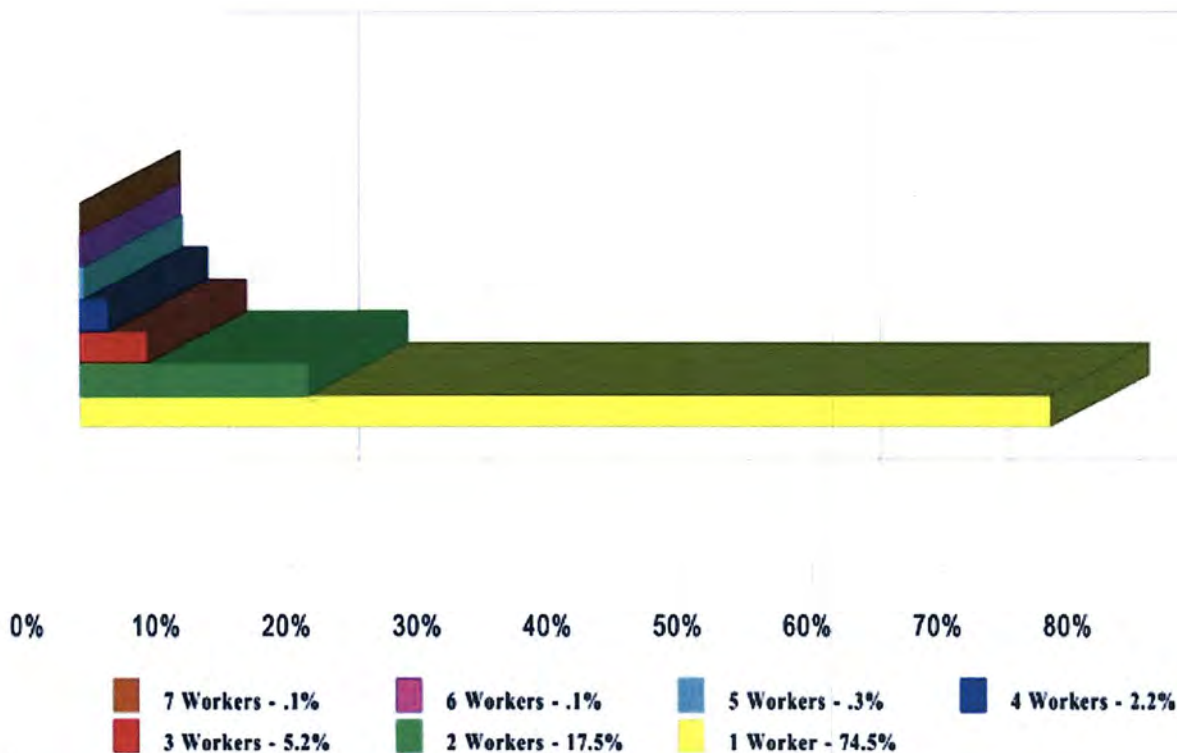
- ▶ Can't work with families to arrange **frequent visitation**, which **increases reunification**
- ▶ **High caseloads** lead to **more turnover** – 49% for new workers at OCS
- ▶ More turnover leads to damaging placement changes
- ▶ Inadequate time to investigate cases & work with families & youth.

Excessive Workloads: #1 Factor in Decision to Quit

- ▶ OCS frontline staff say that **excessive workload is the number one factor affecting high turnover rates.**
 - Employees were asked to rank the top strategies they believed would best retain staff. Among the frontline workers, more than 50% ranked “overall reduction in workloads” as their most preferred strategy. Another 15% chose “increased pay and benefits” and a little over 10% chose “improved quality of supervision.”

(Alaska Citizen Review Panel, Alaska Office of Children's Services, 2016)

Fewer changes in caseworkers increases the chances of permanency for children



Flower, C. McDonald, J. & Sumski, M. (2005). *Review of turnover in Milwaukee county private agency child welfare ongoing case management staff*. Milwaukee, WI: Milwaukee County Department of Social Services.

WHY THE WORKFORCE MATTERS



CHILD WELFARE WORK ISN'T EASY

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

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



TURNOVER IS COSTLY

Cost for each worker leaving an agency:

\$54,000¹



Fewer changes in caseworkers ...

Increased chances of stability for families and permanency for children

REDUCED TURNOVER MEANS

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

Protecting Youth

- ▶ Research shows repeated **maltreatment of children in Alaska could be reduced by reducing workload and turnover.**
 - A 2013 NY report found counties in which workers had **higher caseloads also had higher rates of repeated maltreatment.**
<http://www.osc.state.ny.us/localgov/audits/swr/2014/CPS/global.pdf>
 - A 2006 report by the National Council on Crime and Delinquency found “the **correlation between turnover rate and maltreatment recurrence at every time point was strong and statistically significant.**”
http://www.cpshr.us/workforceplanning/documents/06.02_Relation_Staff.pdf

HB 151 will cost-effectively and comprehensively fix problems, improve child and family outcomes, and reduce waste and red tape.



HB 151: What It Will Do

- Sets **manageable caseload limits**, so caseworkers can reduce removal rates, get youth out of foster care faster, make fewer mistakes, and respond to the needs of youth and original parents.
 - For new caseworkers, 6 families in the first three months and 12 in the first six months
 - A statewide average caseload limit of not more than 13 families per worker
 - These levels are consistent with national recommendations, taking Alaska travel times into account

Caseloads: FY 17 & 18

	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.

Finding & Keeping Loving Foster Homes

- Often **placement with a family member** or friend is healthier for a child & leads to reunification
- Bill **strengthens search for family members**, frequently a casualty of excessive caseloads
- ***Can make Olympians***
- Simon Biles and Torie Bowie adopted by loving grandparents within 1 year



Provides Caseworkers with Necessary Training

- Increases training for new workers to 6 weeks
- Pre-2017 budget amendment was 3 weeks
- Directs DHSS to assign mentors to train and help new staff
- Quality training at UA Child Welfare Academy

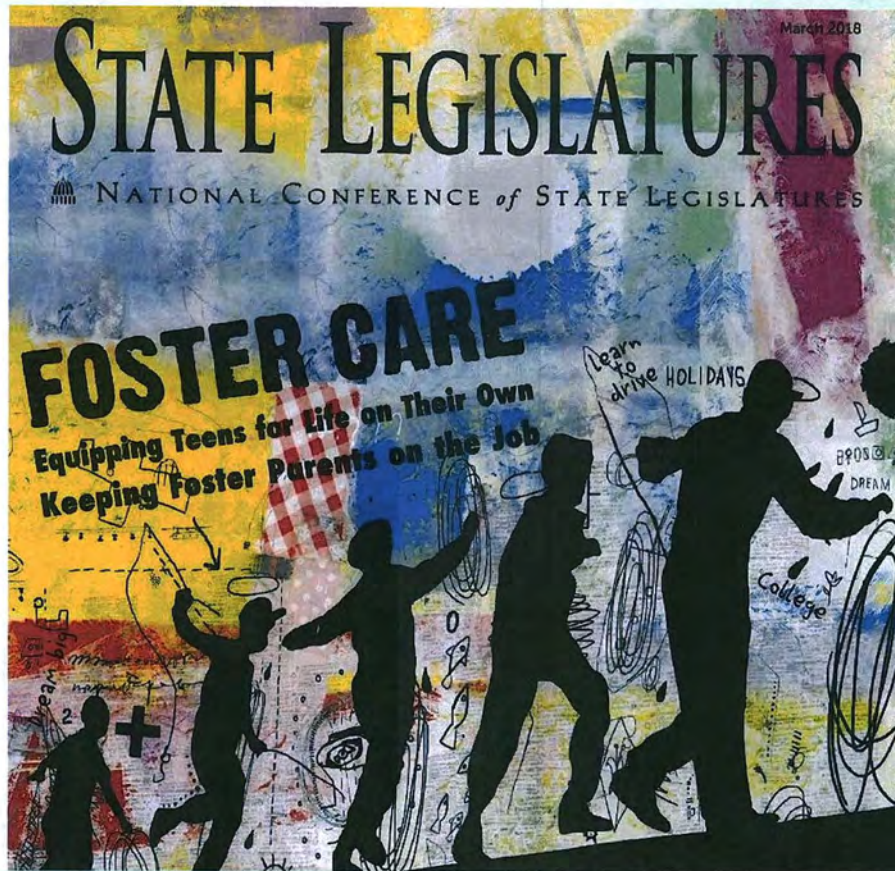
Keeping Families Together

- **Relative placements** -- Requires supervisors to certify in writing that a search for relatives has been carried out
- **Cuts red tape** -- Helps relatives to obtain timely foster home licenses, keeps family members as guardians
- **Reduces removals** -- Prohibits DHSS from placing a child with an out-of-home provider if it determines the child can remain safely at home with an adult family member
- **Maintains connections & support** -- Enables the sharing of contact info to encourage needed contact with siblings and important former foster families

Cuts Red Tape

- Makes it easier for foster parents to make day-to-day decisions about a child's activities ("Prudent Parent" standard followed in more than 10 other states)
- Requires that decisions on foster care home license applications be made within 45 days
- Enables youth 14 and older to participate in their case plan & permanent home goals

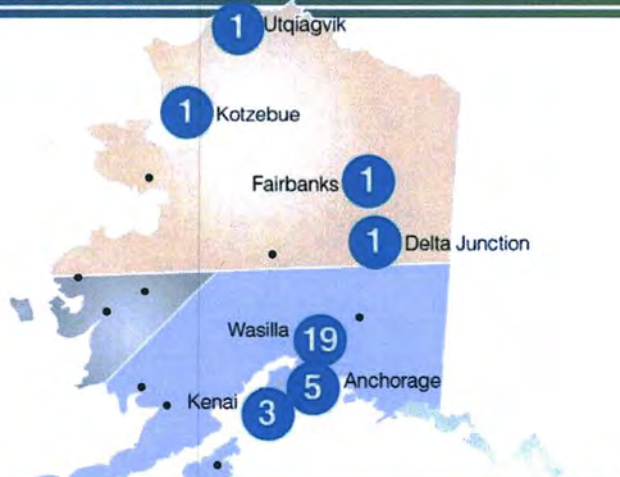
Not All Bad News: Alaska Has Made Some Important Strides



FY2018 AMENDMENT /2019 INCREMENT 31 Positions — 29 Hired

Recruitment Method

- Advanced Preparation
- Continuous recruitment
- Interviews every week
- Same day submission of requests for hire
- Support from DHSS HR staff
- Social Media Ad Buys
- Networking



Location	Protective Services Specialist I/II	Protective Services Specialist III	Protective Services Specialist IV	Social Services Associate II	Office Assistant II	Total
Anchorage	4	1				5
Utqiagvik	1					1
Delta Junction	1					1
Fairbanks	1					1
Kenai	3					3
Kotzebue	1					1
Wasilla	11	2	2	2	2	19
Total	22	3	2	2	2	31



Progress at Alaska OCS

Removals and discharges during each calendar year:

2017: Removals = 1,303; Discharges = **1,422**

2016: Removals = 1,356; Discharges = 1,038

2015: Removals = 1,610; Discharges = 1,080

Children in Out of Home Care:

12/31/2017 = 2,854

12/31/2016 = 2,967

12/31/2015 = 2,778

If there's a cause

WORTH

FIGHTING

FOR

it's this:

children *belong* in families

#adoption

Nicole Stelenger, MI Adoptions



STATELINE

How Heroin is Hitting the Foster Care System

October 09, 2015

By Sophie Quinton



Tamica Jeffers was charged with two counts of child endangerment after Ohio police say she overdosed on heroin while her children were nearby. State officials say the opiate epidemic is a reason more children are landing in foster care.

Timothy Dick's office receives all kinds of reports of child abuse and neglect. Perhaps a child has a broken bone, or is underfed, or has been left home alone for too long.

But when caseworkers drive to the child's home to investigate, they often discover the same root cause. "What we're finding more and more is that the parents are addicted to opiates. And more often than not, it's heroin," said Dick, assistant director of child protective services in Clermont County, Ohio.

In Ohio and other states ravaged by the latest drug epidemic, officials say substance abuse by parents is a major reason for the growing number of children in foster care. In Clermont County, east of Cincinnati, more than half the children placed in foster care this year have parents who are addicted to opiates, Dick said.

The number of children living in foster care started rising in 2013 after years of decline. Last year, about 415,000 children were living in foster care, according to federal statistics released last week. Fifteen percent of them hadn't yet passed their second birthday.

It's not clear how many child-welfare cases nationwide involve parents abusing drugs or alcohol, said Nancy Young, director of the federally funded National Center on Substance Abuse and Child Welfare.

But she suspects that most cases do: "That's what all the caseworkers and judges are saying."

Added Pressure on State Systems

Numbers emerging from the states show how rising heroin use is putting pressure on child-welfare systems.

In Ohio, 23 percent of child-welfare cases investigated in 2013 involved heroin or cocaine, up from 19 percent in 2010, state records show. Seventy percent of children less than a year old who were placed in foster care that year had parents who were using those drugs, according to the Public Children Services Association of Ohio (PCSAO), a coalition of county child-welfare agencies.

In neighboring Indiana, Republican Gov. Mike Pence linked the spike in children moving through the child-welfare system—18,925 as of July—to drug abuse, especially of heroin, and hired 113 new caseworkers this year to help handle the load.

And in Vermont, substance abuse was cited in more than a third of phone calls to the state's child-protection hotline. Last year, 1,326 Vermont children were in state custody, up 33 percent in one year.

"Young children are coming into state custody in unprecedented numbers. This is primarily being driven by parental heroin use," writes Cindy Walcott, Vermont's deputy commissioner for family services.

Social workers point out that drug abuse does not always result in child neglect. But parents might be so consumed by addiction that all they think about is getting high.

Officials in the three states say child-welfare cases that involve drug addiction are particularly challenging because parents have limited time to prove that they're able to safely care for their children and get them back.

But kicking a drug habit—particularly when the drug is heroin—can be a lifelong battle.

Federal law requires that a child be reunited with his family or put up for adoption after spending 15 consecutive months in foster care (or any 15 over a 22-month period). "As soon as the child-protection agency files the case with the court, the clock starts ticking," said Angela Sausser, executive director of PCSAO.

Many parents can't recover in time. Relapse is common with opioids and heroin, Sausser said. And that's assuming parents can start drug treatment. Waiting lists are often long in Ohio and Vermont, particularly for intensive services like clinics where parents can detox with the help of medication.

When a parent has to wait three to six months simply to enter a treatment program, that's critical lost time, Sausser said.

Pursuing Better Approaches

Several states are tackling the problem by expanding addiction services.

Ohio, for example, has launched a pilot program aimed at helping pregnant women who use opiates deliver healthy babies. It's also working to license more drug addiction treatment providers, the state Department of Mental Health and Addiction Services said.

The Ohio agency's services are administered locally. Since the state expanded Medicaid under the Affordable Care Act, local boards have been able to take money that used to go to assisting uninsured residents and shift it toward nonmedical services, such as drug-free residential housing for recovering addicts.

Young, of the national substance abuse center, backs the expansion of the kind of hands-on, and often small-scale, programs that have been adopted in some states. In Illinois, three counties are served by a "recovery coach" program paid for by a federal funds and administered by a nonprofit. Parents get help navigating addiction treatment and additional support, such as parenting classes and help finding jobs and housing.

Specialized court dockets, such as family drug courts, can also help. Ohio's Supreme Court has certified such dockets in 20 courts. Participating families go to court every week or two, along with their caseworkers from child protective services and their drug treatment provider, so the court can check up on them. The extra accountability pushes parents into treatment faster, and helps them complete treatment and reunite with their children, Dick said.

Vermont is expanding a program that wraps more support around parents. The state Department of Children and Families divides the state into 12 districts. In six of them, when caseworkers go out to a home to investigate a possible case of child abuse, a social worker from the Lund Family Center, a nonprofit based in Burlington, goes with them.

“Our staff goes out on that first call and screens the family for substance abuse right then,” said Kim Coe, director of residential and community treatment at Lund. Lund staffers help get parents spots in treatment programs and try to ensure that they actually start treatment, whether that means offering encouragement or finding transportation to their first appointment.

Although a Lund screener only monitors the parent until he or she enters treatment, that’s enough to improve outcomes for families, Coe said. If the Vermont Legislature approves the necessary funds, she said, the program will expand to serve the whole state.

Over the years, community organizations, states and the federal government have tested new approaches.

Those that serve families best, Young said, help parents get into treatment and stay sober. Often, such approaches bring together everyone involved, from child-welfare caseworkers to the judge overseeing the case. “We now know what works,” she said.

NEWER >

Editor's Picks From Around the Web

< OLDER

Editor's Picks From Around the Web

PLACES

Ohio, Vermont, Indiana

TAGS

Budget, Federal Impact, Health, Justice, Safety Net

STATELINE

ABOUT STATELINE

MEDIA CONTACT

Jeremy Ratner

Director, Communications,

Caseload/Workload

- Child Welfare Information Gateway (2010). Caseload and workload management. *State Managers Series - Issue Brief*, April 2010.
- Children's Research Center (2009). Agency workforce estimation: Simple steps for improving child safety and permanency. *FOCUS: News from the Children's Research Center*, April 2009.
- Social Work Policy Institute (2010). High caseloads: How do they impact delivery of health and human services? *Research to Practice Brief*, January.

WHAT ARE THESE RESOURCES?

These three research briefs provide information summarizing recent studies and reports that underscore the importance of manageable caseloads and workloads for child welfare professionals.

WHAT ARE THE CRITICAL FINDINGS?

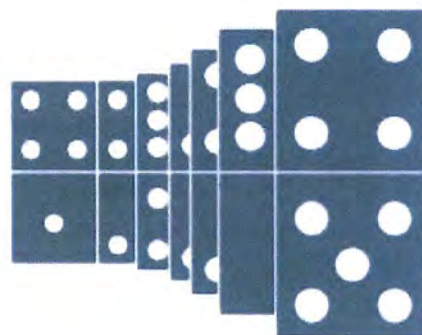
High caseloads and workloads negatively impact a number of important child welfare indicators, including:

- Worker retention;
- Timeliness, continuity and quality of service delivery;
- Family engagement and relationship-building; and
- Safety and permanency outcomes for vulnerable children, youth and families.

High caseloads and workloads can have a domino effect, taking a toll on children, youth, families, communities, child welfare systems, and state/county budgets.

HIGH CASELOADS AND WORKLOADS:

- Staff burnout / turnover
- Decreased worker-family contact
- Failure to meet professional standards for:
 - Investigation response & completion
 - Case plan completion
 - Case plan updates
 - Service provision
- Increased time to permanency
- Increased rates of maltreatment recurrence
- Increased number of foster care placements



HIGHER COSTS FOR STATES, COUNTIES, CHILD WELFARE SYSTEMS & COMMUNITIES

WHAT ARE THE IMPLICATIONS FOR OUR WORK?

Caseworkers must have manageable caseloads and workloads in order to effectively engage vulnerable children, youth and families, meet professional standards, and implement evidence-informed services. As agencies increasingly focus on addressing issues of practice quality, they must, along with their partner state and county governments, also attend to issues of quantity and capacity. These findings make clear that child welfare agencies should take steps to **accurately estimate how much caseworker time** and **how many caseworker positions are required to meet the best practice standards** they adopt for the children, youth and families they serve.

NJ DCF WORKFORCE REPORT:

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



2015-2016



RUTGERS

School of Social Work

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

NJ DCF WORKFORCE CAPACITY & ACHIEVEMENTS

INTRODUCTION

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

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

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

A STABLE & CONSISTENT WORKFORCE

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

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

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

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

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

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

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

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

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

TABLE 4: CASELOAD-CARRYING STAFF TURNOVER (CY2015)¹

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

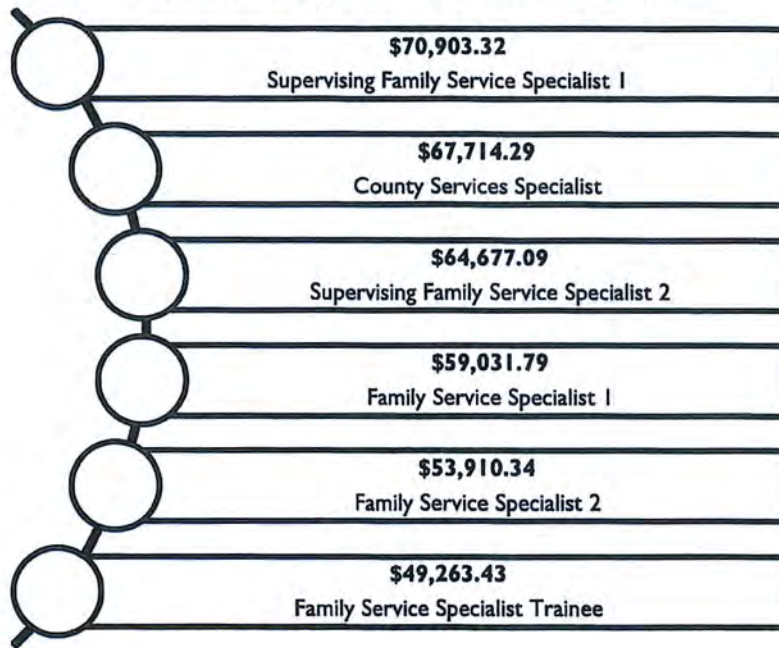
Figure 1 highlights that DCF's turnover rate continues to remain well below the national average and reflects national benchmarks of a stable, consistent workforce:

¹ Turnover is defined as separation from DCF and does not include internal promotions or position changes.

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

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

FIGURE 3: NJ DCF STARTING SALARIES



A WELL-SUPPORTED WORKFORCE

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

TABLE 7: CASELOADS

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

A WELL-SUPERVISED WORKFORCE

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

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

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

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



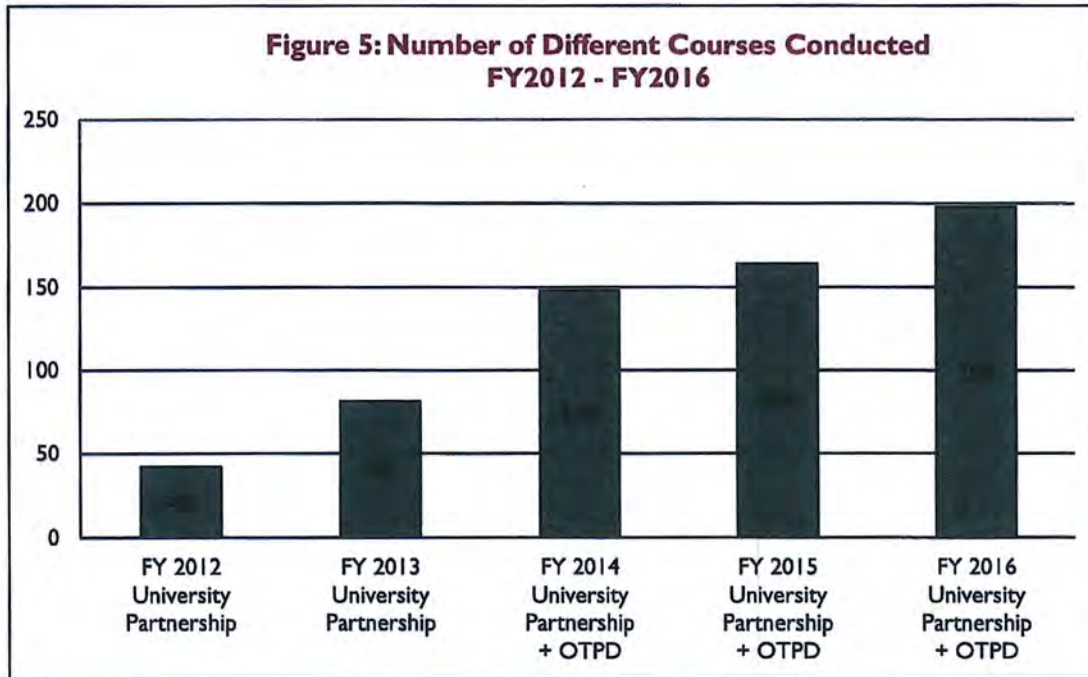
A WELL-TRAINED WORKFORCE

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

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

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

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



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

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

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



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

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

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

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

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

Average Scores	FY2013-2014	FY2014-2015	FY2015-2016
Pre-Test	60%	60%	60%
Post-Test	81.75%	82%	84%

A WORKFORCE LED WITH VISION & HEART

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

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

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

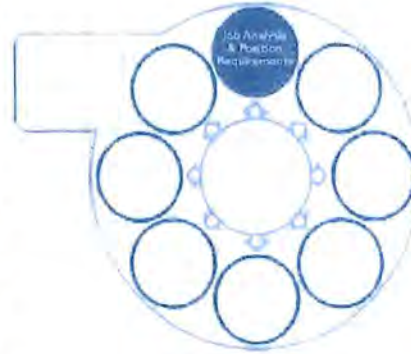
¹² <http://muskie.usm.maine.edu/helpkids/telefiles/061912tele/NJ%20NRCOI%20Webinar%206-19-2012%20Rev.ppt>

JOB ANALYSIS & POSITION REQUIREMENTS

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

EMPLOYEE QUALIFICATIONS

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



SPECIALIZATIONS

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

CASELOAD STANDARDS & SUPERVISORY RATIOS

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

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

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

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

Gradual Case Assignment

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

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

²¹ A case is defined as a family.

TABLE 12: SCHEDULE FOR GRADUAL CASE ASSIGNMENT	
Period	Cases
3 1/2 - 4 Weeks to 3 Months	<ul style="list-style-type: none"> Supervisor begins to assign one or two cases to new caseworkers only after completion of Module 7 of the Pre-Service Training Supervisor gradually assigns additional cases as appropriate By the end of the third month of employment, new caseworkers may have a total of seven cases
4-6 Months	<ul style="list-style-type: none"> Supervisor gradually assigns one case per week until new caseworkers receive up to eight additional cases
6 Months & Beyond	<ul style="list-style-type: none"> 15 families per caseworker

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

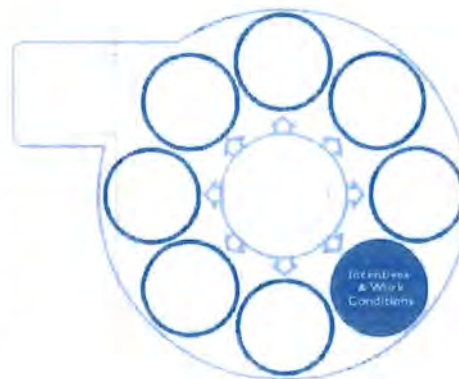
Additional information around the specific structure and supports provided by the *Field Training Unit* can be found in Appendix D, while expectations for the *New Worker Training* process and content can be found in Appendix E.

INCENTIVES & WORK CONDITIONS

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

BENEFITS

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





New Jersey's Child Welfare Outcomes Report

2017

New Jersey's Child Welfare Outcomes Report provides a detailed summary of child welfare outcomes across a variety of safety, stability, and permanency measures for children in their own home and children in out-of-home placement.

Allison Blake, Ph.D., L.S.W.
Commissioner

Executive Summary

The New Jersey Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P) is committed to its mission to ensure the safety, permanency and well-being of children and to support vulnerable families. The department relies on quantitative and qualitative data to inform our decision making, service array, and case practice. This report focuses on longitudinal, quantitative data measuring outcomes of children served by CP&P.

This report focuses on (1) safety of children in their own home; (2) safety, siblings, and stability for children in out-of-home placement; (3) timely permanency; and (4) post-reunification and re-entry.

- ***Safety of Children in their own Home*** provides an analysis of findings related to the recurrence of maltreatment after an initial report/finding of child abuse and/or neglect, while in the child remains in their own home.
 - ***Key Chapter Findings:***
 - The percentage of children to experience a recurrence of maltreatment increased between 2011 and 2013, but has since stabilized.
 - As of December 31, 2016 a substantial majority (86 percent) of children served by CP&P were served in their own homes

- ***Safety, Siblings & Stability for Children in Out of Home Placement*** examines maltreatment of children in out-of-home placements, the practice of placing sibling groups together and ensuring placement stability for children in out-of-home placement.
 - ***Key Chapter Findings:***
 - There was a significant decrease in CP&P's out-of-home placement population from over 12,000 children in 2004 to 6,700 children in 2016.

- CP&P has maintained a steady performance in placing siblings together from 2007-2016.
 - DCF has met the performance target for placement stability for the first time with 84 percent of children experiencing two or fewer placements within the first year of placement.
 - Children being placed in a kinship home upon entry into out-of-home has increased almost 30 percent from 2010 to 2016.
 - From 2007 (9.1 percent) to 2016 (4.8 percent) New Jersey has reduced initial placements into a congregate care setting by almost 50 percent.

- **Timely Permanency** focuses on the time it takes for a child to be discharged from out-of-home placement to a permanent setting such as reunification, live with relative, adoption or kinship legal guardianship.
 - **Key Chapter Findings:**
 - The median length of stay for children served by CP&P in out-of-home placement was about 10 months in 2015.
 - Almost 40 percent of the children who entered out-of-home placement in 2012 were reunified with their parents within the first 12 months.

- The final chapter reviews **Post Reunification Maltreatment & Re-Entry**, and provides an analysis of children’s long term success after returning home from out-of-home placement.
 - **Key Chapter Findings:**
 - CP&P met the performance target for post-reunification maltreatment.
 - Re-entries into out-of-home placement remain a challenge.

ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities

**partners
for our children**

Building a Case for Change

W SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

**Midwest Evaluation of
the Adult Functioning of
Former Foster Youth:
Outcomes at Ages 23 and 24**

Executive Summary

**Mark E. Courtney
Partners for Our Children,
University of Washington**

**Amy Dworsky
Chapin Hall at the
University of Chicago**

**JoAnn S. Lee
Partners for Our Children,
University of Washington**

**Melissa Raap
Partners for Our Children,
University of Washington**

2010

**Child
welfare
fare**

people can and routinely do remain in foster care until their 21st birthday, whereas foster youth in Iowa and Wisconsin typically age out around the time they turn 18.

Living Arrangements

At the time of their wave 4 interview, 49 percent of the young adults in the Midwest Study were living in their “own place,” and 21 percent were living with their biological parents or other relatives. Sixteen percent of the male study participants were incarcerated.

Since exiting foster care, over two-thirds of the young adults in the Midwest Study had lived in at least three different places, including 30 percent who had lived in five or more places. Even more concerning, 24 percent of these young adults had ever been homeless, 28 percent had ever couch surfed, and 37 percent had ever been homeless or couch surfed since exiting foster care.² One-half of the young people who had been homeless had been homeless more than once. Repeated episodes of couch surfing were even more common, with two-thirds of the young people who had couch surfed having done so on more than one occasion.

Relationships with Family of Origin and Social Support

Despite having been removed from home and placed in foster care, almost all of the Midwest Study participants had maintained family ties and, in many cases, those ties were quite strong. Seventy-nine percent reported feeling *very close*, and another 15 percent reported feeling *somewhat close*, to at least one biological family member. Likewise 81 percent of these young adults reported having contact with a biological family member at least once a week. In addition, between one-half and two-thirds reported that they had enough people in their social support network to whom they could turn for help with different types of needs

Foster Care Experiences and Preparation for Independent Living

Looking back, almost two-thirds of the Midwest Study participants agreed that they were lucky to have been placed in foster care, and well over half reported feeling satisfied with their experience while in the child welfare system. Almost three-quarters agreed that they were helped by their foster caregivers and almost two-thirds agreed that they were helped by their social worker. Although only one-quarter of these young people reported that they felt very prepared to be self-sufficient when they exited foster care,

² Being homeless was defined as “sleeping in a place where people weren’t meant to sleep, or sleeping in a homeless shelter, or not having a regular residence in which to sleep” and couch-surfing was defined as “moving from one temporary housing arrangement provided by friends, family or strangers to another.”

two-thirds reported that they felt very prepared to be self-sufficient at age 23 or 24. More than one-third of these young people reported that there was some training or assistance they wished they had received, but did not receive, while in foster care. Most commonly, they expressed a general need for training in independent living skills, especially budgeting and money management. Many also expressed a need for assistance with employment and housing.

Education

Our data suggest that the educational deficits with which foster youth approach the transition to adulthood persist into their early adult years and that they continue to lag behind their peers in the general population. By age 23 or 24, nearly one-quarter of the young adults in the Midwest Study did not have a high school diploma or a GED, and only 6 percent had a 2- or 4-year degree, although nearly one-third had completed at least one year of college. Compared to their Add Health Study counterparts, Midwest Study participants were over three times as likely *not* to have a high school diploma or GED, half as likely to have completed any college, and one-fifth as likely to have a college degree. They were also less likely to be enrolled in school, less likely to be pursuing postsecondary education if they were enrolled, and more likely to be enrolled in a 2-year college rather than 4-year college or graduate school if they were pursuing postsecondary education.

Employment and Earnings

Although 84 percent of the Midwest Study participants reported that they had ever held a job since leaving foster care, only 48 percent were currently employed, or 52 percent if the 45 young men who were currently incarcerated are excluded. This is significantly lower than the 76 percent of Add Health Study participants who currently had a job. Midwest Study participants who were employed reported working a mean of 37 and a median of 40 hours per week as well as mean and median hourly wages of \$10.14 and \$9.45, respectively. Their Add Health Study counterparts worked an average of 3 hours more per week for almost \$4 more per hour.

Income and Assets

Almost three-quarters of the young adults in the Midwest Study reported any income from employment during the past year, but their median earnings were just \$8,000. By comparison, 92 percent of their peers in the Add Health Study had any income from employment and their median earnings were \$18,300. Many of the young adults in the Midwest Study reported income from other sources, especially family and friends. Nearly three-quarters of those who were married or cohabiting had income from their spouse's or partner's employment, but only 17 percent of those who were living with their children but not their children's other parent had received any child support. Fewer than half of the Midwest Study

participants had something as basic as a checking or savings account compared with 85 percent of their Add Health Study peers.

Economic Hardships

As another indicator of their precarious economic situation, almost half of the young adults in the Midwest Study reported experiencing at least one of five material hardships (i.e., not enough money to pay rent, not enough money to pay a utility bill, gas or electricity shut off, phone service disconnected, or evicted) during the past year compared with fewer than one-quarter of their Add Health Study peers. In addition, nearly 29 percent of these young adults would be categorized as having low or very low food security.

Receipt of Government Benefits

During the past year, three-quarters of the young women, including 89 percent of custodial mothers, and one-third of the young men in the Midwest Study had received benefits from one or more need-based government programs. A similar gender difference was also found in current benefit receipt. Seventy percent of the young women, including 85 percent of custodial mothers and 29 percent of the young men, were currently receiving benefits from one or more need-based government programs.

Access to Health Care Services

Fifty-seven percent of the young adults in the Midwest Study reported that they currently had health insurance compared with 78 percent of their Add Health counterparts. Moreover, although two-thirds of the Midwest Study participants who were insured were covered by Medicaid or S-CHIP, 73 percent of their Add Health Study counterparts were covered by insurance provided by their employer or their parents' insurance.

Pregnancy

More than three-quarters of the young women in the Midwest Study had ever been pregnant (compared with only 40 percent of their Add Health Study counterparts), two-thirds had been pregnant since leaving foster care, and two-thirds of those who had ever been pregnant had been pregnant more than once (compared with just over half of their Add Health Study counterparts). Almost two-thirds of the young women who had ever been pregnant indicated that their most recent pregnancy had been unplanned.

Sixty-one percent of the young men in the Midwest Study reported that they had ever impregnated a female partner compared with 28 percent of their Add Health Study counterparts, and 55 percent of the

young men who had ever impregnated a female partner indicated that the most recent pregnancy had been unplanned.

Marriage, Cohabitation, and Relationships

Forty percent of the young women and one-third of the young men in the Midwest Study were either married or cohabiting (i.e., living with a partner in a marriage-like relationship). Midwest Study participants were more likely to be cohabiting and less likely to be married than their Add Health Study counterparts. Half of the young women and 45 percent of the young men in the Midwest Study who were neither married nor cohabiting were involved in a relationship, and in most of those cases they were dating one partner exclusively.

Parenthood

Two-thirds of the young women and almost half of the young men in the Midwest Study reported that they had at least one child. Nearly all of the mothers but less than half of the fathers reported that one or more of their children was living with them. By contrast, over 60 percent of the fathers reported that one or more of their children was living somewhere else, primarily with the other parent, compared with only 17 percent of the mothers. Although those parents who were living with one or more of their biological children were generally not experiencing high levels of parenting stress, most acknowledged that being a parent was harder than they had expected.

Illegal Behavior and Criminal Justice System Involvement

Young men in the Midwest Study were more likely than young women to report that they had engaged in a variety of illegal behaviors during the 12 months prior to their interview. There were few differences in self-reported illegal behavior between the former foster youth and their Add Health Study counterparts. Midwest Study participants, especially the young men, reported a high level of involvement with the criminal justice system since their most recent interview. Forty-two percent of the young men compared with 20 percent of the young women reported that they had been arrested, 23 percent of the young men compared with 8 percent of the young women reported that they had been convicted of a crime, and 45 percent compared with 18 percent of the young women reported that they had been incarcerated.

Midwest Study participants also reported much higher cumulative levels of criminal justice system involvement than their Add Health counterparts. In fact, cumulative levels of criminal justice system involvement were higher among the young women in the Midwest Study than among the young men in the Add Health Study.

Victimization

Young men in the Midwest Study were more than twice as likely as young women to report that they had been the victim of a violent crime during the past 12 months, and Midwest Study participants were more likely to have been the victim of a violent crime during the past 12 months than their Add Health Study counterparts regardless of gender. Although only a small percentage of Midwest Study participants reported experiencing any type of sexual victimization since their last interview, young women were more than twice as likely to do so as young men.

Life Satisfaction and Future Orientation

Two-thirds of the young adults in the Midwest Study reported feeling satisfied or very satisfied with their lives as a whole, more than half reported that lives have been better or much better since they exited foster care, and most reported feeling fairly to very optimistic about their futures. Although they also expressed a fair amount of optimism about their prospects for the future, they were consistently less optimistic about their prospects for the future than their Add Health Study counterparts.

Connectedness

Finally, youth aging out of foster care have been identified as being at high risk of becoming disconnected young adults—that is, young adults who are neither working nor enrolled in school (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003; Youth Transition Funders Group, 2004). Sixty percent of the young women and 58 percent of the young men were connected (i.e., working or enrolled in school) at age 23 or 24. Expanding our definition of connectedness to include custodial parents increases those percentages to 87 percent and 63 percent, respectively.

Trends over Time

We have been tracking the outcomes of the Midwest Study participants since they were 17 or 18 years old. As they move into their mid-twenties, we can begin to identify trends in the directions that their lives have taken across different domains including educational attainment and school enrollment, current employment, family formation, criminal justice involvement, and connectedness. A complete discussion of these trends can be found in the full report.

Baseline interviews were conducted with 732 foster youth (63 from Iowa, 474 from Illinois, and 195 from Wisconsin) between May 2002 and March 2003 who were either 17 or 18 years old. Eighty-two percent ($n = 603$) of these young people were re-interviewed between March and December 2004 when most were 19 years old and 81 percent ($n = 590$) were re-interviewed between March 2006 and January 2007 when nearly all were age 21. A fourth wave of survey data collected from 82 percent ($n = 602$) of the baseline sample between July 2008 and April 2009 when study participants were 23 or 24 years old.

**Direct Service Workers'
Recommendations for
Child Welfare Financing
and System Reform**

January 2012



By Sean Hughes and Suzanne Lay

remaining fifth split between working in adoption and specialized services.

The vast majority of those questioned are veterans in the child welfare workforce. 73% answered that they have at least five years of experience and 40% have been in the field for a decade or more. These are professionals who are resilient and are overcoming the challenges that lead to the high turnover in the field. Only 15% of respondents reported being in the field for less than 3 years. Experience was predictably greatest with supervisors and administrators, but even among workers with predominantly frontline duties, 63% of respondents indicated that they have worked in child welfare for at least five years. The vast experience possessed by those surveyed at all levels of the field, and the wisdom and knowledge they have gained along the way, is beneficial for those interested in reforming the financing of child welfare.

When queried about their level of familiarity with current federal child welfare legislation and ongoing federal child welfare activity, 78% of frontline workers, 55% of supervisors, and 71% of administrators self-identified as either very familiar or somewhat familiar. Workers in public agencies were more likely to be familiar with federal policy, but the majority of both sectors are more familiar than not. This confirms an expected selection bias, considering workers responding to a policy survey are more likely to be interested in and following federal child welfare policy. Nonetheless, most participants were responding to the questions with some understanding of the federal partnership in responding to child maltreatment. Nobody reported that they were not at all familiar with federal policy.

Participants are experienced, work directly with chil-

dren and families, and are knowledgeable about federal policy. They also work across the continuum of services as 36% are in child protective services, 43% are in foster care, 9% are in adoption and 12% are in specialized services. Their personal familiarity within the system and the lessons they have derived over the course of their careers were the focus of this project. CWLA believes these often overlooked voices can and should significantly contribute to the financing reform policy debate, as this focus group survey demonstrates.

Responses

Workforce

Because they work to improve difficult human experiences, it is vital that frontline workers be

CWLA Caseload Standards	
Worker Type	Caseload Standard
Workers making initial CPS assessments	No more than 12 active reports per month
Workers providing ongoing CPS support	No more than 17 active families, assuming the rate of new families assigned is no more than one for every six open families
Working both making initial CPS assessments and providing ongoing CPS support	No more than 10 active ongoing families and no more than 4 active initial assessments. ⁵
Worker providing Intensive Family-Centered Services	2-6 families
Worker providing Family-Centered Casework	No more than 12 families ⁶
Worker counseling with birth families, preparing and assessing adoptive applicants for infant placements and supporting these families following placement	20-25 families
Worker preparing children for adoption who are older or who have special needs	10-12 children
Worker assessing and preparing adoptive applicants for the placement of children who are older or have special needs and providing support to these families following placement	12-15 families
Worker assessing and preparing adoptive applicants for inter-county adoption	30-35 families ⁷
Family foster care social worker	12-15 children, depending on the level of services required to meet the assessed needs of each child ⁸

For the Welfare of Children:

LESSONS LEARNED

from Class Action Litigation

»» January 2012 ««

Center
for the
Study
of
Social
Policy

New Jersey: A Case Study and Five Essential Lessons For Reform

Molly Armstrong, Eileen Crummy, Kevin Ryan and Lisa Taylor. The authors are partners in Public Catalyst (www.public-catalyst.com), an organization committed to supporting improvements in, and monitoring the reform of, public systems serving vulnerable children and youth.

In January 2006, when New Jersey's recently elected governor appointed us as members of a new child welfare leadership team, we came to the helm of a statewide system at a crossroads. The challenges were plentiful.

- The frontline staff were demoralized and burdened by unmanageable caseloads. They had a laundry list of expectations with an inadequate support system and too few resources, and, all too often, they awakened to alarming headlines about their child welfare system and that raised questions about their commitment and competence.
- There was a sharp rise in the number of foster children legally available for adoption, which was paired with a seismic gap in the system's capacity to complete adoptions. In addition, there was a severe shortage of available foster homes, and the shortage was only increasing despite a large public investment in recruitment and advertising.
- Scores of paper reports existed – mostly outdated – but there was little capacity to collect and verify, analyze and communicate critical, accurate and usable data to the field or to key stakeholders.
- The system was in a 30-month-old federal class action lawsuit settlement with a pending contempt motion by plaintiffs who were demanding a federal takeover of the system in the wake of the court-appointed oversight panel's report of significant state noncompliance with settlement terms.
- Most importantly, there was evidence that the children in the system were not safe, were not achieving permanency and were not receiving care to meet their own or their family's basic needs.

Shortly before the new governor's election, the lawsuit generated stinging headlines in no fewer than three television networks and seven newspapers, including the *New York Times*, the *Philadelphia Inquirer* and the *Star Ledger*. While at first we viewed the inherited bad press as yet another of our challenges, we came to view the widespread news reports of system failures and the public skepticism it wrought, as an opportunity lever to push for change.

By January 2006, there was no serious stakeholder voice in New Jersey arguing that the existing reform plan was working for children and families, or that the large public investment had magically produced good outcomes. The consent decree, which frontloaded a variety of process and outcome improvements for children, had not had the desired effect. To the contrary, the most invested child welfare stakeholders yearned for a new way, a new plan and a new consent decree. The responsibility fell to us to negotiate with plaintiffs' counsel and work with them in partnership to build a bridge from chaos to reform, which would enable us to realize the outcomes of safety, permanency and well-being for children.

The talks between the plaintiffs' counsel and our team led to a modified settlement agreement, which radically redesigned the course of the reform. It made possible wide-ranging improvements for the state's vulnerable children and families. By the end of our tenure as a public leadership team, less than three years after we first assembled, New Jersey had:

- achieved consecutive annual state records for the most children to be adopted from the foster care system and reduced the number of legally free children awaiting adoption by 44 percent;

- achieved annual net gains in the number of foster families, more than 1,700 over three years and stemmed the downward spiral in the number of licensed homes, without spending additional funds on recruitment and advertising;
- safely reduced the number of children who were removed from their families, which led to a significant overall reduction of the children in placement;
- reduced the incidence of maltreatment in care dramatically, which took the state from among the nation's worst performers to among its very best;
- improved staff morale and achieved a steep drop in the turnover rate, reduced worker caseloads to appropriate, manageable levels, and refocused the central office to be "of service to the field;"
- distilled agency reporting to a focused set of public reports with reliable data that became a working tool for agency staff and began to address stakeholders' desire for information; and
- four successive positive reports from the court-appointed monitor for building a stable platform for enduring reform and setting state records on a variety of important outcomes.

In leading the effort that achieved these and other positive developments for children and families, we applied certain core practice values that nurtured the reform movement in its infancy and led to a sustainable trajectory for change. The five most important lessons from our work are discussed below.

■ **Lead "in service to the field."**

Staff members who are treated with disrespect, who lack the basic tools necessary to get their work done – including training, working telephones and cars, manageable caseloads, access to services and a leadership team that is open to hearing what the staff need and what they think is wrong – will struggle. As a result, children and families will not get what they need.

From the beginning, we believed that an effective approach to work with staff should mirror a model for how we wanted staff to treat the children and families we served. We needed to act with respect, to listen and to turn bureaucracy on its head so that instead of creating burdens, the central office resolved problems. We prioritized resources and support so that the field got what it needed first.

Achieving manageable caseloads took some time, and we needed staff good will in the interim to slow the turnover rate and improve staff morale. We secured this good will by making ourselves available and doing whatever was necessary to provide immediate relief to the field. Getting a mechanic on site quickly after staff reported that there were broken cars sitting idle because of paperwork delays is not the stuff of policy papers, but resolving problems of bureaucracy and displaying day-to-day support for the staff made them believe in the possibilities of change. It also made it possible for them to complete their investigations in more timely fashion, visit families more frequently and secure more and better services for their clients.

We decentralized authority to local management, removing layers of low-value centralized reviews, committed to clear communication of priorities and ensured that the staff knew we would hold ourselves responsible when something went wrong and not place the blame on them. We committed to accountability – and that accountability began at the top. Borrowing on a strategy from Bill Bratton, the former New York City police commissioner, we seized media opportunities to get the message out that we valued our staff. Our busy staff may or may not have read newsletters from the Department of Children and Families Commissioner, but we knew with certainty that either they or their families would read the *Star Ledger* or the *Philadelphia Inquirer*.

■ **Focus on the fundamentals.**

Repairing a public system is like building a house: it begins with the foundation. A sense of urgency

is critical to any reform movement, but taking the time to develop a strong infrastructure is the only way to create positive change that endures. We must be urgent about the right things in a sensible order, and too often, we are urgent for outcomes at the expense of the fundamentals that make those outcomes more likely. The road to reform involves a logical sequencing of key initiatives that leaves behind the chaos and disappointment of the old, flawed system in order to travel toward a system that achieves positive outcomes for children and families. New Jersey's revised consent decree embraced this principle, bifurcating the work into two phases: the first phase focused on the fundamentals (e.g., massive efforts in recruiting, hiring, training and mentoring staff and aggressive foster and adoptive home growth). The second phase followed with service expansion and practice model implementation – ultimately leading to improved results. To our surprise, the strength of some of the early work hastened positive results elsewhere. For example, as the net number of foster and adoptive homes in New Jersey increased, caseworkers had better placement options for children, and existing homes became less strained. This led to a lower rate of maltreatment while in care.

■ **Be strategic about quick wins.**

Every system has strengths despite the popular caricature of child welfare systems. Diagnosing system strengths quickly and leveraging them to achieve important early accomplishments for children and families is critical to maintaining public support for a reform that, in the early going, is focused on infrastructure-heavy fundamentals that do not translate well into the public narrative. For example, New Jersey had a strong adoption history that had been compromised in 2004 and 2005. Among our system's many latent strengths, there was a cadre of committed, trained adoption staff ready to focus on permanency for children if we could provide supports to them and remove structural and resource barriers. We made commitments to ensure that legally free children were adopted in significant numbers throughout 2006 and 2007. And then we over-delivered on those promises.

We changed the training delivery system almost overnight – something we could do from the central office. We committed and delivered on ensuring that newly hired staff entered training in under two weeks when previously, they had sometimes waited months for training. Existing staff were provided with a focused, organized in-service training menu, the content of which reflected our reform priorities with a rational delivery schedule that ensured office coverage. And, as previously stated, never underestimate the impact that working computers, cell phones and cars have on both morale and service delivery. Strategic, quick wins early in a reform movement can reinvigorate staff and the reform process by allowing time to breathe, to grow and to focus steadily on the fundamentals.

■ **Be suspicious of conventional wisdom.**

New Jersey spent significantly in 2004 and 2005 to recruit new foster homes, yet the system lost more homes than it gained in each of those years. Still, conventional wisdom in January 2006 urged us to address our foster home deficit by spending more public money to market aggressively to prospective families across the state. We resisted, despite considerable pressure, and instead worked to diagnose and understand the recruitment and licensure pipeline. Three months of intensive investigation and data analysis, followed by targeted piloting of model approaches, revealed structural communication and culture gaps that caused severe delays and poor customer service.

A scenario that best exemplifies this problem came to our attention in the winter of 2006. Licensing inspectors were frequently failing applicant homes when they discovered stale batteries in the homes' smoke detectors. The existing structure dictated a process in which inspectors would leave

the home with its non-working smoke detector intact and send the licensing application back to the recruitment team. The recruitment team, in turn, scheduled a second appointment at the home, installed new batteries, and then returned the application to the licensure team for a third home visit and inspection. These inefficiencies took months and, worse, frustrated families, many of whom simply dropped out of the application process. Our pilot work allowed us to design a new model, which merged the licensure and recruitment divisions under one manager and created a single team that was deployed regionally to the field. Licensing inspectors were provided with tool kits that contained batteries and other common necessities, and they were authorized and expected to solve problems on the spot. It worked – more homes got licensed. No one was clamoring for that solution early on, but it proved much more effective than the popular solutions being heralded at the time.

Similarly, we resisted trying to dictate change by issuing new policies, which was the standard response. Our agency already had hundreds of pages of policies, some of which were confusing and contradictory, and our busy staff did not have much time to read. We limited new policy to critical issues – keeping that list short – but we mostly focused on achieving change by making the priorities clear, and encouraging creative responses that defied traditional structural silos – letting “a thousand flowers bloom.” There is more than one good way to reach a good outcome, and our staff were in better positions to identify what would work. We decided it was best to pilot and test, and discard or tinker with what did not work, and grow what did. Policy development could follow later.

■ **Everything cannot and should not be counted.**

Absent the type of comprehensive reform process required by a federal consent decree or, less frequently, willed by a committed chief executive, child welfare reform efforts are often piecemeal. They frequently culminate, for example, in a blue ribbon commission’s recommendation for the agency to begin disclosing performance on a new set of measures or legislation with a raft of new reporting requirements. The trouble is that these requirements are frequently layered on top of the agency’s existing reporting obligations, which accrue over time by statute, regulation, stakeholder request or each time a new agency head takes over. If, as a result, the child welfare system finds itself developing and publishing hundreds of regular data reports, as New Jersey did in January 2006, there is a real danger that the avalanche of information will have exactly the opposite of its intended effect: the system will not become more accountable; it will stay unfocused and ignore most or all of the information. Essential to our reform work was a commitment to manage by data, which began with identifying essential data that needed to be tracked followed by the often painful task of unmasking quality challenges with the data and developing solutions. We peeled back the rest and stopped publishing a multitude of reports.

When determining which measures to use going forward, we considered three inter-connected sequential questions.

First, seeing our staff as data consumers, we considered the pedagogical value of information to drive performance. In other words, we determined what we wanted our staff to view as important, and we worked hard to make data accessible – both conceptually and literally – on all desktops. We also ensured that the data were easy to understand. We used the data to set achievable but aggressive targets that were widely shared and used to celebrate success. Everyone knew how everyone else was doing, and that knowledge encouraged healthy competition and peer-to-peer learning.

Second, we considered what managers need to know to navigate the change process. In New Jersey, that included everything from the most basic demographic data on children in placement to office staffing levels, training enrollments, newly licensed foster homes, and child adoptions, among other measures.

Third, we considered the data needs of core constituencies whose good will was essential to the success of the reform: the governor, the legislature, advocates, plaintiffs' counsel and the court-appointed monitor. When the list of reports got too long, we did our best to scale back to produce only the core ones. Our chief goal was to create an appetite in our staff for managing by data, not continuing to churn reports for reports' sake.

The change process we helped launch in New Jersey in 2006 is now touching children and families in ways that seemed unimaginable back then. If this level of reform is possible in a state whose children struggled as mightily as they did in New Jersey, positive change in the foster care system is possible everywhere. A sick system in need of reform requires equal doses of strategy, forbearance, passion, discipline and an outcome plan that focuses first and foremost on the fundamentals.

ABOUT THE AUTHORS

Molly Armstrong

Molly Armstrong served as the Director of Policy and Planning for New Jersey's Department of Children and Families. She focused on re-engineering the foster and relative home recruitment and licensure process; designing a healthcare system for children in placement; and with the DCF team, building and implementing a reform process grounded in data and QA. She is currently leading the managing by data initiative in New Jersey; working with a variety of stakeholders in New York City on improving the connections between the education and justice systems; and supporting the child welfare reform effort in Michigan. Molly is a partner in Public Catalyst (www.public-catalyst.com) and received her undergraduate degree from Yale; a law degree from NYU; and a masters in law from Georgetown.

Eileen Crummy

Eileen Crummy spent her 33 year career in public child welfare in New Jersey's Division of Youth and Family Services (DYFS) where she rose through the ranks to become the agency's Director prior to serving as the Acting Commissioner of New Jersey's Department of Children and Families. As DYFS Director, Eileen led a workforce of 6,000 staff focusing them intently on achieving child welfare reform. Those efforts led to the creation of New Jersey's first case practice model, a systemic rethinking and reorientation of practice away from compliance towards outcomes, with an emphasis on family engagement. Eileen is a partner in Public Catalyst (www.public-catalyst.com) and currently serves as a monitor of Michigan's federal child welfare consent decree. She provides technical assistance to states and jurisdictions regarding the development of outcome-focused child welfare and human service programs.

Kevin Ryan

Kevin Ryan served as New Jersey's first Child Advocate and as the state's first commissioner of the Department of Children and Families, successfully launching a reform of child welfare and juvenile justice services. During his tenure, the State set successive state records in adoptions, foster family recruitment and safety for children in placement. He also shepherded the development of a model

family preservation and child abuse prevention network across the State. At Covenant House, he spent more than a decade on the frontlines with homeless, runaway and trafficked youth, and now serves as the agency's international president. He is a partner in Public Catalyst (www.public-catalyst.com) through which he serves by appointment of the federal court as a monitor of Michigan's child welfare consent decree and mediates dispute resolution between state agencies and advocates for children in foster care. A former Harvard Wasserstein Fellow and Skadden Fellow, he received his undergraduate degree from Catholic University; a law degree from Georgetown; and a masters in law from NYU.

Lisa Alexander-Taylor

Lisa Alexander-Taylor served as chief of staff in New Jersey's Department of Children and Families, deputy police director in Newark, NJ, and as a prosecutor in New York City. She has expertise in building and implementing public investigation, monitoring, and accountability systems; infrastructure design and support, and training system design, logistics and execution. Lisa is a partner in Public Catalyst (www.public-catalyst.com) and is currently leading sections of the managing by data initiative in New Jersey, and supporting the child welfare reform effort in Michigan.

Reunification: Bringing Your Children Home From Foster Care

Introduction

When can my children come home?

This is the first question many parents ask when their children or youth are in foster care. (In this factsheet, we use the term “foster care” broadly. It refers to any situation in which children are in the State’s custody, whether they stay with relatives, in a licensed foster home, or in a residential facility.)

When children are placed in foster care, it can be very stressful for everyone in the family. You may feel angry, overwhelmed, or worried about your children’s safety and well-being. Your children may be confused and scared.

But foster care is not forever. Children and youth can and do return home to their families. In fact, this is the most common outcome.¹ Reunification—which means getting the family safely back together—is almost always the first goal and in your child’s best interest.

Being involved with the foster care system can give your family support and a chance to be stronger than before. By fully participating in your case plan and the services it includes, you can strengthen your skills to become the best parent that you can be for your children.

¹ U.S. Department of Health and Human Services. (2015). *The AFCARS report: Preliminary FY 2014 estimates as of July 2015* (22). Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>; Center for Law and Social Policy. (2007). *Is Kinship Care Good for Kids?* Retrieved from <http://www.clasp.org/resources-and-publications/files/0347.pdf>

WHAT’S INSIDE

Introduction

What can I expect while my children are in foster care?

What can I do to help my children come home?

What will happen as reunification gets closer?

What can I expect after my children come home?

What other resources can help me and my family?

About 3 in 5 children in foster care return home to their parents or other family members.



Source: U.S. Department of Health and Human Services. (2015). *The AFCARS report: Preliminary FY 2014 estimates as of July 2015 (22)*. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf>, Center for Law and Social Policy. (2007). *Is Kinship Care Good for Kids?* Retrieved from <http://www.clasp.org/resources-and-publications/files/0347.pdf>.

NOTE: This factsheet provides a general overview of the reunification process. Laws and policies governing foster care and reunification are different in each State. You may be able to find more information about your State's foster care system by using Child Welfare Information Gateway's State Guides and Manuals Search at <https://www.childwelfare.gov/topics/systemwide/sgm/>. Select your State and an audience of "Parents."

For specific information about laws or policies that could affect your case, talk to your lawyer or a local legal services or parent advocacy organization. (Additional resources are provided at the end of this factsheet.)

What Can I Expect While My Children Are in Foster Care?

The goal of the foster care system is to ensure children's safety and well-being. To do so, the agency will provide a safe, temporary place for your children to live and will work with you and your family to develop a case plan.

No one can tell you exactly how long your children will be in foster care; this will depend on your case plan and the circumstances that brought you to the foster care system. Reunification does not happen overnight, but everyone agrees that the first goal is to reunite children and youth with their families as soon as possible.

Federal law requires States to establish a "permanency plan" for each child in foster care (meaning, a plan for where the child will live when they leave foster care—whether they go home to their family [reunification], live permanently with a relative [kinship care], or are placed for adoption). Permanency plans also include services that families must complete in order for children to return home. If the child remains in foster care for 15 out of 22 months, in most cases, the law requires the child welfare agency to ask the court to terminate parental rights (end the legal parent/child relationship). During this 15-month period, however, States are required to work to bring parents and children back together.

"I really appreciated the support and trust that I received from my child welfare caseworker and probation officer. They both believed that I could change and become the strong, resilient, and healthy parent that I am today. I really benefitted from being part of a child welfare system that helped me build protective factors in my family."

—Toni Miner, Birth Parent National Network, Colorado

Your Child's Foster Care Placement

While they are not living with you, your children might live with a family member or close friend (sometimes called *kinship care*); an unrelated foster family; or in an emergency shelter, group home, or other treatment facility.

Research suggests that, if children must be placed out of your home, living with relatives or close friends (*kin* or *fictive kin*) can help them thrive.² The agency will likely ask you whether there are family members who can provide a safe place for your child to stay. You may ask the agency to consider placing your child with relatives, even if your relatives live in another State. Give the agency as much contact information for your relatives as you can. If you are worried that your family cannot afford to take care of your children, the agency may be able to help with financial and other supports. Relatives will be screened (have a *background check* or *home study*) to be sure that they can provide a safe temporary home.

Your Family's Rights While Involved With the Foster Care System

Federal law provides some rights for families of children in the foster care system. For example:

- People suspected of child abuse or neglect have the right to be notified of the specific allegations against them and the outcome of the agency's investigation.

- To ensure children are placed with relatives whenever possible, States are required to locate and notify relatives (on both sides of the family) of children who are removed from their homes within 30 days.
- States must try to keep siblings in foster care together.

Additional rights vary by State. You may find more information about the laws governing foster care in your State (including parents' rights) by using Information Gateway's State Guides and Manuals Search at <https://www.childwelfare.gov/topics/systemwide/sgm/>. Select your State and an audience of "Parents." In some cases, certain rights of parents may be limited or suspended by a court order.

Many States recognize that parents whose children are in foster care have the right to:

- Be informed about the process, any court hearings, and what is expected of them
- Speak for themselves and be listened to at each step of the process
- Have legal representation (by a lawyer or attorney)
- Participate in the development of their family's case plan and be informed of any changes
- Be offered services that will help them bring their children home again
- Have regular visits and contact with their children while they are in foster care
- Stay informed about their children's health, development, and progress in school
- Receive fair treatment regardless of race, culture, gender, or religion—including having culturally sensitive services provided in the language they prefer

Fathers who are not married to their children's mother may need to establish paternity before their rights are recognized. See the Information Gateway publication *The Rights of Unmarried Fathers* for more information at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/putative/>.

² Conway, T., and Hutson, R. Q. (2007). *Is kinship care good for kids?* Center for Law and Social Policy. Retrieved from <http://www.clasp.org/resources-and-publications/files/0347.pdf>

Your children also have rights while they are in foster care. These include:

- Appropriate food, clothing, and shelter
- Freedom from harm, danger, or neglect
- Access to education
- Medical, mental health, and dental care
- Someone to represent their interests at hearings (such as a guardian ad litem or court appointed special advocate)
- Placement with siblings when possible; if siblings must be separated, they should have frequent visits
- Placement in a setting where their native language is spoken and where their religious customs can be maintained

If you feel your rights or those of your children are not being respected, or if you have other concerns about how your case is being handled, you may find helpful information in the Information Gateway factsheet *From Complaint to Resolution: Understanding the Child Welfare Grievance Process* at <https://www.childwelfare.gov/pubs/factsheets/cw-grievance/>.

Your Case Plan

Before your children come home, the child welfare agency and court must be certain that:

- **You can keep your children safe.** While your children are in foster care, the agency will regularly assess your family's strengths, needs, and progress toward resolving the issues that caused your children to be placed into care. These might include drug or alcohol use, family violence, neglect, or other unsafe conditions.
- **You can meet your children's needs.** The agency will work with you to ensure that you can provide a safe place for your children to live, enough food to eat, medical care, and emotional support, among other things.
- **You are prepared to be a parent.** By learning how to strengthen your parenting skills and being willing to get help and support when you need it, you can keep your family strong. This may include continuing to participate in services offered to you while your children are in foster care and even after they come home.

Your case plan is a road map for bringing your children home.

Your caseworker will work with you to develop a case plan to help your family meet these goals. (The agency might call this something different, like a *service plan*, a *treatment plan*, a *reunification plan*, or a *permanency plan*.) This plan is the road map for reunification with your children or youth—it will spell out exactly what you need to do and learn in order to bring and keep them home. Here are some things you can expect from your case plan:

- **You have the right to help develop the plan.** Your caseworker will meet with you to learn all she or he can about your family. Tell him or her about:
 - Your family's needs (those that brought your children or youth into care, as well as others that might affect your ability to bring them home safely)
 - Your strengths (what you do well)
 - Your support system (people who help out you and our children, such as neighbors, close friends, or family members)
 - Your child's special needs (including medical needs, school issues, fears, etc.)
 - Your goals and dreams for your family, and what help you might need to get there

Be sure to speak up about anything that concerns you or that you don't understand. You will be expected to sign and follow this plan.

- **Other people also may help to develop this plan.** The purpose of this is to involve as many people who love and support your child as possible. These might include:
 - Other members of your family and your child's family, including your child's other parent and his or her relatives
 - Representatives from your child's school or your church
 - A guardian ad litem (GAL) or court appointed special advocate (CASA)

- Close family friends
- An advocate to support you during this process. Some agencies have “parent partners” available. These are people who have been in a similar situation and are now trained to help other parents.
- Your teenager, if he or she is old enough

Sometimes planning happens in a group meeting called a *family team meeting*, *family group conference*, or *family group decision-making meeting*.

- **Your plan will include supports and services.** These services are intended to help your family get stronger. They might include (among other things):
 - Counseling (for you and/or your family)
 - Drug or alcohol treatment
 - Help with housing, transportation, food, and other needs
 - Help building job skills and finding employment
 - Anger management classes
 - Parenting classes

You have a right to ask for services you believe you or your child need to address the situation that caused concern for your child’s safety.

- **Your needs should be considered.** Services and visits with your children or youth will be arranged around your work schedule whenever possible. If you can’t afford the services in your case plan, the agency may refer you to community agencies that can help or ask that services be paid for through a community services agency.
- **Your case plan will likely include a second goal for your child, in addition to reunification.** Other possible goals include:
 - Living permanently with a relative (kinship care or guardianship)
 - Adoption
 - Another planned permanent living arrangement (APPLA) or independent living for some older teens

Your caseworker will pursue this goal while he or she is working with you to bring your children home. This is called *concurrent planning*. It does not mean that the agency does not want your family to get back together. It simply recognizes that your family’s situation is complex and requires additional planning to ensure your child has a safe, permanent home.

- **You have the right to be kept informed.** You will receive a copy of your case plan. If your first language is not English, you have the right to an interpreter and to receive a copy of the case plan in your native language. You should be informed of any changes to the plan, and the plan should be reviewed regularly.

Strengthening Your Family

Your case plan is not just about “checking boxes” to get your children home. The goal is to create a stronger family for your children and yourself. One way you can do this is by building what are called *protective factors*—strengths that help all families get through tough times. They include:

- Ways your family members show that they love and care about each other
- Information about raising children and what they need at different ages
- The ability to “bounce back” after challenges
- Support from family and friends
- Resources for meeting day-to-day needs (like housing, food, clothing, etc.)
- Ways to help your children to get along well with you and with others

Ask your support team to help you build protective factors now, so your family is even stronger when your children come home. You can also find tips for building strong families from *Strengthening Families* (<http://www.cssp.org/reform/strengtheningfamilies/2015/SF-Parent-Brochure-web.pdf>) and on the Child Welfare Information Gateway website at <https://www.childwelfare.gov/pubPDFs/guide.pdf#page=48>.

What Can I Do to Help My Children Come Home?

While your children are in foster care, it is important to fully understand why they are there and to participate in your case plan to make your home safe for their return. If something changes that makes the plan more difficult for you to follow, talk to your caseworker or your lawyer right away. Let your attorney know if the services described in your plan do not meet your needs, are not available when you need them, are too expensive, or are too difficult to access.

Other things you can do are outlined in more detail below. They include visiting your children regularly and working with your team. It is important to document your progress, including keeping track of visits with your children and participation in services.

"I graduated from a year-long inpatient treatment program, started working full-time and doing all of the services that the court had ordered. Working a job, going to services and working on self is extremely difficult... One by one, I was able to work down the list of required services. I went from non-compliant to partially compliant to compliant... Today I can attest to the power of faith, support, and love. My daughter and I are together. And she is a light brighter than anything that has touched my life."

—Shrounda Selivanoff, Birth Parent National Network, Washington

Visit Regularly

Visiting your children while they are in foster care has many benefits. Most importantly, it helps to preserve and strengthen your bond while you are separated. It can soothe children's fears and worries by showing them that you care about them and can be counted on to be there for them when you say you will. It also shows the agency that you are committed to your child. Try not to miss any visits. If something is getting in the way of scheduled visits (e.g., transportation, work schedule), talk with your caseworker to develop a new plan.

Visits can be awkward, especially if they are supervised or take place somewhere that is not comfortable or familiar. The following tips may help make visits more comfortable and rewarding for both of you:³

- **Bring things to do.** Toys, games, books, and other activities give you all something to focus on. Also, bring something that makes the environment feel more like "home" (such as a blanket and pillows for snuggling or, if it is allowed, a special snack). Bring a camera or phone to take pictures, or ask the caseworker to take pictures of the family together. If you want to bring your child a gift, check with your caseworker and the foster parent first.
- **Use the time to bond.** It is important for you to continue to play an active role in your children's lives. You can rock, sing to, or snuggle an infant. Toddlers might enjoy showing off new skills like walking, jumping, or playing with blocks. With older children, you can talk about their favorite activities and topics. Encourage them to tell you about things that have happened at school, and avoid topics that create tension.
- **Try to stay positive.** When children ask when they can come home, avoid giving a specific time, like "next week" or "before your birthday." Instead, reassure your child that you are working on being together as a family.
- **Allow your children to express their feelings.** It's normal for children to feel angry or scared. Use your visits to reassure them that you love them and are working to bring them home. Younger children may seem to have "forgotten" their parents or seem more comfortable interacting with foster parents. Give your children the time they need to get comfortable with the situation and interact with you. It's okay to ask for help and guidance if, for example, a fussy baby is hard to soothe or a toddler is having a tantrum. Visits are a good time for you to strengthen your parenting skills and learn valuable tips.

³ Adapted from Rise. (2009). "One step at a time." Retrieved from <http://www.risemagazine.org/item/one-step-at-a-time/>.

- **Get to know the foster parents.** Having a good relationship with your child's foster parents can make the time apart easier on you and your children. Ask your caseworker if you can meet your children's foster parents and how best to tell them about your children. You can ask how your children are doing at their house, or ask if you can meet them for any upcoming doctor's appointments or parent-teacher conferences. You also may want to ask what new skills your children have learned; what new foods they like; or how they like their schools, activities, and friends.
- **Help children say goodbye or "see you soon."** When it's time for the visit to end, tell your children that you'll see them again as soon as you can.
- **Keep in touch between visits.** Ask your caseworker and the foster parents about the best ways to let your children know you're thinking of them while you are apart. These might include scheduled phone calls, letters, or email, especially on special occasions.
- **Keep visiting.** It will get easier.

Other concerns you may have about visits include the following:

- **Siblings.** If you have more than one child in foster care, your children should be placed together unless it is not best for their safety or health. If your children are separated in foster care, you may want to ask your caseworker:
 - Why were my children not placed together?
 - Are you working to find a placement where they can be together?
 - Can our visits can be coordinated so that we can all be together at the same time?
 - Are my children visiting with each other, in addition to visits with me?
- **Long-distance visits.** If you are unable to visit your children in person because of distance or other reasons (e.g., incarceration), ask your caseworker:
 - How can you help us stay in touch? Can we have telephone and/or video calls?
 - Can I send my child letters?

- **Progress in visits.** Your visits with your children may be supervised, especially at first. Eventually, as you make progress on your case plan, you can ask for unsupervised and longer visits. Ask your caseworker
 - How are you evaluating my family's progress?
 - What would you like to see happen before we can have longer visits?

"My visits with my daughter are the most important 90 minutes of my whole week. I do everything I can to be prepared and stay positive because I know that time is important to her too. Those visits with my daughter help me stay focused on what's really important in my life and what my priorities are. For me that's being the best father I can be for her."

—Jacob, Parent from Oregon

Work With Your Team

Your experience with the foster care system will include many different people. Some of these are your caseworker, your child's foster parents, your lawyer/attorney, and your child's advocate. You also might work with a peer mentor, peer advocate, or parent partner. Working well with each of these members of your team will improve the chances of bringing your children home.

Your caseworker (or social worker):

- Works with your family to develop and monitor your case plan
- Arranges services for you and visits with your child
- Reports to the court on your family's progress

Building a relationship with your caseworker will help you understand your case better and make progress toward reunification.

Tips for working with your caseworker:

- Ask any questions you may have about your case plan, your caseworker's expectations, and the services or resources that he or she can provide.
- Stay in touch and tell your caseworker about any changes in your life (new home, new job, etc.).

- Keep your appointments and complete services in your plan.
- If you have questions or concerns, always start with your caseworker. If you feel the caseworker is not listening to you, talk to his or her supervisor or your lawyer.

Your children's foster parents/caregivers:

- Take care of your children while they are in care
- Can make visiting easier and help your children stay in touch with you between visits

Tips for working with your children's foster parents:

- Communicate in a way that is safe and respectful for everyone. (Some parents use a journal to ask questions or exchange short notes with the foster family during the children's visits. In some cases, the foster parents also will use a journal for updates about the children's school progress or other milestones. Other families share important information such as nap schedules, food preferences, and doctor's appointments through their caseworker.)
- Tell them as much as you can about your children, including their likes and dislikes, fears, and how they like to be comforted. You know your children best, and this will help the foster parents take the best possible care of your children and help them feel safe and secure.
- Let your children know that their foster parents care about them very much. It may help your children feel more comfortable if they see you and their foster parent getting along.

Your lawyer/attorney:

- May be appointed by the court if you qualify for financial assistance. Alternatively, you may hire your own or work with a local legal services agency (for more about legal services or to find help in your area at http://apps.americanbar.org/legalservices/findlegalhelp/faq_freehelp.cfm)
- Represents your interests and speaks up for you in court, including asking for the services you want or need
- Should talk to you about your case between court dates and let you know what to expect

Being completely honest with your lawyer helps him or her do the best job possible.

Your child's GAL or CASA:

- Is a trained volunteer who may be assigned to your children during the court process
- Monitors your children's case while they are in foster care
- Makes recommendations to the court about what is best for your children

You can work with your children's CASA or GAL by providing any information he or she needs to make good decisions for your children. For more about CASA, visit http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.5301303/k.6FB1/About_Us__CASA_for_Children.htm.

Peer mentors (sometimes called *peer advocates*, *parent partners*, or *parent allies*):

- Are available to help families in some States
- Are parents who have had children in foster care and successfully brought them back home
- Were once in a similar situation and can answer questions, offer advice, and support you during the process

If you have not been offered a peer mentor, ask whether one is available to you. You also can find organizations that provide parent advocacy services at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspROL&rolType=Custom&RS_ID=138.

"As a parent partner, we are trained to work with parents to help them build protective factors, provide them with emotional support, guide them in building relationships with their caseworkers and help them understand and effectively navigate the child welfare system. I have similar life experiences so parents feel comfortable talking with me."

—Brejea Colthirst, Birth Parent National Network, California

What Will Happen as Reunification Gets Closer?

One of the best indicators that you are getting closer to bringing your children or youth home will be your visits with them. Moving from supervised to unsupervised visits and receiving longer visits (as long as an overnight, weekend, or more) are good signs that your case is progressing. If you see progress and want to make a change in visits, talk with your caseworker.

During this period, you will want to be actively preparing for your children to come home. Continue to use the services in your case plan, and other community resources as needed, to help you do the following:

- Better understand your children's needs (including any special behavioral, emotional, or medical needs they might have)
- Feel confident as a parent (including attending parenting classes and/or individual or family counseling sessions)
- Find resources to help your family stay strong: Work with your caseworker (or in a family group conference or family team meeting) to identify the services you will need when your children come home. Line up informal supports for your family (such as neighborhood and community centers, child care, 12-step or other support groups, and healthy family members and friends who are willing to help during the transition).

At some point, your children or youth may come home for a "trial home visit." This means that they live at home with you on a trial basis, but the agency still maintains legal custody for a period of time.

Why Isn't My Case Progressing?

If you are working hard to complete your case plan, you may request increased visits with your children. Increases usually happen gradually. However, if there has not been any change for several months, you may want to ask your caseworker about it.

Sometimes progress is slow because your case plan is not clear. Make sure you understand the reason each service has been included in your plan. Is the program helping you get closer to reuniting with your children? If you do not understand the information you receive from your caseworker, your lawyer may be able to help.

If your progress is slower than you would like, speak up! Ask what needs to happen to show your home is the best place for your child. Work with the agency and your lawyer to come up with a plan that works better for everyone.

You might want to check in regularly (every 2 to 4 weeks) with every member on your team. You can update your team members on any services or programs that you have completed, tell them about any problems you are having, and ask them what you can do to make further progress toward your case plan.

What Can I Expect After My Children Come Home?

When you have completed your case plan goals and your family is reunited, everyone will need time to readjust to living together. You can help your family during this period by being willing to ask for help if you need it.

Adjusting

After being apart, you will likely feel excited and happy to have your children home. You also may feel stressed, uncertain about how to handle some things, rejected (if your children or youth talk positively about their foster home), sad about the time you lost or milestones you missed, and afraid of losing them again.

Your children may have difficulty with the transition, too. They may miss friends or family they spent time with while in foster care. Depending on how long they were away, they may struggle with differences between your home and their foster home, including rules, schedules, and even food. It's important to let them know that it's okay to have their feelings, including missing their foster family, and to be as patient as you can with yourself and your children during this transition time.

"My daughter and I were blessed with an opportunity to connect with her foster parents almost a year after our case closed. I saw how bonded they all were and embraced the notion of them being extended family. As a result, they have shown us nothing but positive support and assistance, such as child care. I would love to see a system where these opportunities to partner between birth parent and foster parent become the norm since we are all coming together on behalf of the child."

—Alise Hegle, Birth Parent National Network, Washington

Asking for and Getting Help

After you and your children are reunited, the child welfare agency may keep your family's case open for a while. They will want to be sure that your children are safe and your family has what you need to continue to move forward on a positive path.

During this time, the agency may continue to provide services, sometimes referred to as *in-home* or *postreunification* services, to help your family. This might include someone coming to your home to help you with parenting or other support services. It might also include community-based services such as child care or counseling. These services are intended to support your family and help you maintain the progress you have made.

It's okay to ask for additional help. You may worry that if you share everything is not going perfectly, your caseworker will think your children can't stay at home. But "bumps in the road" are to be expected, and asking for help is a sign of strength. If you're not sure how the

agency will react to something, talk to your lawyer first. They may be able to help you ask for what you need.

Giving Back

Once you have successfully completed the reunification process with your children or youth, consider using your experience to help others. Are there parts of the system you'd like to see changed? Your voice is powerful.

Would you like to help other families who are going through what your family went through? Your support could make a world of difference. See if there is an opportunity for you to work as a parent mentor in your State. In that role, you can encourage others and show them, "If I can do it, you can too!" (See the list of National Parent and Family Organizations at the end of this factsheet.)

"After successfully reuniting with my daughter, I know the importance of keeping families together and helping us build protective factors. As parents, we need to be engaged early, helped to obtain needed services and supported in overcoming challenges such as waiting lists, transportation, child care, financial obstacles, language, and cultural barriers."

—Timothy Phipps, Birth Parent National Network, Oregon

What Other Resources Can Help Me?

For more information, see the resources listed below.

National Parent and Family Organizations

- **Birth Parent National Network** works to champion birth parents as leaders and partners in child welfare systems reform. <http://www.bpnn.ctfalliance.org/>
- **Circle of Parents** provides a friendly, supportive environment led by parents and other caregivers, where anyone in a parenting role can openly discuss the successes and challenges of raising children. <http://circleofparents.org/>

- **National Coalition for Parent Advocacy in Child Protective Services** is a group of parent leaders and advocates who have come together to create positive public policy and program changes that prevent removal of children from their families, strengthen and ensure the rights of families whose children have been removed, and return children to their families. <https://strengthening-families.org/parentadvocacy/index.html>
- **Parents Anonymous** uses mutual support and shared leadership to empower, inspire, and create long-term positive changes in families. <http://www.parentsanonymous.org>

Publications

- **Understanding Child Welfare and the Courts** is a guide to the general types of court hearings your family might experience while involved with the foster care system. <https://www.childwelfare.gov/pubs/factsheets/cwandcourts/>
- **The Parents' Get Real Guide to Getting Your Kids Back** is written by parents who have successfully reunified with their children in the foster care system to support other parents who are currently in that situation. http://www.strengtheningfamiliesillinois.org/mirror/downloads/Parents_Get_Real_Guide_lores.pdf
- **Finding Your Way: Guides for Fathers in Child Protection Cases** provide tips for noncustodial fathers who want to be active participants in their children's child protection cases. They focus on topics such as fathers' legal rights, child support, and courtroom expectations. http://site.americanhumane.org/fatherhooddocs/father_guide.pdf
- **A Family's Guide to the Child Welfare System** helps parents better understand the child welfare system and answers questions many parents will have. http://gucchd.georgetown.edu/products/AFamilysGuide_English.pdf
- **Rise magazine** is written by parents who have faced the child welfare system in their own lives. <http://www.risemagazine.org/>

Help With Specific Issues

Families become involved with the foster care system for many different reasons, from substance use to domestic violence, to immigration concerns. Below are some resources that may help with your family's specific circumstances.

Substance Use

- *Addiction in the Family* (Rise magazine) http://www.risemagazine.org/wp-content/uploads/2015/08/Rise_issue_20-addiction-in-family.pdf
- *You Don't Have to Stop Being a Parent While You Are in a Residential Substance Abuse Treatment Facility* (New York State Office of Children & Family Services) http://ocfs.ny.gov/main/policies/external/OCFS_2011/ADMs/Attachment%20B%20for%20res_sub%20abuse.pdf
- Substance Abuse Resources for Families (Child Welfare Information Gateway) <https://www.childwelfare.gov/topics/systemwide/substance/resources/>
- Substance Abuse Treatment Facility Locator (Substance Abuse and Mental Health Services Administration) <https://findtreatment.samhsa.gov/>

Mental Health

- Family Resources (American Academy of Child and Adolescent Psychiatry) https://www.aacap.org/aacap/families_and_youth/Family_Resources/Home.aspx
- Tips for Parenting With a Mental Illness (Psych Central website) <http://psychcentral.com/lib/tips-for-parenting-with-a-mental-illness/>

Child Abuse

- *Parenting a Child Who Has Experienced Abuse or Neglect* (Child Welfare Information Gateway) <https://www.childwelfare.gov/pubs/parenting-CAN/>
- *Parenting a Child Who Has Experienced Trauma* (Child Welfare Information Gateway) <https://www.childwelfare.gov/pubs/factsheets/child-trauma/>

Domestic Violence

- *Parenting After Domestic Violence* (Child Welfare Information Gateway) <https://www.childwelfare.gov/pubPDFs/guide.pdf#page=54>
- *Children and Domestic Violence Fact Sheet Series* (National Child Traumatic Stress Network) <http://www.nctsn.org/content/resources>

Immigration

- *Parental Rights: Toolkit & Educational Resources* (Women's Refugee Commission) <https://womensrefugeecommission.org/programs/migrant-rights/parental-rights/toolkit-and-educational-resources>

Incarceration

- *A Guide for Incarcerated Parents Who Have Children in the Child Welfare System* (U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Administration for Children and Families, U.S. Department of Justice, & Federal Bureau of Prisons) <http://youth.gov/sites/default/files/COIP-Parent-Guide-508.pdf>
- *Little Children, Big Challenges: Incarceration (Tips for Parents and Caregivers)* (Sesame Street Workshop) http://www.sesamestreet.org/cms_services/services?action=download&uid=24467219-1a98-4240-9fc3-cc738714e819

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





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

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

Overview

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

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

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

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

Considerations for Policy

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

References

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

For More Information

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

NASW Social Work Policy Institute –
www.socialworkpolicy.org

National Child Welfare Workforce Institute –
www.ncwwi.org

ABOUT THE SOCIAL WORK POLICY INSTITUTE

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

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

Social Work Policy Institute
NASW Foundation
750 First Street NE, Suite 700
Washington, DC 20002-4241
Director: Joan Levy Zlotnik, PhD, ACSW
www.SocialWorkPolicy.org • swpi@naswdc.org
202.336.8393





U.S. Department of Health and Human Services, Administration for Children and Families,
 Administration on Children, Youth and Families, Children's Bureau, <http://www.acf.hhs.gov/programs/cb>
 Data current as of July 2015



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

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

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



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Modified Settlement Agreement

Read the full modified settlement agreement [HERE](#)

Summary of New Settlement Agreement

New Jersey's Department of Children and Families (DCF) is pleased to have reached a new, modified agreement in the lawsuit filed by Children's Right. This new agreement better supports child welfare reform by:

- focusing on the fundamentals by prioritizing key first steps, including reductions in caseloads, workforce development, and management by data;
- incorporating the best thinking of New Jersey stakeholders and frontline workers and supervisors, which inspired changes in adoption practice, resource family development, services, and placements;
- supporting a collaborative relationship with a single Monitor of the settlement agreement, allowing the State increased flexibility to make improvements and adjustments when needed; and
- establishing accountability on outcomes for children and families, rather than on a crushing checklist of more than two hundred legally enforceable tasks.

In the context of this litigation, the creation of the new cabinet level Department of Children and Families, which elevates child welfare issues to the highest level of government, and the building of a new executive team, were important signals of how serious Governor Corzine is about child welfare reform.

These concrete commitments by the Governor and DCF Commissioner convinced Children's Rights to take a step back from litigation and allow the State the time and flexibility necessary to construct a sound foundation for long-lasting reform.

The New Agreement

The new modified agreement is divided into two phases. The first phase, which runs from July 2006 and through December 2008, focuses on the fundamentals, including continued improvements in the development of data and institutional investigations. The second phase, which began on January 2009, looks for return on the investments in Phase I and focuses on outcomes. Phase I references ten key areas of practice, including:

Development of a New Case Practice Model: design a new case practice model that allows the State to synthesize best practices and test different approaches to better serve children and families.

Fundamental Training: prioritize training for new frontline staff, new supervisors, and investigators, while phasing in the development of in-service training for existing staff, beginning with concurrent planning, which supports improved permanency practices, and training in new data and management tools, such as Safe Measures and NJ Spirit.

Critical Services, including Healthcare: improve delivery of critical services that help keep families together, reunite families that are separated, address the well-being of children in out of home care, and help foster families and adoptive families provide for our children. Key stakeholders and staff have identified several structural barriers, highlighting the need to develop new policies and practices to improve service delivery, and the importance of making concrete commitments to expand services in critical areas.

Placements: change the focus from eliminating out-of-state placements to placing children close to home and where the child's individual needs are best met. In some cases, this means sound placement practice could result in a placement in Pennsylvania or a facility that provides highly specialized services not currently available in New Jersey. As with critical services, this priority action responds to feedback from well-informed stakeholders.

Caseloads: continue new State investments in staff in order to achieve caseloads that are manageable and support good practice. Recent and extensive analysis of our staffing records, data and management will allow us to target future staffing and placement to address staffing shortfalls and caseload issues by local DYFS office.

Adoption: invest in developing local adoption expertise in every office and create impact teams to address the alarming backlog of children awaiting permanency. This priority will reverse the previous settlement mandate to eliminate specialized adoption practice and, instead, support specialized practice in each local DYFS office.

Recruiting and Licensing Foster and Pre-adoptive Families: links the efforts of resource family recruiters and support staff more closely to licensing in order to transform the welcome recent surge in applications into a wider pool of available families for our children.

Management by Data: implement and support Governor Corzine's broader initiative of "government under glass" by collecting and making public critical child welfare indicators.

Phase II begins in January 2009 and is divided into three parts:

- Outcome indicators: Targets safety, permanency, and stable and appropriate placements for children.
- Performance indicators: Targets achieving reasonable caseload standards; executing timely investigations; supporting a sufficient pool of resource families; ensuring visitation for children with parents, siblings, and caseworkers; and maintaining high quality in healthcare, adoption, and overall case practice.
- Advanced practice: Targets development of improved practices in contracting, quality improvement, and needs assessment, while requiring maintenance of high levels of practice in the areas of resource families and workforce development.

The measurement of the performance and outcome indicators will begin in June 2009 with the first Phase II report from the Monitor expected in early 2010. If the State achieves its targets and sustains achievement, the lawsuit can be dismissed at any time after 2010.

Finally, the agreement also streamlines the dispute resolution process and reconstructs the monitoring role to make it more collaborative and less constrictive.

Beyond the Agreement

This agreement represents the realization that reform must begin with the fundamentals, that the house needs a foundation, long before you can build the rest of the structure, put on the roof and declare the house – and the reform – accomplished. This agreement is not an end and further represents only part of what must be a larger plan to deliver on the promise of safety, well-being, and permanency for New Jersey’s children.

The leadership team at DCF wants to thank all of our staff and the many, many stakeholders who helped us diagnose the issues, formulate a turnaround plan for enduring reform and build a vision and commitment for keeping children safe and families strong in New Jersey.



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Department of Children and Families
P.O. Box 729
Trenton, NJ 08625-0729
Phone: 1-855-INFO-DCF (1-855-463-6323)

SENATE COMMITTEE REPORT

DATE: 1/18/18

FURTHER: Finance
 DATE TURNED
 IN TO OFFICE: 4/5/18

Health and Social Services Committee considered CS FOR HOUSE BILL NO. 151(FIN)

HB 151-DHSS;CINA; FOSTER CARE; CHILD PROTECTION

"An Act relating to the duties of the Department of Health and Social Services; relating to training and workload standards for employees of the Department of Health and Social Services and providing immunity from damages related to those standards; relating to foster care home licensing; relating to civil and criminal history background checks for foster care licensing and payments; relating to placement of a child in need of aid; relating to the rights and responsibilities of foster parents; requiring the Department of Health and Social Services to provide information to a child or person released from the department's custody; and providing for an effective date."

and recommends:


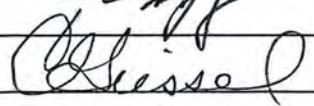
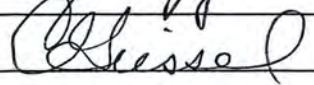
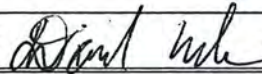
- be replaced with SCS CS HB 151 (HSS) Same Title Technical Title Change New Title/SCR No. _____
- adopt previous SCS _____ () Same Title Technical Title Change New Title/SCR No. _____
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
EED	MVA
DEC	DNR
DFG	DPS
GOV	REV
DHS	DOT
AJS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DHS	✓			11
DHS	✓			12
Fiscal Info Forthcoming				

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Begich	✓			
	VanTahof			✓	
	Giesse	✓			
CHAIR: 	Wilson				✓

SENATE CONCURRENT RESOLUTION NO.
IN THE LEGISLATURE OF THE STATE OF ALASKA
THIRTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Introduced:
Referred:

A RESOLUTION

1 **Suspending Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State**
2 **Legislature, concerning House Bill No. 151, relating to the duties of the Department of**
3 **Health and Social Services; relating to training and workload standards for employees**
4 **of the Department of Health and Social Services and providing immunity from damages**
5 **related to those standards; relating to foster care home licensing; relating to civil and**
6 **criminal history background checks for foster care licensing and payments; relating to**
7 **placement of a child in need of aid; relating to the rights and responsibilities of foster**
8 **parents; and requiring the Department of Health and Social Services to provide**
9 **information to a child or person released from the department's custody.**

10 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

11 That under Rule 54, Uniform Rules of the Alaska State Legislature, the provisions of
12 Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State Legislature, regarding
13 changes to the title of a bill, are suspended in consideration of House Bill No. 151, relating to

1 the duties of the Department of Health and Social Services; relating to training and workload
2 standards for employees of the Department of Health and Social Services and providing
3 immunity from damages related to those standards; relating to foster care home licensing;
4 relating to civil and criminal history background checks for foster care licensing and
5 payments; relating to placement of a child in need of aid; relating to the rights and
6 responsibilities of foster parents; and requiring the Department of Health and Social Services
7 to provide information to a child or person released from the department's custody.

SENATE CS FOR CS FOR HOUSE BILL NO. 151(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVES GARA, Spohnholz, Drummond, Parish, Fansler, Tuck, Grenn, Ortiz

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the duties of the Department of Health and Social Services; relating**
2 **to training and workload standards for employees of the Department of Health and**
3 **Social Services and providing immunity from damages related to those standards;**
4 **relating to foster care home licensing; relating to civil and criminal history background**
5 **checks for foster care licensing and payments; relating to placement of a child in need of**
6 **aid; relating to the rights and responsibilities of foster parents; relating to completed**
7 **investigations of reports of harm to a child; requiring the Department of Health and**
8 **Social Services to provide information to a child or person released from the**
9 **department's custody; and providing for an effective date."**

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

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

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

2 * **Sec. 2.** AS 47.05.065 is amended to read:

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

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

7 (A) the responsibility to provide the child with food, clothing,
8 shelter, education, and medical care;

9 (B) the right and responsibility to protect, nurture, train, and
10 discipline the child, including the right to direct the child's medical care and
11 the right to exercise reasonable corporal discipline;

12 (C) the right to determine where and with whom the child shall
13 live;

14 (D) the right and responsibility to make decisions of legal or
15 financial significance concerning the child;

16 (E) the right to obtain representation for the child in legal
17 actions; and

18 (F) the responsibility to provide special safeguards and care,
19 including appropriate prenatal and postnatal protection for the child;

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

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

29 (B) the state also recognizes that when a child is removed from
30 the home, visitation between the child and the child's parents or guardian and
31 family members reduces the trauma for the child and enhances the likelihood

1 that the child will be able to return home; therefore, whenever a child is
 2 removed from the parental home, the Department of Health and Social
 3 Services should encourage frequent, regular, and reasonable visitation of the
 4 child with the child's parent or guardian and family members;

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

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

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

17 (B) the child should not be moved unnecessarily;

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

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

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

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

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

1 (5) numerous studies establish that

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

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

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

12 * **Sec. 3.** AS 47.05.310(c) is amended to read:

13 (c) Except as provided in (l) of this section, the [THE] department may not
14 issue or renew a license or certification for an entity if an individual is applying for a
15 license, license renewal, certification, or certification renewal for the entity and that

16 (1) individual has been found by a court or agency of this or another
17 jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under
18 AS 47.10, AS 47.24, or AS 47.62 or a substantially similar provision in another
19 jurisdiction, or to have committed medical assistance fraud under AS 47.05.210 or a
20 substantially similar provision in another jurisdiction; or

21 (2) individual's name appears on the centralized registry established
22 under AS 47.05.330 or a similar registry of this state or another jurisdiction.

23 * **Sec. 4.** AS 47.05.310(i) is amended to read:

24 (i) Except as provided in (l) of this section, for [FOR] purposes of (b) and
25 (c) of this section, in place of nonissuance or nonrenewal of a license or certification,
26 an entity or individual service provider that is not required to be licensed or certified
27 by the department or a person wishing to become an entity or individual service
28 provider that is not required to be licensed or certified by the department is instead
29 ineligible to receive a payment, in whole or in part, from the department to provide for
30 the health, safety, and welfare of persons who are served by the programs
31 administered by the department if the entity, individual service provider, or person

1 (1) is in violation of (a) of this section or would be in violation based
 2 on information received by the department as part of an application, approval, or
 3 selection process;

4 (2) has been found by a court or agency of this or another jurisdiction
 5 to have neglected, abused, or exploited a child or vulnerable adult under AS 47.10,
 6 AS 47.24, or AS 47.62 or a substantially similar provision in another jurisdiction, or to
 7 have committed medical assistance fraud under AS 47.05.210 or a substantially
 8 similar provision in another jurisdiction; or

9 (3) appears on the centralized registry established under AS 47.05.330
 10 or a similar registry of this state or another jurisdiction.

11 * **Sec. 5.** AS 47.05.310(k) is amended by adding new paragraphs to read:

12 (4) "adult family member" has the meaning given in AS 47.10.990;

13 (5) "foster home" has the meaning given in AS 47.32.900.

14 * **Sec. 6.** AS 47.05.310 is amended by adding a new subsection to read:

15 (l) The department may issue or renew a foster home license under AS 47.32
 16 or provide payments under AS 47.14.100(b) or (d) to an entity, individual service
 17 provider, or person if the applicant or a person who resides in the home is barred from
 18 licensure or payment under (c), (i)(2), or (i)(3) of this section and

19 (1) a person in the home is an adult family member or family friend of
 20 a child in the custody or supervision of the state under AS 47.10;

21 (2) the department finds that placing the child with the entity,
 22 individual service provider, or person is in the best interests of the child; and

23 (3) the conduct that is the basis of the finding under (c), (i)(2), or (i)(3)
 24 of this section occurred at least 10 years before the date the department receives the
 25 application for licensure or renewal or makes a payment to the entity, individual
 26 service provider, or person.

27 * **Sec. 7.** AS 47.10.080(s) is amended to read:

28 (s) The department may transfer a child, in the child's best interests, from one
 29 placement setting to another, and the child, the child's parents or guardian, the child's
 30 foster parents or out-of-home caregiver, the child's guardian ad litem, the child's
 31 attorney, and the child's tribe are entitled to advance notice of a nonemergency

1 transfer. A party opposed to the proposed transfer may request a hearing and must
2 prove by clear and convincing evidence that the transfer would be contrary to the best
3 interests of the child for the court to deny the transfer. A foster parent or out-of-home
4 caregiver who requests a nonemergency change in placement of the child shall provide
5 the department with reasonable advance notice of the requested change. When the
6 department transfers a child from one out-of-home placement to another, the
7 department shall search for an appropriate placement with an adult family member or
8 a family friend who meets the foster care licensing requirements established by the
9 department. **A supervisor at the department shall certify in writing in the case file**
10 **whether the department has searched for an appropriate placement with an**
11 **adult family member or family friend. If the department has not complied with**
12 **the search requirements under this subsection, the supervisor shall work to**
13 **ensure that the department completes the search in the shortest time feasible.**

14 * **Sec. 8.** AS 47.10.084 is amended by adding a new subsection to read:

15 (d) When the child is placed in foster care, the foster parent has the right and
16 responsibility to use a reasonable and prudent parent standard to make decisions
17 relating to the child. The foster parent may make decisions under (a) or (b) of this
18 section that include decisions relating to the child's participation in age-appropriate or
19 developmentally appropriate activities, including travel, sports, field trips, overnight
20 activities, and extracurricular, enrichment, cultural, and social activities. The
21 department shall provide foster parents with training regarding the reasonable and
22 prudent parent standard. In this subsection, "reasonable and prudent parent standard"
23 means a standard characterized by careful and sensible decisions to maintain the
24 health, safety, and best interests of the child while encouraging the emotional and
25 developmental growth of the child.

26 * **Sec. 9.** AS 47.10.086 is amended by adding a new subsection to read:

27 (h) The department shall engage a child who is 14 years of age or older in the
28 development or revision of a case plan, permanency goal, or alternative permanency
29 plan for the child. The department shall also allow the child to select not more than
30 two adults to participate in the development or revision of the plan in addition to the
31 child's foster parents or department employees who are supervising the care of the

1 child. The department may reject an adult selected by the child if the department has
2 good cause to believe that the adult will not act in the best interests of the child. If the
3 department rejects an adult, the child may select another adult. The child may
4 designate one of the adults to be the child's advisor, and the advisor may advocate for
5 the child.

6 * **Sec. 10.** AS 47.10.093(a) is amended to read:

7 (a) Except as permitted in AS 47.10.092, [AND IN] (b) - (g) and (i) - (l) of
8 this section, and AS 47.17.030(g), all information and social records pertaining to a
9 child who is subject to this chapter or AS 47.17 prepared by or in the possession of a
10 federal, state, or municipal agency or employee in the discharge of the agency's or
11 employee's official duty are privileged and may not be disclosed directly or indirectly
12 to anyone without a court order.

13 * **Sec. 11.** AS 47.10.093(b) is amended to read:

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

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

17 (2) a person or an agency requested by the department or the child's
18 legal custodian to provide consultation or services for a child who is subject to the
19 jurisdiction of the court under AS 47.10.010 as necessary to enable the provision of
20 the consultation or services;

21 (3) an out-of-home care provider as necessary to enable the out-of-
22 home care provider to provide appropriate care to the child, to protect the safety of the
23 child, and to protect the safety and property of family members and visitors of the out-
24 of-home care provider;

25 (4) a school official as necessary to enable the school to provide
26 appropriate counseling and support services to a child who is the subject of the case, to
27 protect the safety of the child, and to protect the safety of school students and staff;

28 (5) a governmental agency as necessary to obtain that agency's
29 assistance for the department in its investigation or to obtain physical custody of a
30 child;

31 (6) a law enforcement agency of this state or another jurisdiction as

1 necessary for the protection of any child or for actions by that agency to protect the
2 public safety;

3 (7) a member of a multidisciplinary child protection team created
4 under AS 47.14.300 as necessary for the performance of the member's duties;

5 (8) the state medical examiner under AS 12.65 as necessary for the
6 performance of the duties of the state medical examiner;

7 (9) a person who has made a report of harm as required by
8 AS 47.17.020 to inform the person that the investigation was completed and of action
9 taken to protect the child who was the subject of the report;

10 (10) the child support services agency established in AS 25.27.010 as
11 necessary to establish and collect child support for a child who is a child in need of aid
12 under this chapter;

13 (11) a parent, guardian, or caregiver of a child or an entity responsible
14 for ensuring the safety of children as necessary to protect the safety of a child;

15 (12) a review panel established by the department for the purpose of
16 reviewing the actions taken by the department in a specific case;

17 (13) the University of Alaska under the Alaska higher education
18 savings program for children established under AS 47.14.400, but only to the extent
19 that the information is necessary to support the program and only if the information
20 released is maintained as a confidential record by the University of Alaska;

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

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

30 **(16) a sibling of a child who is the subject of the case to allow the**
31 **siblings to contact each other if it is in the best interests of the child to maintain**

1 contact; in this paragraph, "sibling" means an adult or minor who is related to
2 the child who is the subject of the case by blood, adoption, or marriage as a child
3 of one or both of the parents of the child who is the subject of the case; a sibling
4 who is adopted by a person other than the parent of the child who is the subject
5 of the case remains a sibling of the child.

6 * Sec. 12. AS 47.10.142(i) is amended to read:

7 (i) When the department takes emergency custody of a child under this section
8 or a court orders a child committed to the department for temporary placement under
9 this section, the department shall, to the extent feasible and consistent with the best
10 interests of the child, place the child according to the criteria specified under
11 AS 47.14.100(e). A supervisor at the department shall certify in writing in the
12 case file whether the department has searched for an appropriate placement with
13 an adult family member or family friend. If the department has not complied
14 with the search requirements under this subsection, the supervisor shall work to
15 ensure that the department completes the search in the shortest time feasible if it
16 is consistent with the best interests of the child.

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

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

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

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

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

1 (A) an adult family member;

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

4 (C) a licensed foster home that is not an adult family member
5 or family friend;

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

8 * **Sec. 14.** AS 47.14.100(i) is amended to read:

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

17 * **Sec. 15.** AS 47.14.100(r) is amended to read:

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

29 * **Sec. 16.** AS 47.14 is amended by adding a new section to read:

30 **Sec. 47.14.112. Training and workload standards; reports to legislature.**

31 (a) The department shall implement workload standards and a training program for

1 employees who supervise the care of children committed to the supervision or custody
2 of the department under AS 47.10, work with families to prevent the removal of a
3 child from the child's home under AS 47.10, or investigate reports of harm under
4 AS 47.17. Except as provided under (b) of this section, the department shall prepare a
5 staffing report if the department is unable

6 (1) to employ the number of qualified employees necessary to ensure
7 that

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

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

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

16 (2) to meet best practices standards set by the department requiring the
17 employment of mentors for employees who supervise the care of children committed
18 to the supervision or custody of the department under AS 47.10, work with families to
19 prevent the removal of a child from the child's home under AS 47.10, or investigate
20 reports of harm under AS 47.17;

21 (3) for a new employee who supervises the care of a child committed
22 to the supervision or custody of the department under AS 47.10, works with families
23 to prevent the removal of a child from the child's home under AS 47.10, or
24 investigates reports of harm under AS 47.17, to

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

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

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

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

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

9 (4) for an employee, other than a new employee, who supervises the
10 care of children committed to the supervision or custody of the department under
11 AS 47.10, works with families to prevent the removal of a child from the child's home
12 under AS 47.10, or investigates reports of harm under AS 47.17, to ensure that the
13 average statewide caseload is not more than 13 families for each worker.

14 (b) If a staffing report is required under (a) of this section, the department
15 shall explain in the staffing report why the department is not able to meet the
16 standards, the amount of funding that would be necessary to meet the standards, and
17 the effects on a child and the child's family of not meeting the standards. The
18 department shall include the staffing report in the annual report to the legislature
19 required under AS 18.05.020.

20 (c) Notwithstanding any other provision of this section, the department is
21 immune from suit under this section if the department was unable to meet the
22 workload standards and adjusted workload standards because of a lack of sufficient
23 appropriations or because the department's efforts to recruit or retain employees did
24 not result in an adequate number of qualified applicants to meet the workload
25 standards, as outlined in the staffing report.

26 (d) The division of the department with responsibility over the custody of
27 children shall prepare and make available to the legislature an annual report on
28 employee recruitment and retention, including a five-year plan, for the division. Not
29 later than November 15 of each year, the department shall deliver the report to the
30 senate secretary and the chief clerk of the house of representatives and notify the
31 legislature that the report is available. The report prepared under this subsection is

1 separate from the annual report to the legislature required under AS 18.05.020.

2 * **Sec. 17.** AS 47.14.115 is amended by adding a new subsection to read:

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

9 * **Sec. 18.** AS 47.17.030 is amended by adding a new subsection to read:

10 (g) When the department or a local government health or social services
11 agency (1) completes an investigation of a report of harm concerning a child, (2)
12 determines, based on the investigation findings, that department or local agency
13 services to protect the child are not required, and (3) identifies an appropriate
14 community organization that will actively reach out to families to provide needed
15 support services, the department or local government health or social services agency
16 shall seek the written consent of the child's parent or guardian to refer the family to the
17 community organization. If the parent or guardian consents to the referral, the
18 department or local government health or social services agency shall refer the parent
19 or guardian to the community organization identified by the department. If the child
20 has more than one parent or guardian and only one parent or guardian consents to the
21 referral, the department or local government health or social services agency shall
22 refer the parent or guardian who consents to the community organization but may not
23 provide information to the community organization concerning the parent or guardian
24 who does not consent to the referral. A community organization that receives
25 information from the department or a local government health or social services
26 agency under this subsection may not disclose the information to a person who is not
27 authorized by law to receive it.

28 * **Sec. 19.** AS 47.18.320 is amended by adding a new subsection to read:

29 (d) When an individual 16 years of age or older who has been in state custody
30 under AS 47.10 for at least six months is released from state custody, the department
31 shall, in addition to any training, services, and assistance provided under (a) - (c) of

1 this section, provide the individual with or assist the individual with obtaining the
2 individual's

3 (1) birth certificate; the birth certificate may be an official or certified
4 copy;

5 (2) social security card;

6 (3) health insurance information;

7 (4) medical records;

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

9 (6) certificate of degree of Indian or Alaska Native blood, if
10 applicable.

11 * **Sec. 20.** AS 47.32.032 is amended by adding a new subsection to read:

12 (c) To the extent feasible, the department shall approve or deny a foster care
13 home license, including a request for a variance under this section, not more than 45
14 days after the date the department receives the application for a foster care home
15 license. If it is not feasible to approve or deny a foster care home license not more than
16 45 days after receiving the application, a supervisory-level employee may authorize a
17 longer period of time for the decision, but the period must be the shortest period
18 feasible.

19 * **Sec. 21.** The uncodified law of the State of Alaska is amended by adding a new section to
20 read:

21 **APPLICABILITY.** (a) Sections 2, 7 - 9, 11 - 15, 17, and 19 of this Act apply to a child
22 in the custody or under the supervision of the Department of Health and Social Services under
23 AS 47.10 on or after the effective date of secs. 2, 7 - 9, 11 - 15, 17, and 19 of this Act.

24 (b) Sections 3 - 6 and 20 of this Act apply to applications for a license, license
25 renewal, certification, certification renewal, or payment received by the Department of Health
26 and Social Services on or after the effective date of secs. 3 - 6 and 20 of this Act.

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

29 **TRANSITION: REGULATIONS.** The Department of Health and Social Services may
30 adopt regulations necessary to implement the changes made by this Act. The regulations take
31 effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the

1 law implemented by the regulation.

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

4 TRANSITION: IMPLEMENTATION. The Department of Health and Social Services
5 shall implement all of the provisions of this Act as expeditiously as possible. Notwithstanding
6 this requirement, the Department of Health and Social Services shall, not later than

7 (1) 90 days after the effective date of secs. 7 - 9 and 12 - 14 of this Act,
8 implement the changes made by AS 47.10.080(s), as amended by sec. 7 of this Act,
9 AS 47.10.084(d), enacted by sec. 8 of this Act, AS 47.10.086(h), enacted by sec. 9 of this Act,
10 AS 47.10.142(i), as amended by sec. 12 of this Act, AS 47.14.100(e), as amended by sec. 13
11 of this Act, and AS 47.14.100(i), as amended by sec. 14 of this Act;

12 (2) one year after the effective date of secs. 2 - 6, 11, 15 - 17, 19, and 20 of
13 this Act, implement the changes made by AS 47.05.065, as amended by sec. 2 of this Act,
14 AS 47.05.310(c), as amended by sec. 3 of this Act, AS 47.05.310(i), as amended by sec. 4 of
15 this Act, AS 47.05.310(k), as amended by sec. 5 of this Act, AS 47.05.310(l), enacted by sec.
16 6 of this Act, AS 47.10.093(b), as amended by sec. 11 of this Act, AS 47.14.100(r), as
17 amended by sec. 15 of this Act, AS 47.14.112(a)(1), (a)(2), (a)(3)(A), and (b), enacted by sec.
18 16 of this Act, AS 47.14.115(b), enacted by sec. 17 of this Act, AS 47.18.320(d), enacted by
19 sec. 19 of this Act, and AS 47.32.032(c), enacted by sec. 20 of this Act;

20 (3) two years after the effective date of sec. 16 of this Act, implement the
21 changes made by AS 47.14.112(a)(3)(B) and (a)(4), enacted by sec. 16 of this Act.

22 * **Sec. 24.** Section 22 of this Act takes effect immediately under AS 01.10.070(c).

AMENDMENT # /

OFFERED IN THE SENATE
TO: CSHB 151(FIN)

BY SENATOR WILSON

1 Page 1, line 6, following "parents;":

2 Insert "relating to completed investigations of reports of harm to a child;"

3

4 Page 7, following line 4:

5 Insert a new bill section to read:

6 "* **Sec. 10.** AS 47.10.093(a) is amended to read:

7 (a) Except as permitted in AS 47.10.092, [AND IN] (b) - (g) and (i) - (l) of this
8 section, and AS 47.17.030(g), all information and social records pertaining to a child
9 who is subject to this chapter or AS 47.17 prepared by or in the possession of a
10 federal, state, or municipal agency or employee in the discharge of the agency's or
11 employee's official duty are privileged and may not be disclosed directly or indirectly
12 to anyone without a court order."

13

14 Renumber the following bill sections accordingly.

15

16 Page 12, following line 23:

17 Insert a new bill section to read:

18 "* **Sec. 18.** AS 47.17.030 is amended by adding a new subsection to read:

19 (g) When the department or a local government health or social services
20 agency (1) completes an investigation of a report of harm concerning a child, (2)
21 determines, based on the investigation findings, that department or local agency
22 services to protect the child are not required, and (3) identifies an appropriate
23 community organization that will actively reach out to families to provide needed

1 support services, the department or local government health or social services agency
2 shall seek the written consent of the child's parent or guardian to refer the family to the
3 community organization. If the parent or guardian consents to the referral, the
4 department or local government health or social services agency shall refer the parent
5 or guardian to the community organization identified by the department. If the child
6 has more than one parent or guardian and only one parent or guardian consents to the
7 referral, the department or local government health or social services agency shall
8 refer the parent or guardian who consents to the community organization but may not
9 provide information to the community organization concerning the parent or guardian
10 who does not consent to the referral. A community organization that receives
11 information from the department or a local government health or social services
12 agency under this subsection may not disclose the information to a person who is not
13 authorized by law to receive it."
14

15 Renumber the following bill sections accordingly.

16
17 Page 13, lines 17 - 19:

18 Delete all material and insert:

19 "APPLICABILITY. (a) Sections 2, 7 - 9, 11 - 15, 17, and 19 of this Act apply to a
20 child in the custody or under the supervision of the Department of Health and Social Services
21 under AS 47.10 on or after the effective date of secs. 2, 7 - 9, 11 - 15, 17, and 19 of this Act.

22 (b) Sections 3 - 6 and 20 of this Act apply to applications for a license, license
23 renewal, certification, certification renewal, or payment received by the Department of Health
24 and Social Services on or after the effective date of secs. 3 - 6 and 20 of this Act."
25

26 Page 13, line 31:

27 Delete "11 - 13, and 15"

28 Insert "12 - 14, and 16"
29

30 Page 14, line 3:

31 Delete "sec. 11"

- 1 Insert "sec. 12"
- 2 Delete "sec. 12"
- 3 Insert "sec. 13"
- 4
- 5 Page 14, line 4:
 - 6 Delete "sec. 13"
 - 7 Insert "sec. 14"
 - 8
- 9 Page 14, line 5:
 - 10 Delete "sec. 15"
 - 11 Insert "sec. 16"
 - 12
- 13 Page 14, line 6:
 - 14 Delete "10, and 14 - 18"
 - 15 Insert "11, 15 - 17, 19, and 20"
 - 16
- 17 Page 14, line 10:
 - 18 Delete "sec. 10"
 - 19 Insert "sec. 11"
 - 20
- 21 Page 14, line 11:
 - 22 Delete "sec. 14"
 - 23 Insert "sec. 15"
 - 24
- 25 Page 14, line 12:
 - 26 Delete "sec. 15"
 - 27 Insert "sec. 16"
 - 28 Delete "sec. 16"
 - 29 Insert "sec. 17"
 - 30
- 31 Page 14, line 13:

1 Delete "sec. 17"

2 Insert "sec. 19"

3 Delete "sec. 18"

4 Insert "sec. 20"

5

6 Page 14, line 14:

7 Delete "Section 20"

8 Insert "Section 22"

AMENDMENT #2

OFFERED IN THE SENATE
TO: CSHB 151(FIN)

BY SENATOR WILSON

1 Page 13, line 31:

2 Delete "one year"

3 Insert "90 days"

4 Delete ", 11 - 13, and 15"

5 Insert "and 11 - 13"

6

7 Page 14, lines 4 - 5:

8 Delete "AS 47.14.100(i), as amended by sec. 13 of this Act, and
9 AS 47.14.112(a)(3)(A), enacted by sec. 15 of this Act;"

10 Insert "and AS 47.14.100(i), as amended by sec. 13 of this Act;"

11

12 Page 14, line 6:

13 Delete "three years"

14 Insert "one year"

15

16 Page 14, line 11:

17 Delete "(a)(3)(B), (b), and (c)"

18 Insert "(a)(3)(A) and (b)"

19

20 Page 14, following line 13:

21 Insert a new paragraph to read:

22 "(3) two years after the effective date of sec. 15 of this Act, implement the
23 changes made by AS 47.14.112(a)(3)(B) and (a)(4), enacted by sec. 15 of this Act."

AMENDMENT # 3

OFFERED IN THE SENATE
TO: CSHB 151(FIN)

BY SENATOR WILSON

1 Page 10, line 22:

2 Delete "**report**"

3 Insert "**reports**"

4

5 Page 12, line 6, following "under":

6 Insert "(a) of"

7

8 Page 12, following line 16:

9 Insert a new subsection to read:

10 "(d) The division of the department with responsibility over the custody of
11 children shall prepare and make available to the legislature an annual report on
12 employee recruitment and retention, including a five-year plan, for the division. The
13 department shall deliver the report to the senate secretary and the chief clerk of the
14 house of representatives and notify the legislature that the report is available not later
15 than November 15 of each year. The report prepared under this subsection is separate
16 from the annual report to the legislature required under AS 18.05.020."

House Bill 151: DHSS; CINA; FOSTER CARE; CHILD PROTECTION

Amendment No. 1 -- 30-LS0451 \ L.5

- The “Rock Mat-Su” amendment.
- Creates a formal response to screened-out reports of alleged maltreatment of children.
- Provides a mechanism to provide voluntary case management services to families with reports of harm that are not screened into an initial assessment.
- This approach is similar to that being used with tribal organizations through the Alaska Tribal Child Welfare Compact.
- Changing the system will allow appropriate community organizations across the state to serve these at-risk families, thereby preventing many children from experiencing maltreatment and reducing the burden on OCS.

Specifically, the amendment does the following:

- Page 1, Line 6, following “parents”: Insert “*relating to completed investigations of reports of harm to a child;*”
 - This language amends the title of the bill
- Page 7, following Line 4: Amends AS 47.10.093 (a) to provide for the sharing of information and social records through parental consent under the new Subsection 18 (g).
 - Information may not be disclosed without court order.
- Page 12, following line 23, inserts a new subsection – 18 (g) – containing language relating to obtaining written consent of a child’s parent or guardian to refer the family to a community organization and the confidentiality surrounding the sharing of information.
- Page 13, Lines 17-19: Delete all material and insert new APPLICABILITY language.
- Renumbers the various bill sections accordingly throughout the bill.

AMENDMENT

OFFERED IN THE SENATE
TO: CSHB 151(FIN)

BY SENATOR WILSON

1 Page 1, line 6, following "parents;":

2 Insert "**relating to completed investigations of reports of harm to a child;**"

3

4 Page 7, following line 4:

5 Insert a new bill section to read:

6 **** Sec. 10.** AS 47.10.093(a) is amended to read:

7 (a) Except as permitted in AS 47.10.092₂ [AND IN] (b) - (g) and (i) - (l) of this
8 section, **and AS 47.17.030(g)**, all information and social records pertaining to a child
9 who is subject to this chapter or AS 47.17 prepared by or in the possession of a
10 federal, state, or municipal agency or employee in the discharge of the agency's or
11 employee's official duty are privileged and may not be disclosed directly or indirectly
12 to anyone without a court order."

13

14 Renumber the following bill sections accordingly.

15

16 Page 12, following line 23:

17 Insert a new bill section to read:

18 **** Sec. 18.** AS 47.17.030 is amended by adding a new subsection to read:

19 (g) When the department or a local government health or social services
20 agency (1) completes an investigation of a report of harm concerning a child, (2)
21 determines, based on the investigation findings, that department or local agency
22 services to protect the child are not required, and (3) identifies an appropriate
23 community organization that will actively reach out to families to provide needed

1 support services, the department or local government health or social services agency
2 shall seek the written consent of the child's parent or guardian to refer the family to the
3 community organization. If the parent or guardian consents to the referral, the
4 department or local government health or social services agency shall refer the parent
5 or guardian to the community organization identified by the department. If the child
6 has more than one parent or guardian and only one parent or guardian consents to the
7 referral, the department or local government health or social services agency shall
8 refer the parent or guardian who consents to the community organization but may not
9 provide information to the community organization concerning the parent or guardian
10 who does not consent to the referral. A community organization that receives
11 information from the department or a local government health or social services
12 agency under this subsection may not disclose the information to a person who is not
13 authorized by law to receive it."
14

15 Renumber the following bill sections accordingly.

16
17 Page 13, lines 17 - 19:

18 Delete all material and insert:

19 "APPLICABILITY. (a) Sections 2, 7 - 9, 11 - 15, 17, and 19 of this Act apply to a
20 child in the custody or under the supervision of the Department of Health and Social Services
21 under AS 47.10 on or after the effective date of secs. 2, 7 - 9, 11 - 15, 17, and 19 of this Act.

22 (b) Sections 3 - 6 and 20 of this Act apply to applications for a license, license
23 renewal, certification, certification renewal, or payment received by the Department of Health
24 and Social Services on or after the effective date of secs. 3 - 6 and 20 of this Act."
25

26 Page 13, line 31:

27 Delete "11 - 13, and 15"

28 Insert "12 - 14, and 16"
29

30 Page 14, line 3:

31 Delete "sec. 11"

- 1 Insert "sec. 12"
- 2 Delete "sec. 12"
- 3 Insert "sec. 13"
- 4
- 5 Page 14, line 4:
- 6 Delete "sec. 13"
- 7 Insert "sec. 14"
- 8
- 9 Page 14, line 5:
- 10 Delete "sec. 15"
- 11 Insert "sec. 16"
- 12
- 13 Page 14, line 6:
- 14 Delete "10, and 14 - 18"
- 15 Insert "11, 15 - 17, 19, and 20"
- 16
- 17 Page 14, line 10:
- 18 Delete "sec. 10"
- 19 Insert "sec. 11"
- 20
- 21 Page 14, line 11:
- 22 Delete "sec. 14"
- 23 Insert "sec. 15"
- 24
- 25 Page 14, line 12:
- 26 Delete "sec. 15"
- 27 Insert "sec. 16"
- 28 Delete "sec. 16"
- 29 Insert "sec. 17"
- 30
- 31 Page 14, line 13:

1 Delete "sec. 17"

2 Insert "sec. 19"

3 Delete "sec. 18"

4 Insert "sec. 20"

5

6 Page 14, line 14:

7 Delete "Section 20"

8 Insert "Section 22"

House Bill 151: DHSS; CINA; FOSTER CARE; CHILD PROTECTION

Amendment No. 2 --- 30-LS0451 \ L.7

- Requested by the bill's sponsor
- Amends the timelines for complying with the legislation.

Specifically, the amendment does the following:

- Page 13, Line 31: Delete "one year" and insert "90 days"
 - Changes the transition time for the department to implement all the provisions of the act from one year to 90 days.
- Page 14, Line 4 and 5: Related to above change.
- Page 14, Line 6: Delete "three years" and insert "one year."
 - Changes the effective date for Sections 2 -6, 10, and 14-18.
- Page 14, Line 11: Related to above change.
- Page 14, Line 13: Insert new paragraph -- Section 21 (3) – creates a 2-year effective date for Section 15 of the Act, "Training and Workload standards and reports to the legislature."
 - This allows the department two years to implement the provisions of this section.

HB 151: Effective Date Changes (SEN HSS)

90-day implementation (currently these are 1-year after the effective date)

- Searches for placement with appropriate family members
- Foster parent decision-making
- Involving children 14 and older in case plans
- Allowing a child to remain in a child's home with an adult family member

1-year implementation (currently these are three years after the effective date, except for some references to training)

- Legislative findings (enables contact with prior out-of-home caregivers)
- Share case info with siblings
- Barriers to foster care licensing and payments
- Training standards
- Assisting family members on obtaining foster care license
- Providing ID to children 16 and older when released from Dept. custody
- Approval of foster care license within 45 of receipt

2-year implementation (currently this is three years after the effective date)

- Caseload standards
- *Reporting*

AMENDMENT #2

OFFERED IN THE SENATE
TO: CSHB 151(FIN)

BY SENATOR WILSON

1 Page 13, line 31:

2 Delete "one year"

3 Insert "90 days"

4 Delete ", 11 - 13, and 15"

5 Insert "and 11 - 13"

6

7 Page 14, lines 4 - 5:

8 Delete "AS 47.14.100(i), as amended by sec. 13 of this Act, and
9 AS 47.14.112(a)(3)(A), enacted by sec. 15 of this Act;"

10 Insert "and AS 47.14.100(i), as amended by sec. 13 of this Act;"

11

12 Page 14, line 6:

13 Delete "three years"

14 Insert "one year"

15

16 Page 14, line 11:

17 Delete "(a)(3)(B), (b), and (c)"

18 Insert "(a)(3)(A) and (b)"

19

20 Page 14, following line 13:

21 Insert a new paragraph to read:

22 "(3) two years after the effective date of sec. 15 of this Act, implement the
23 changes made by AS 47.14.112(a)(3)(B) and (a)(4), enacted by sec. 15 of this Act."

House Bill 151: DHSS; CINA; FOSTER CARE; CHILD PROTECTION

Amendment No. 3 30-LS0451 \ L.6

- **Amendment No. 3 requires OCS to prepare and deliver to the Legislature, no later than November 15 of each year, an annual report on employee recruitment and retention, including an five-year plan.**
- **This report is separate from the annual report to the Legislature required under AS 18.05.020.**

Specifically, the amendment does the following:

- **Page 10, Line 22: Deletes “report” (singular) and inserts “reports” (plural).**
- **Page 12, Line 6, following “under”: inserts “(a)”. This line would now read: “If a staffing report is required under (a) of this section,…”**
- **Page 12, following line 16: Adds a new section requiring the annual report on recruitment and retention and the five-year plan.**

AMENDMENT

OFFERED IN THE SENATE
TO: CSHB 151(FIN)

BY SENATOR WILSON

1 Page 10, line 22:

2 Delete "**report**"

3 Insert "**reports**"

4

5 Page 12, line 6, following "under":

6 Insert "(a) of"

7

8 Page 12, following line 16:

9 Insert a new subsection to read:

10 "(d) The division of the department with responsibility over the custody of
11 children shall prepare and make available to the legislature an annual report on
12 employee recruitment and retention, including a five-year plan, for the division. The
13 department shall deliver the report to the senate secretary and the chief clerk of the
14 house of representatives and notify the legislature that the report is available not later
15 than November 15 of each year. The report prepared under this subsection is separate
16 from the annual report to the legislature required under AS 18.05.020."