

Alaska Child and Family Services Review Round 3

Program Improvement Plan

State/Territory: State of Alaska, Department of Health & Social Services, Office of Children's Services

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Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Non-Overlapping Year:

Reporting Schedule and Format: Alaska will implement this Performance Improvement Plan (PIP) statewide and report progress and outcomes on a quarterly basis for the three measurement plan sample sites of Anchorage, Fairbanks, and Juneau. Reports will be submitted within 60 days of completion of the quarter and will include updates on all strategies and key activities.

Introduction

The Alaska Office of Children's Services (OCS) participated in the Round 3 Child and Family Services Review (CFSR) process beginning in 2016. The CFSR consisted of a two-phase process: 1) a statewide assessment completed by Alaska OCS and 2) an onsite review that includes case reviews, case-related and stakeholder interviews, to assess and evaluate outcome performance in comparison to Alaska's Statewide Assessment. Generally, the Children's Bureau concurred with Alaska's Statewide Assessment on areas of strength or areas needing improvement. The OCS Statewide Assessment was submitted and approved by the Children's Bureau in March 2017ⁱ. The CFSR onsite case review was a "traditional" CFSR, conducted with the Children's Bureau, and occurred for the week of May 22, 2017; the CFSR Findings report was received by the OCS in November 2017.ⁱⁱ The areas that were found to be out of substantial conformity within the CFSR findings are now required to be addressed in a two-year Program Improvement Plan (PIP). The CFSR findings outline that Alaska was found to not be in substantial conformity with the Seven Outcome areas of Safety, Permanency and Well-Being; and six of the seven Systemic Factors: Statewide Information System; Case Review System; Quality Assurance; Staff and Provider Training; Service Array and Resource Development and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The PIP builds on the information, data analysis and findings from both the CFSR findings and the Statewide Assessment, as well as root-cause analysis and stakeholder involvement to target sustainable practice improvements in meeting the overall outcomes of safety, permanency and well-being for families and children in Alaska.

In addition to the CFSR findings and the OCS Statewide Assessment, Alaska also relied on the following areas in the development of the Program Improvement Plan (PIP):

- Presentation of CFSR findings and data to stakeholders
- Data analysis comparing the CFSR, Quality Assurance and ORCA data

- Root Cause Analyses with internal and external stakeholders including, but not limited to, youth, foster parents, birth families, lawyers, GALs, judges, parents, Tribal representatives and legislators.
- Discussion of proposed practice improvements, key strategies and key activities
- Discussions of barriers to program improvement change
 - Workforce challenges
 - Legal challenges
 - Resource and services access challenges
- AFCARS considerations as contextual information onlyⁱⁱⁱ

Historically, the vastness of Alaska geographically, the remoteness of communities and villages, and the lack of sustainable local and state resources to responsively assist families in crisis has been a continual challenge in Alaska's child welfare system. In the past five years, Alaska has followed the national trends of other states, in experiencing significant and profound increases in the number of protective services reports received for child abuse and neglect and the number of cases which must be opened to keep children safe, leading to higher numbers of children in care. Coupled with this, has been a dramatic increase in the vacancy and turnover rates of OCS case carrying staff, resulting in CY 2017 vacancy rates of 49%, which has led to declining outcomes in safety, permanency and well-being on a statewide basis.

Thus, workforce, as a singular concern, has raised the attention of Alaska's legislature, for which data analysis on workforce recruitment and retention trends in relation to caseloads became central to the passage House Bill 151 with the 2018 legislature. From this analysis, OCS was able to determine: that the range of family cases across the state ranged from a low of 7 family cases to a high of 47 family cases, with the most acute family caseloads occurring in the Wasilla office in the Southcentral Region of the state. Coincidentally, the Southcentral Region, especially the Mat-Su Valley (where the Wasilla office is located), has been the fastest growing area of the state for over a decade.

During the 2017 legislative session, House Bill 151 was introduced to significantly address the challenges that OCS is facing with regards to workforce and the high vacancy and turnover. HB 151 did not pass the legislature until the 2018 legislative session, but during the 2017 legislative session, OCS received additional funding for 31 new positions which were added to the OCS budget for SFY 18. Of these 31 positions, 22 were allocated to case-carrying frontline positions and 2 were designated to line supervisory positions. Additionally, 3 new positions were added to provide mentoring support to new workers as they complete the initial new worker training. An additional 2 weeks of initial SKILS training to the existing 3-week training for new frontline workers was also added in SFY 18 budget.

During the 2018 legislative session, work on the passage of HB 151 continued resulting in additional training enhancements with SKILS increasing from a 5-week to a 6-week training for new employees. The 6-week training requirement will become effective in SFY 19. Additionally, HB 151 included an additional 21 new positions also included in the HB 151, of which 12 were designated to case-carrying positions and 1 was designated to a supervisory position. During the past two legislative sessions, a total of 52 new positions to the OCS budget of which 34 have been designated for case-carrying frontline workers; with an additional 3 designated to supervisory positions.

Given the profound impacts to rising caseloads and vacancy rates in the Wasilla Office specifically, OCS elected to station the majority of the new positions received in SFY 18 in the Wasilla Office. OCS has proceeded to track case outcomes for this specific office to demonstrate that additional positions has led to improved outcomes for families and children. Based on the OCS Essential

Services Scorecard report, which serves as the OCS data dashboard, OCS can demonstrate the following positive impacts of increased staffing for the Wasilla Office, since January 2017:

WASILLA Staffing	2015	2016	2017	2018
Initiation rates	45.4%	41.3%	41.8%	56.1%
Initial Assessments completed timely	20.8%	14.*%	15.3%	42.2%
Caseworker visits with Mother	14%	14%	14.2%	26.2%
Caseworker visits with Father	8.4%	9.1%	8.6%	16.6%
Caseworker visits with Child	57.4%	50.6%	46.9%	77.7%

Alaska’s early statistics are showing a clear impact of additional staffing to improved timeframes for children and families in Alaska, within this one office, but this does not translate to statewide improvements overall. When compared to statewide percentages, statewide averages for these outcome areas are declining. Initiation rates statewide went from 56.7% in 2016 to 53.1% in 2018; while the Wasilla Office is showing a steady increase from 41.3% to 56.1%. Caseworker visits have declined statewide while OCS is seeing increases in the number of caseworker visits in Wasilla.

Without sustained and focused efforts on the workforce challenges in Alaska’s child welfare system, substantial improvements in child welfare outcomes as outlined in the CFSR, are not expected to be significant. Indeed, Alaska has now participated in three CFSRs over a 15 year period; to date, the CFSR findings from 2002, 2008 and now 2017 are largely unchanged. Consistent for each of these reviews were the impacts of workforce challenges, high vacancy and turnover rates, high caseloads due to workers leaving positions, and families’ needs not adequately met by a marginal service delivery system in Alaska. Goal 1 of the PIP will focus exclusively on the workforce challenges in Alaska.

In order to better track Safety, Permanency and Well-being outcomes in Alaska, OCS has long recognized that a robust and responsive continuous quality improvement (CQI) system is essential in order to embed and monitor for true adaptive and sustainable practice change. Since 2014, the OCS has established a continuous quality improvement process that is headed by the OCS Executive Steering Committee (ESC). The ESC membership consists of key OCS state OCS leadership, regional managers from each of the 5 OCS service regions, key supervisory staff, key program staff for service array, resource families, tribal relations, quality assurance, and the Online Resources for Children in Alaska (ORCA) information system, as well as key stakeholders including the University of Alaska: Child Welfare Training Academy, and Tribes. The ESC has individual subgroups focusing on key areas of practice: intake, initial assessment; case planning and case worker visits, to name a few.

However, it has been recognized in both the CFSR findings and the OCS Statewide Assessment that the process of CQI within the OCS is fragmented and does not provide for a solid and sustainable feedback loop to better inform practice and services change for families and children in Alaska. More critically, the data root-cause analysis shows that Alaska does very good work at initiating new projects or initiatives, but fails with the follow-through of the implementation process in which fidelity to the practice change and CQI process does not occur. For this reason, Goal 4 of the PIP has added a continued focus on CQI improvement and, more specifically, in the implementation process, through fidelity is an area of focus for this PIP.

The impacts of opioid and substance addiction in Alaska has profoundly impacted the work of child welfare. The dearth of substance abuse treatment options and resources coupled with a burgeoning mental health services crisis in Alaska, means that a lack of services to parents and children where substance addiction and/or mental health concerns is contributing to the inability for children to safely remain at home. The existence of opioids, such as fentanyl, in Alaska's most remote villages, means that no one is protected from this national health emergency. The impacts to child welfare from substance abuse and/or mental health challenges with parents have historically been a primary reason for abuse or neglect in families, but now, over 70% of the families for which OCS is involved are impacted by substances in one form or another. The lack of timely and available resources in communities where families reside, makes the success of timely reunification with parents and children much less likely. Alaska is poised to receive an influx of federal funding to assist with substance abuse treatment in Alaska in SFY 19, the impacts to child welfare outcomes with these funds are still unknown.

Additionally, the Alaska Department of Health and Social Services (the department in which OCS is administratively located) is actively pursuing a Behavioral Health 1115 Medicaid Waiver Demonstration Project through the Center for Medicaid Services (CMS). An important objective of this five year project is to build a continuum of community and regionally based services which includes intensive outpatient, day treatment, intensive case management, community and recovery support, home-based family, assertive community treatment, and ambulatory withdrawal management services. Families with children in custody, or children and their parents at risk of entering the child welfare system are identified as priority populations to be served. The work on the 1115 Waiver is occurring outside of OCS, but OCS is actively involved in the work with the Waiver in the hopes that this will offer improved, necessary and timely services to parents and children.

For many years the lack of consistent and responsive services for families and children have not been available statewide. Within the PIP, Alaska addresses this need in Goals 2 & 3 by participating in a statewide infrastructure analysis and utilizing the CQI Implementation framework outlined in Goal 4.

For years, OCS and its Tribal Title IV-E partners through the Tribal State Collaboration Group have tracked and examined the disproportionate rate Alaska Native/American Indian (AN/AI) children in Alaska's child welfare system. The data indicator below indicates the percent of AN/AI children from 2014 to 2017 in Alaska's State child welfare system compared to the overall number of children in care. These numbers consistently reflect that while AN/AI children comprise approximately 27% of the child population in Alaska, they make up nearly 60% of the children in out of home care.



Tribal State Collaboration Group Statewide Data Indicators

Hope | Leadership | New Opportunities

DISPROPORTIONALITY

Note: 2016 AN / AI total statewide child population percent is 27.4% / Racial Disparity = 2.17

Racial Disproportionality

	2014	2015	2016	2017
# of AN/AI Children in Care	1952	2105	2351	2509
%	60.3%	56.7%	57.0%	59.6%



In 2016, The Department of Health and Social Services (DHSS) began a process to better evaluate the child welfare system in Alaska in relation to services and outcomes for Tribal families and their children. This effort started through a series of internal and external stakeholder meetings, which led to the creation of the Transforming Child Welfare Outcomes in Alaska 5-year Strategic Plan 2016-2020^{iv}. The Plan identifies a framework for achieving its vision and mission through six strategic priorities:

- Respectful Government-to-Government Collaboration and Partnership; □ Self-Governance;
- Embrace and Implement the Spirit of the Indian Child Welfare Act (ICWA);
- State Government Alignment;
- Community Engagement; and
- Culturally Specific Services and Supports

As a part of the Self-Governance strategy, the goal included: “Tribes self-govern the child welfare of their children, and have the resources to do so.” This in turn, led to a priority focused on Tribal Compacting in which child welfare services are compacted with the Tribes for the provision of services to Tribal families and children. Throughout CY 2017, the DHSS, OCS, Tribes and Tribal Organizations, and legal partners, met to create the first-ever *Alaska Tribal Child Welfare Compact which was signed by Certain 18 Native Tribes and Tribal Organizations*^v, the State of Alaska and became effective December 15, 2017.

Since December of 2017, the work with the Tribes and Tribal Organizations has continued in services implementation with the Tribal Compact, through the development and establishment of Support, Services and Funding Agreements (SSFA) for specific services. The first SSFA was in the area of Diligent Relative Search services, and was signed in June 2018.

Another notable achievement from the Strategic Plan, was the work of the of the Culturally Specific Services and Supports subcommittee, which developed a [Cultural Resources for Alaska Families: Traditional Health and Wellness Guide](#) for child welfare staff to identify key Tribal resources which are based on Tribal cultural traditions and supports to assist families and children. The *Cultural Resources for Alaska Families: Traditional Health and Wellness Guide*^{vi} was completed in June 2018. Training and implementation of this guide to the OCS field and regional staffs began in June 2018, and will continue to be monitored through the PIP. Additional references to the guide are outlined as a part of the PIP Goals 2 and 3 related to safety and engagement.

In Alaska, the child welfare system is actively working on strategic improvements for Alaska children and families. As a part of the PIP data and information gathering, it became apparent that Alaska currently has 47 individual initiatives. Due to the large number of initiatives within Alaska, Alaska has elected to build this PIP on existing efforts rather than create new initiatives for the PIP when they are responsive to the CFSR findings. Many of these items mentioned below, will be foundational during

the 2-year PIP period, with work and implementation continuing in future years through the 5-year Child and Family Services Plan (2019-2024) due in June 2019. For the PIP, Alaska has decided to focus on 4 Goals in these broad areas to improve outcomes for children in Alaska:

- Workforce retention and stability
- Safety responses, assessment, planning and monitoring
- Engagement with families and children in case planning and within in-home services; and
- Continuous Quality Improvement.

Overarching Goals and Strategies

Workforce

Central to improved child welfare performance on all outcomes for families and children in Alaska is a strong and stable workforce focused on safety, permanency and well-being. Alaska looks to the key elements of staff recruitment strategies, retention efforts primarily through training, supervision and staff mentorship as key to reducing the workforce challenges with OCS.

The 2017 Statewide Assessment outlined the challenges with workforce Alaska's child welfare system has historically experienced, identifying at the time of the 2017 submission of the Statewide Assessment (March 2017) Worker vacancy and turnover was at 34%, with most new workers staying on the job for a short 18 months. Since the submission of the Alaska Statewide Assessment, the Alaska State Legislature, has been pursuing state of the art welfare reforms for Alaska's child welfare system. Some of these statutory changes have included direct benefits to children and families, through casework reforms, but significantly the caseload challenges were addressed through legislation to improve the quality of work that OCS frontline workers face each day. As a part of the legislative analysis, Alaska determined that by the end of calendar year 2017, the vacancy and turnover rate at OCS was at 49%. This significant decrease in case-carrying workers has raised concerns for safety, permanency and well-being to children and families.

Constant staff vacancies and turnover are nothing new for the field of child welfare; there are a host of known causes that can be seen nationwide. While staff receive the best training available to meet the emerging needs of families in the 21st century, the profound impacts of violence, substance misuse, mental and behavioral health challenges, and the increasing assaults from social and mainstream media, make parenting in the 21st century more difficult than ever. Added to this are the impacts to worker safety, such as threats of harm or death threats that lead workers unable to see the work of child protection as safe. In Alaska, worker safety was identified on the staff exit surveys as a top reason that workers leave OCS. Conversely, in a staff survey conducted by the Citizen Panel Review in 2017, staff reported that receiving support and guidance from their supervisor is a reason for staying in their position and that improved quality of supervision would help to retain staff.

The caseloads and the impossibility of federal and state requirements that cannot be met in every case, leaves workers unable to adequately keep families and children safe. Often, decisions to remove children from homes, or maintaining children in foster care longer, are made based on the worker's inability to assess, and plan for and assure safety of the child with the parents adequately and consistently. To this end, House Bill 151, titled the "Children Deserve a Loving Home Act" was signed into Alaska law on June 7, 2018. This act established average caseload limits for OCS frontline workers and added additional training requirements and length of time for initial training to occur. Caseloads of all new workers are now capped at 6 family cases total for the first 4 months on the job and increasing then, to 13 family cases on average. These measures are expected to have impacts on worker retention, improved engagement and relationship building with parents and

children, and improved safety planning and monitoring as staff become seasoned caseworkers and staff beyond the initial 18 months. Goal 1 of the PIP will directly look at the workforce impacts addressing key areas of recruitment and retention, training and supervision.

In 2018, OCS also established a mentoring program to support new workers transitioning from classroom training to field work. The OCS mentor program serves as a statewide transfer-of-learning link between the mandated Child Welfare Academy Core classroom instruction and the practical application of knowledge and skills within the field by workers. Through one-on-one mentoring relationships with the new worker and guidance for the worker's supervisor on how best to support the new worker, this program will enhance statewide competencies and aid in the retention of child welfare workers in Alaska.

OCS has 5 statewide mentors that are assigned a cohort of new front line child protective services specialists at each initial training SKILS class. The mentor meets with each mentee face to face in the field within two weeks of completion of SKILS. Field based activities, group trainings and meetings center on core competencies for three months based upon the individuals' initial date of hire. The mentor provides weekly feedback to supervisors. At three months, the mentor will in conjunction with the specialist and supervisor complete an informal competency based evaluation for the purposes of developing an individual training plan.

At six months, the mentor provides formal feedback to the worker. At this time, the formal assignment of the mentor to the mentee is dissolved, unless identified that a longer mentor/mentee relationship is necessary to aid in the support of application of practice by the worker and identified in an ongoing training plan.

Additionally, Alaska's work through the Leadership for Middle Managers has had a singular focus on staff recruitment, retention, development and training. Goal 1 of this plan will focus on these areas in the PIP. In 2017, the Leadership for Middle Managers (LAMM) has included 25 OCS middle managers; human resource staff and staff from the Child Welfare Academy. LAMM has targeted four key areas of focus during the past two years related to strategies to improve outcomes for workforce. These targets align with the workforce improvements OCS is working on currently to improve worker retention, using fidelity, the CQI process established in Goal 4 of the PIP:

- Recruitment of frontline staff;
- Competency-based assessment of line staff;
- Agency and Organizational culture; and
- Retention of staff.

Included in this work is the HB 151 requirement for a 5-year workforce recruitment and retention plan, to be presented to the Alaska State Legislature annually, beginning December 15, 2018.

Goal 1, strategy 2 will address the full 6-week of training for new workers as outlined in HB 151 through SKILS will not start until SFY 19, improvements to the SKILS training are expected to be measured through the increased numbers of staff who have completed the training required for new caseworkers, and the involvement of coaching and mentoring for purposes of supervision strategies, transfer of learning, the development of key tools and guidance and strong CQI and feedback for enhancements to the effective training program.

Throughout the PIP, there are other strategies for which training is central to improve practice. However, it is also recognized that training alone cannot improve practice. Thus, the importance of supervisory support, mentoring and a gradual approach to being assigned cases, once the worker returns to the office from training is crucial to the steady and reliable application of the training and the OCS practice model to the sustainability of safety, permanency and well-being. Additionally, this work, involving transfer of learning, and supervisory initiatives, coupled with CQI through the CQI Implementation framework will help to enhance the resiliency and retention of frontline and supervisory staff with OCS.

Safety Outcome 1

Item #1

- Timeliness of Initiating Investigations of Reports of Child Maltreatment

During the process of developing the PIP, a review of Alaska's performance with Safety Outcome 1 revealed that generally, Alaska does a better job with meeting the response times to priority 1 and priority 2 cases. Generally, reports that are priority 1 or 2 involve reports of physical or sexual abuse to the child, whereby an immediate or urgent response to the report is necessary. However, Alaska does not do as well with priority 3 responses. These are cases where the child may be in a neglectful or marginally safe situation, and a response within a 7-day timeframe can meet the safety need of the child. With Priority 3 matters, since workers have a longer period of time to meet the mandated timeframe, it is not uncommon for workers to wait until day 3 or longer to respond to the report. By waiting longer to respond, other factors such as the inability to locate the parents or the child, subsequent reports for the same concern may come in necessitating a re-evaluation of the priority response time.

Another factor is that a responding worker may have recently been to the parents' home for a similar report, making the response to the new report seem not as urgent. Finally, there appears to be a disconnect between response times by workers in intake for which response times are a normal part of the work, while family services workers are not as consistent in meeting the response times for on-going cases for which they are assigned.

Location of the family in Alaska can also present a challenge in responding within the appropriate timeframes. In Alaska's more urban communities, where travel by vehicle is possible, response times are more likely met as opposed to reports for families residing in more remote locations in Alaska, where delays can occur due to air travel delays related to inclement weather and other factors.

Under Goal 2, strategy 1 of the PIP, improvements to the response times with priority levels are outlined, utilizing adaptive changes involving the changes in agency culture around the importance of safety concerns with priority 3 responses. Training through webinars as well as improved supervision efforts are utilized, with an Implementation framework for CQI to measure improvements with the priority level response efforts.

Safety Outcome 2

Items 2 and 3

- Services to Family to Protect Child(ren) in the Home and Prevent Removal Into Foster Care
- Risk and Safety Assessment and Management

For Safety Outcome 2 key factors that are impacting upon the safety assessment include the timely resource availability, especially for mental health and substance abuse treatment services, and monitoring of safety at key junctures of a case at initial assessment and at trial home visits.

A historical lack of a continuum of community based behavioral health services, including home-based services for individuals and families is a pervasive systemic issue in Alaska and is well-recognized as a major concern that has far reaching negative consequence not isolated to the child welfare system. Fortunately this is an issue that is beginning to be addressed on a statewide, systemic level through major initiatives such as the legislature's passage of Senate Bill 74 (a comprehensive medical and behavioral health reform bill) and the Governor's decision to pursue the Affordable Care Act Medicaid Expansion provision in 2016.

A new and particularly promising service category proposed under Alaska's 1115 Behavioral Health Medicaid Demonstration Project is **Home-based Family Treatment**. This service category was designed to specifically address children and their parents for whom OCS has determined the children to be at risk for out-of-home placement, or the children are in placement and family reunification services are needed. These services include individual and family therapy, crisis intervention, medication services, parenting education, conflict resolution, anger management, and ongoing monitoring for safety and stability in the home.

Paramount to Alaska's ability to achieve Safety Outcome 2, is the ability for OCS to partner with State and community agencies in order to leverage the reform initiatives occurring at this time in our state to ensure that the new services are designed and prioritized to meet the needs of families involved in the child welfare system and to ensure that OCS caseworkers have the tools and information needed to broker the services appropriately.

As part of the implementation process for the 1115 Behavioral Health Medicaid Waiver Demonstration Project, the Division of Behavioral (DBH) secured a contractor to conduct a statewide behavioral health infrastructure and services gap analysis. OCS partnered with DBH in this gap analysis process to ensure that the unique service array needs of families involved with the child welfare system are addressed. Additionally, OCS enlisted technical assistance from the Center for States to work with the DBH contractor in the execution of this assessment. Child welfare representatives accompanied the DBH contractor on community site visits to 14 regional hubs where existing service providers were interviewed and assessed regarding their capacity and/or need to expand their infrastructure to accommodate all of the new planned services that will be implemented as part of the 1115 Medicaid Waiver project as well as potential evidence based services to be implemented under the Family First Prevention and Services Act.

OCS will utilize the gap analysis to explore the intersection between the new services to be made available through 1115 Behavioral Health Medicaid Waiver Demonstration Project and the opportunities made available through FFPSA. Alaska aims to leverage these new revenue streams available through Alaska's Medicaid Waiver and Title IV-E to significantly expand the availability of community based, culturally appropriate mental health, substance abuse and family support services for at risk families and those involved in child welfare. By maximizing federal dollars to pay for clinical services, Alaska will be able to target more state general funds to purchase traditional healing/cultural services provided through traditional healers, tribal members/peer mentors and tribal elders. This service delivery approach is outlined in the Cultural Resource Guide.

Meeting the initial assessment timeframes for a completed initial assessment is 45 days; however, often the 45 day timeframe is not met. Here, the impacts of workforce vacancy and turnover are most acute, and the revolving changes in the workforce for initial assessment compliance is delayed due to

families having multiple workers, which impact upon the family's relationship and engagement with the agency. With each successive worker change, the case delays become more acute, leaving children in situations for which adequate safety planning and monitoring does not occur timely or consistently. Engagement factors as outlined in Goal 3, Strategy 1 will also impact here.

The CFSR findings noted that safety assessments are generally completed in initial assessment cases and monitoring is better at this stage of the case, but when safety concerns arise, modifications of safety plans occur less often, leaving a child at risk of harm. Similarly, at trial home visits, when a child is beginning the process of returning to the parents' care, data has shown that recurrence of maltreatment of a child by a parent is more likely to occur at this juncture of the case. When active safety planning, follow-up and monitoring occur, the chances of recurrence of maltreatment is reduced, but in cases where the child is returned home with no solid safety planning, follow up, or monitoring, recurrence of maltreatment increases.

Since 2016, the OCS Western Region, which was experiencing the highest rate of recurrence of maltreatment in the state, created a modified strategy targeting the reduction of the recurrence of maltreatment for children residing with their families. To date, the program has focused on those families who are in initial assessment only, and follow several programmatic protocols for these families:

- Caseloads for workers in this program are reduced, to provide qualitative focus on safety
- Strong fidelity to the Family Services Assessment 2.0 model, normally used in family services is applied to in-home cases at initial assessment.
- Tools such as genograms, the Impending Danger Assessment and Analysis (IDAA), relapse prevention planning and mental health care, are used regularly and with frequency with parents
- Initial focus on the child's needs with parents, helps to engage parents in the process of keeping their families safe
- Parents needs assessments occur as the child's needs assessments are agreed-upon
- Frequent engagement with parents and children, focused on safety and case planning is occurring

The Western Region has shown a reduction of repeat maltreatment for families by 13% over the past two years. Most notably, are the efforts that the Western Region places on the relationship between the worker and the family and improved engagement with parents and children alike, has improved safety for a child by the child's parents. Given the preliminary data findings, Goal 2, strategy 3, is focused on reviewing and evaluating promising regional practices to plan for the future implementation of a comprehensive statewide in-home practice model.

Permanency Outcome 1

Items 4, 5, and 6

- Stability of foster care placement
- Permanency goal for child
- Achieving reunification, guardianship, adoption or other planned permanent living arrangement

For Permanency Outcome 1, the timely creation and documentation of permanency goals and meeting the ASFA 15 month standards for filing a petition for termination of parental rights or documenting compelling reasons were the primary reasons that Alaska was not in substantial conformity. Primary drivers for this, included: workforce challenges, vacancy and turnover rates,

cases being unattended or covered by workers and/or supervisors with already high caseloads. Additionally, coordination with the courts and worker preparedness for hearings (for instance, timely completion of permanency reports, petitions for termination of parental rights, and completion of home studies) led to further delays with permanency. OCS's strategies aimed at worker retention and caseload caps are anticipated to improve OCS's timely preparedness for hearings.

Court data shows that additional barriers exist within the court system as well. Much of these delays are tied to scheduling delays created by high court caseloads, and scheduling of all legal parties. Budget cuts sustained by the court system during the previous governor's administration resulted in statewide reductions in the hours of operations for Alaska courts. Alaska's new governor, Governor Dunleavy, has promised to restore full funding to Alaska's courts in the FY20 State Budget. This would allow for Alaska courts to hold hearings five days a week thus reducing wait time for hearings and decreasing time to permanency.

Of significance to delays for permanency, are delays in the provision of timely services to parents. The biggest cause of this is systemic service deficiency internal and external to Alaska's OCS. The greatest need for immediate services is in substance abuse and mental health services. Over 70% of all OCS families are impacted by substance use/misuse and equally as many are impacted by mental health concerns. The service needs spread the gamut in age from very young to older grandparents caring for their grandchildren. Additionally, grantee services provided through community-based providers across Alaska offer parenting skills training, and child behavioral management training to parents. However, the trainings are not necessarily easy to jump in and out of should treatment options for substance use become available. Parents have to wait for the start of a new training session before starting again with parenting classes, forcing parents into delaying necessary substance abuse treatment to complete parenting skills training or vice versa.

Without responsive and timely services in Alaska at all levels, children and families will continue to be delayed with reunification, or other permanency options. Goal 2 addresses OCS's involvement in the DHSS behavioral health services infrastructure gap analysis and evaluation needed for the PIP. Goal 3, strategy 3 focuses on a coordination and collaboration with Alaska's courts and the Court Improvement Project (CIP) on achieving permanency timely through better data tracking, increased parental engagement, and increased court oversight and accountability. The CIP has identified the 4th Judicial District as an innovation site, which will work in conjunction with the OCS Northern Region (NRO) to improve permanency outcomes for children in NRO.

Permanency Outcome 2

Item 7, 8,9,10, and 11

- Placement with siblings
- Visiting with parents and siblings in foster care
- Preserving Connections
- Relative placement
- Relationship of child in care with the parents

The CFSR findings for Permanency Outcome 2 indicated that Alaska was not in substantial conformity as Alaska did not meet the 95% national performance indicator; however, this was an outcome where Alaska measured the strongest in most areas. More specifically, Alaska achieved an 89% in placement with siblings; and 75% and 76% preserving connections and relative placement, respectively. Relationship of child in care with parents, and visiting parents and siblings in care rated

the lowest in this Outcome at 64% and 55%, respectively, which speaks to the workforce challenges and the impacts on family engagement.

Alaska has placed a significant focus over the past several years on the improvements with relative placements, identification of relatives early in the case, and stronger use of ICWA placement preferences for Alaska Native children in care. With the establishment of the first Tribal Compacting SSFA related to the provision of relative searches, implementation and data tracking and follow up through CQI will be addressed in Goal 3, Strategy 1.

Well-being Outcomes 1, 2 and 3

Item 12 a, b, c; 13, 14, 15

- Needs assessment and Services to children
- Needs assessment and services to parents
- Needs assessment and services to foster parents
- Child and family involvement in case planning
- Caseworker visits with child
- Caseworker visits with parent

At the heart of child welfare work is the relationship that OCS workers and supervisors have with the families and children that are served. Well-being outcomes, particularly Well-being Outcome 1, targets areas involving caseworker engagement with the family and the child. Caseworker engagement is an area that OCS continues to enhance and refine in the new worker SKILS training, which is being expanded to six weeks, and through the mentorship program, provided to new workers during the first six months on the job. To embed and advance their skills in this area, workers are taught motivational interviewing skills, stages of change, required to practice interviewing skills with paid actors, and exposed to parent and youth panels.

Involvement of the child and the parents in the case planning process is crucial, as are the case worker visits with the child and the parents in which the case planning progress is an important element that is assessed during these visits. Alaska's performance with Well-being Outcome 1, was very low. Factors that have impacted on OCS' low scores in this area include high caseloads for which it is more difficult for workers to meet with every child and parent in every case, as mandated. Vacancy and turnover of staff all has a significant bearing in the scores as well, as each time a worker or supervisor changes for a child and family, new relationships have to be established which take time. Initial data on added staff in the Wasilla office have shown early improvements in caseworker visits, which then lead to improved safety and permanency outcomes for children; however, statewide declines are noted in caseworker visits.

Many parents and relatives experience the child welfare system as complex and traumatizing. Additionally, historical trauma due to colonization, the boarding school era and the systematic elimination of traditional language and cultural practices in Alaska results in the understandable distrust of Alaska Native people towards state officials. These factors lead to parents avoiding or resisting OCS interventions.

Goal 3 aims to address permanency and well-being through activities designed to improve the engagement and relationships between clients and case workers by providing staff with more support and accountability through enhanced supervision, quality and consistent visits with children and parents and through the exploration and inclusion of cultural activities in the case planning process. Leveraging the influence that courts can have in terms of impressing upon parents the urgency and

necessity of early and ongoing engagement in their case plan goals is another addressed in Strategy 2 under Goal 3, through a joint partnership efforts with the courts and the Court Improvement Project members.

As identified earlier under the Safety Outcomes, OCS recognizes that strong engagement of practices by OCS workers and supporting staff, require the most intensive training and resources to insure that parents and children remain engaged, and for safety and permanency outcomes to improve. For the PIP, OCS will focus on family engagement in:

- Safety planning and monitoring
- Completion of assessments for safety, risk and services needs
- Accurate identification of appropriate services and resources to address the needs of both safety and assessments.

Item 16

- Children receive appropriate services to meet their educational needs

While Alaska continues to not meet substantial conformity with the national performance standard of 95% for educational needs of children, Alaska scored at 85% in this area. Alaska attributes this to the high involvement of the school districts across the state in the child's educational and needs and resources.

Items 17 and 18

- Physical health of the Child
- Mental/Behavioral health to the child

For both of these factors, Alaska ranked significantly below the 95% national performance standard; performing better with children in foster care as opposed to children who remained in their parents' home. Of concern with the in-home population is the expectation that parents are taking the lead in their child's physical and mental/behavioral health needs, so that documentation of the parents' efforts may not be fully known or available to OCS workers. Improvements in this area may be seen through improved engagement outcomes with parents.

Systemic Factors

OCS has recognized that the following systemic factor items must be addressed under Goals, Strategies/Interventions and Key Activities.

Systemic Factor A: Statewide Information System

Item #19 Statewide Information System: Alaska received an area needing improvement for this item due to data lags in timely entry of the data elements into ORCA and the difficulties with verifying the data accuracy on demographic information against other data systems, such as the Bureau of Vital Statistics birth certificate records. The most concerning data entry delays occur at case junctures where placement changes occur, with some placement documentation taking as much as 27 days to complete within the ORCA system. Alaska recognizes that the lack of timely placement documentation in ORCA creates a significant safety risk to children in care. For this reason, OCS has elected to address this item as a part of the Goal 2 and 3, strategy 2. Demographic data verification processes will be addressed at a future date within the CFSP, and will likely involve the development of data interfaces with other data systems as a part of Alaska Comprehensive Child Welfare Information System (CCWIS) for which a high reliance of data verification is involved. Since these will

take longer than 2 years for complete, develop the framework for this work will occur in tandem with the PIP, with implementation occurring in the early years of the CFSP.

Systemic Factor B: Case Review System:

For this systemic factor, Alaska has elected to address two items:

Item 20: Written case plan:

Alaska continues to have challenges with engaging parents and children in the case planning process. The CFSR findings stated:

Information and data in the statewide assessment showed that children and families were included in case planning in 73% of the foster care cases and 45% of the in-home cases. The state provided data showing that since 2014 there has been a decrease in the documentation of initial case planning. Case review data showed that case plans were established timely in 26.1% of the cases.

Alaska's focus in Goal 3 on Engagement will address the steps that OCS is making to improvement caseworker engagement with parents and children alike, particularly as it relates to case planning.

Item 23: Termination of Parental Rights

The CFSR findings indicated that Alaska does not have a standardized process to track data or ensure that TPR petitions are filed timely or that compelling reasons not to file a TPR are documented. This is an area that will be addressed under the collaborative work with the Court Improvement Project work, outlined in Goal 3 and through improved training, supervision and mentoring.

Systemic Factor C: Quality Assurance System

Item 25: Quality Assurance System

While Alaska gathers data from multiple sources, the data do not necessarily drive practice change, nor does the CQI process fully consider all of the data available consistently across the agency and across the OCS service regions. Of particular concern, the state lacks a process to evaluate the quality of the service delivery system and implemented program improvement measures. Alaska has not yet achieved a consistent, statewide, data-driven process that assesses, evaluates, and informs policy and practice improvements and outcomes based on the totality of the data available to the agency. Alaska has elected to address the entirety of the CQI process with a focus on the creation and implementation of an Implementation framework in Goal #4: Continuous Quality Improvement.

Systemic Factor D: Initial and Ongoing Staff and Provider Training

Item# 26: Initial Staff Training

Throughout the PIP, training is embedded in three of the four goals of the PIP. CQI and feedback loops, with fidelity to the CQI Implementation framework, will be critical to the enhancement and modification of training for new staff and contracted providers through the Child Welfare Academy. While the initial training includes basic skills and knowledge required for staff, the state still needs to improve the evaluation of the training, not just to OCS staff but to contracted and Tribal providers who provide child welfare services in Alaska.

Systemic Factor E: Service Array and Resource Development Item 29:

Array of Services:

Because of the state's vast geographical area, Alaska is challenged in ensuring that the array of needed services is accessible in all political jurisdictions covered by the CFSP. Alaska does not have an established routine system for collecting needs assessment data from communities regarding service array, resource development, and service gaps. Also, the service array is not routinely included as an aspect of the OCS CQI processes. There are significant gaps in the service array throughout the state, most notably in in-home services and specialized medical, mental health, and substance abuse treatment, (both outpatient and residential) especially in rural areas. In addition, there is a statewide shortfall in Independent Living (IL) programs that assess and address the needs of eligible youth. The gaps result in long waitlists for some services.

Goal 2 incorporates OCS's participation in the behavioral health service infrastructure gap analysis process to be facilitated by DHSS through a private contractor to better identify and strategize about existing and needed services to target children and parents in the child welfare system in Alaska.

Part One: Goals, Strategies/ Interventions, and Key Activities

The Office of Children's Services consistently recognizes four broad areas of program improvement for the next two years. These areas include: Workforce, Safety, Engagement and Continuous Quality Improvement. Each of these broad areas is addressed in more detail under the Goals, Strategies/Interventions and Key Activities listed below.

Goal 1: The Office of Children's Services will increase retention of case carrying, front-line caseworkers from an 18-month average length of employment through:

- **New and enhanced staff recruitment and retention strategies;**
- **Improved new employee initial training and onboarding;**
- **Improved staff supervision and mentoring through development of consistent supervisory expectations utilizing data, supervisory coaching and the mentoring program;**
- **Development of a competent workforce through the utilization of a competency based evaluation for staff and supervisors.**

Narrative: The CFSR findings and the OCS Statewide Assessment both indicate that the impacts of a stable workforce permeates the overall ability for OCS to respond to the safety, permanency and well-being of every family and child who come into contact with OCS. OCS will be working on these workforce efforts in tandem with the Program Improvement Plan. While, in some instances, these efforts may not directly tie to CFSR items, OCS will not ignore as a matter of program improvement the necessary improvements needed in developing, maintaining, and retaining a stable, responsive and qualified work force. Key factors for consideration that a stable and responsive workforce include:

- Data shows that case-carrying workers are leaving positions on an average of eighteen months from hire date;
- Vacancy and turnover rates in the statewide assessment were identified at 34% as the end of CY 2016; by the end of CY 2017, vacancy and turnover rates had increased to 49%;

- Caseload averages for case-carrying workers were as high as 47 families per worker in urban offices;
- In SFY 2018, 22 additional case-carrying workers were added to the frontline through legislative efforts; for SFY 19 an additional 12 case-carrying workers will be added to the frontline. Most recent ORCA data suggests improvements in safety outcomes where new staff have been employed, and resulted in reductions in the number of family cases per worker;
- State-required hiring practices hinder timely and effective recruitment of qualified individuals to protective services specialist positions;
- Citizen Review Panel staff survey (2016) provided responses that quality supervision is a factor for their retention, consistent and stable supervisory and coaching/mentoring efforts have not yet been realized across the agency;
- CFSR findings in Systemic Factor D: Initial and Ongoing Staff and Provider Training indicated that the lack of a feedback loop for staff and contracted or provider training was lacking in Alaska;
- Initial training and onboarding of new workers, has been increased to 6 weeks of training; and
- HB 151 creates a statutory requirement for new workers to have a reduced caseload for a 4-month period of up to 6 families per caseworker, with heavy supervisory and mentoring oversight.
- There is a lack of consistent understanding and accountability around basic child welfare competencies for supervisor and front line protective services staff.

Strategy 1: Building on the recruitment and retention efforts through the foundational work of the LAMM cohort, OCS will develop a 5 year Staff Recruitment and Retention plan.

	Key Activity	Projected Completion Date
1.1.0	Working together, the Director’s Executive Team (DET) and the Leadership Academy for Middle Managers (LAMM) group will create a 5 year Staff Recruitment and Retention Plan that encompasses the following components: Recruitment, Case Worker Competencies, Agency Culture and Retention	Qtr. 1
1.1.0	a) Recruitment: DET to work with DHSS Human Resources to develop and implement standardized and centralized recruitment strategies and tools including but not limited to: recruitment videos, trading cards, interview questions, screening criteria, and signing bonuses.	Qtr. 1
1.1.0	b) Improve workforce development by utilizing the Case Worker Competencies to develop a competent and confident workforce.	Qtr. 1
1.1.0	c) LAMM Group to update and embed agency vision, mission and values through a strategic communication plan to include training and mentorship.	Qtr. 1

1.1.0	d) DET to work with LAMM Group and DHSS Human Resources to develop and implement standardized and centralized retention strategies and tools including but not limited to: longevity bonuses, educational stipends and leave, well-being leave and staff recognition policies.	Qtr. 2
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Strategy 2: A new staff training program, on the job training activities, and a gradual case assignment process for case workers will be successfully implemented.

	Key Activity	CFSR Items Targeted	Projected Completion Date
1.2.0	New worker training, Skills, Knowledge, and Insight Leading to Success (SKILS) will extend to 6-weeks. The training will occur in phases to enhance transfer of learning (TOL) through mentorship and field practice.	Item 26	Qtr. 1
1.2.1	OCS in partnership with University of Alaska, Anchorage (UAA) School of Social work will develop measurement and feedback strategies to track the effectiveness of training and TOL on enhancing core competencies, embedding core values, and identifying intended retention. UAA will input all the data and provide reports back to OCS leadership and CWA to be used to make adjustments to the training, curriculum and TOL.	Item 26	Qtr. 4
1.2.2	A new process for the new gradual assignment of cases for new workers will be developed. The HB 151 workgroup will develop a case assignment protocol, to align with the HB 151 case load average requirements, for new staff within their first year of field work. Protocol will be imbedded in the CPS manual. Supervisors and managers will receive direction and training on the new case assignment protocol. HB 151 workgroup will develop a method for tracking and reporting case load assignment requirements.	Item 26	Qtr. 4
1.2.3	A quarterly all-staff mandatory webinar training program will be created. Training topics will be based on practice improvements needs, identified through data on the Essential Services Scorecard and CQI, for enhanced training on key practices. On-going training will also be provided through monthly Frontline articles written by OCS mentors that reflect key issues that are arising in their mentee relationships with frontline staff.	Item 26	Qtr. 3

Strategy 3: Caseworkers will receive improved, consistent, meaningful supervision, on the job support, case guidance and field mentoring.

	Key Activity	CFSR Items Targeted	Projected Completion Date
1.3.0	ORCA and supervisory stakeholders will develop and implement a Desktop Feature within ORCA to allow for supervisors to access worker detail, in real time, without running individual data reports.	Items 1, 5, 14,15	Qtr. 1
1.3.1	SLC and ESC will develop a work plan to ensure consistent standards of supervision across the agency, including use of the Essential Services Scorecard, the Desktop Feature and ORCA reports, utilizing the implementation framework for program development and measuring benchmarks for success	Items 1, 5, 12, 14, 15	Qtr. 1
1.3.1(a)	(a) Work plan will be implemented to include consistent supervision standards that include tools to assist supervisors with tracking and staffing key decision points in a case to evaluate case work practice, identify needs and provide for areas of coaching. As well as timeframes for meeting with workers specific to monitoring safety, parent progress and continued assessment of need and engagement.	Item 1, 3, 6, 12 (a, b, c), 13	Qtr. 4
1.3.2	SLC and ESC will complete a standardized training plan for new supervisors and current supervisors. Standards will include: DOP standardized training called Academy for Supervisors; training on agency culture, values and mission and how to embed as a focus of supervision; coaching/mentoring the role of supervisors; coaching for supervisors (step out over 2 years)	Item 26	Qtr. 3
1.3.3	SLC and LAMM evaluation group will develop a supervisory competency based tool to be used by Protective Services Managers I, in order to evaluate the provision of meaningful supervision, indicate specific supervisory training needs, and enhance quality supervision that supports staff	Item 26	Qtr. 4
1.3.4	DET review and approval of the competency-based evaluation for PSS I/II and PSS IV.	Item 26	Qtr. 4
1.3.5	LAMM work group on competency-based evaluations to develop implementation work plan for roll-out of the competency-based evaluation.	Item 26	Qtr. 1
1.3.5	(a) Supervisory training on new standards and methods of evaluation and establishment of benchmarks for measuring staff strengths and areas needing improvement for future refinement of the competency based evaluation.	Item 26	Qtr. 1

1.3.5	(b)	Introduction and training to workers, setting expectations of competency-based evaluation, for existing employees and for onboarding of new hires.	Item 26	Qtr. 1
1.3.6		The caseworker mentorship program will be fully implemented. The role of the mentors and the partnership with the supervisors to be formally outlined in Policy. Mentors to provide weekly updates to supervisors regarding the worker's strengths and challenges and supervisors in turn will utilize competency based evaluations to evaluate the worker's process and skills development, as this ties to safety and engagement of families and children.	Items 1, 3, 5, 12, 13	Qtr. 1
1.3.6 (a)		Mentor Program to partner with UAA to develop a formalized evaluation of the mentor program and assess enhanced worker competencies (1.1).	Items 1, 3, 5, 12, 13	Qtr. 2

Goal 2: Improve child safety for children at risk of maltreatment who come into contact with Alaska's Office of Children's Services by:

- **Improved timeliness, accuracy and consistency of documentation of protective services reports and priority response determinations;**
- **Improved initiation of initial assessments within required time frames to insure accurate and timely assessment of needs;**
- **Timely identification and linkages to an expanded array of community based and culturally appropriate services to address parent and child needs in the home;**
- **Review and evaluate promising In-Home Case practices and existing policy in Alaska and other States to implement an In-Home Case Management system in years 3 through 5 of the CFSP.**
- **Improved safety plan development and on-going monitoring.**

Narrative: The CFSR findings and the OCS Statewide Assessment indicate that generally OCS is better in responding timely to priority 1 and 2 protective services reports. However, with priority 3 reports, OCS is lacking with consistent timely initiation. Factors that impact the priority 3 reports have been identified as:

- Agency culture that priority 3 reports are not as unsafe as higher priority reports
 - Responding workers wait to initiate response to the family by a few days;
 - It is not uncommon that responding workers will wait until day seven to initiate response;
 - A previous report was already responded to within the previous month, reducing the worker's sense of urgency to respond.
- If families and/or children are difficult to locate, response times can occur outside of timeframes due to delayed contact;

Additionally, the CFSR findings and the OCS Statewide Assessment indicate that timeliness of initial assessments decreased in the past three years, with an average rate of 55% in timeliness of initial assessments, far below the national performance of 95%. Factors that have been identified that impact on the timely initial assessments have been identified as:

- In the past four years, there has been significant increases in protective service reports that must be screened in, and responded to through initial assessment by OCS staff which continue currently;
- Increases in workload, due to high vacancy and turnover rates leads to initial assessments left unattended, or responded to, by a second or third worker before the assessment is finalized;
- Failure of the agency to maintain a consistent initial assessment practice model;
- As new initial assessments are assigned to responding workers, meeting the 45-day timeframe becomes less consistent for current initial assessments; and
- The longer initial assessments are delayed, the longer the assessment of child safety lingers, likely leaving children in unsafe or at risk situations longer.

Finally, the CFSR Findings and the OCS Statewide Assessment outline significant inconsistencies with the safety planning development and monitoring to keep children safe while in their parents' care. While safety planning was better at the initial stages of a case, at the point of a trial home visit when children are beginning to return to their parents' care, safety planning and monitoring is faring far worse. Factors identified that impact on safety planning and monitoring include:

- Worker turnover and vacancy, leads to cases being managed by busy supervisors and/or by a new caseworker unfamiliar with the safety planning needs and monitoring frequency and expectations;
- When safety concerns arise and a child is in the home, the safety plan may not be altered to insure that the child remains safe in the parents care;
- Safety resources and services supports are inconsistent across the state;
- Trial home visits by policy are not re-evaluated during the 6 month trial home visit timeframe for parent progress with safety planning, monitoring and follow-through with support services to assist with safety; and
- A potentially promising practice has emerged over the past two years in Western Region, whereby in-home case workers have reduced caseloads, with a focus on safety planning, relapse prevention, mental health planning and connections to local supports through tribal and community based resources. 100 families have received services through this approach in the past two years. Initial data suggests that recurrence of maltreatment is decreasing within these families, and families are not returning to OCS attention once the case is closed. OCS will be formally reviewing these practice strategies with the aim of developing an In-Home case management system in the CFSP.

Strategy 1: Improved timeliness, accuracy, and consistency of protective services reports and priority response determinations.

	Key Activity	CFSR Items Targeted	Projected Completion Date
2.1.0	Initial Assessment workgroup to develop and implement a webinar training, including a competency based test, to all case carrying staff about the priority response times, safety risks to children at all levels of the priority response, in efforts to affect change in agency culture about a perceived	Items 1, 26	Qtr. 4

	lack of urgency with respect to launching priority 3 reports. (1.2.3)		
2.1.1	Include Initial Assessment initiations in the Essential Services Scorecard with a per worker detail.	Items 2, 3	Qtr. 3
2.1.2	Supervision Guidance to be developed and implemented through SLC and ESC. Workgroup for tracking initiation rates through ORCA reports/Desktop Feature.	Items 1, 2, 3	Qtr. 4
2.1.2	(a) Require supervisory staffing note in ORCA if Initiation is not going to occur within priority timeframes and use that data to identify and report, to ESC, systemic barriers to timely initiation.	Items 1, 2, 3	Qtr. 3
2.1.3	ESC workgroup will develop measurements, progress timeframes and a feedback loop with staff, regional managers and leadership to track and monitor priority response times; demonstrating improvements in timeliness for priority 3 reports.	Items 1, 2, 25	Qtr. 2

Strategy 2: Improve the completion of initial assessments to ensure accurate and timely assessment of needs to meet the safety needs of children in the parents' home.

	Key Activity	CFSR Items Targeted	Projected Completion Date
2.2.0	CQI, Research Unit, and QA will establish an integrated qualitative data collection in conjunction with activity 4.3.1 for root cause analysis to identify systemic and/or practice model issues that cause initial assessments to not be completed timely and accurately to inform current intervention enhancement needs and longer term strategies during years 3, 4 and 5 of the CFSP.	Items 2, 3	Qtr. 4
2.2.1	IA workgroup through ESC will develop a guide for proactive strategies for IA supervisors to follow, based on existing turnover data, to better manage workload adjustments when turnover occurs in their unit.	Item 25	Qtr. 7

2.2.2	IA workgroup through ESC will develop and implement policy for supervisory oversight requiring the use of ORCA reports/desktop features to identify open Initial Assessments, and staff these with PSS to clarify steps needed to complete accurate and quality assessment of all open reports. This will be measured through ongoing OSRI case reviews.	Item 1	Qtr. 2
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Strategy 3: Begin building the infrastructure to enhance in-home case management through supervision and service array linkages.

	Key Activity	CFSR Items Targeted	Projected completion date
2.3.0	ESC workgroup to review promising practices, existing policy, and outcomes for in home cases in Alaska to assist in needs assessment, inform the CQI process, and plan for future in home implementation in the CFSP.	Items 3, 12 (a,b), 14	Qtr. 1
2.3.1	Workgroup through ESC will develop and implement a protocol for higher management review when the field staff believe a child to be unsafe in their home, yet removal is not granted by the court.	Item 2	Qtr. 3
2.3.2	In conjunction with CWA ensure that all new and current supervisory staff are enrolled in a coaching cohort. Develop a transfer of learning guideline that includes an enhanced competency to safety plan, assess parents' behavior change, level of engagement and sustainability of child safety in the parents' home in the mentor program.	Items 2, 3	Qtr. 1
2.3.3	With SLC, develop and implement supervisory strategies (1.3.1) and timeframes for meeting with workers specific to monitoring safety, parent progress and continued assessment of need and engagement.	Items 2, 3, 12 (a,b,c), 13, 14, 15	Qtr. 4
2.3.4	ESC workgroup will develop a targeted staffing process, that includes safety measurement tools, to plan for when children can safely return home for a trial home visit and on-going safety monitoring.	Items 3,13, 14, 15	Qtr. 2

2.3.5	OCS will partner with the center for states to participate in the behavioral health service infrastructure gap analysis process to identify areas of need for service array enhancement to be facilitated by DHSS through a private contractor.	Items 2, 3, 13,18, 29	Qtr.2
2.3.6	Develop expectations, communication plan and access to online tools and other resources to keep workers informed about the development and referral process for new services in their communities available through the 1115 Behavioral Health Medicaid Waiver, Home-Based Family Treatment, and traditional healing/culturally appropriate services/service providers as identified in the Cultural Resources Guide.	Items 2, 3, 13,14,15, 29	Qtr 4
2.3.7	As part of CQI, develop a measurement plan to assess improved service accessibility, availability, and delivery of new Home-Based Family Treatment and Traditional Healing services in Juneau, Anchorage and Fairbanks, and measure safety improvements as services are more targeted, accessible and available.	Items 2, 3, 13,14,15, 29	Qtr. 6

Goal 3: Improve Permanency and Well-Being by increased engagement and ongoing safety and needs assessment through:

- **Improved identification and engagement with parents and relatives who can support safety and stability to the child;**
- **Improved engagement with Alaska Native Families through the use of the case planning strategies and incorporation of culturally appropriate services as indicated in the Cultural Resource Guide.**
- **Coaching/mentoring: supporting workers’ improved engagement with families and children, focusing on monitoring of child safety, needs assessment and case planning;**
- **Implement supervision strategies: SLC/ESC workgroup and CQI process;**
- **Increased attention to parent engagement and time to permanency by the Judges**
- **Implement and evaluate the modified court process that focuses on engaging parents and increasing permanency currently being practiced in Kenai.**

Narrative: CFSR findings and the OCS Self-Assessment underscored the reality that achieving timely permanency of all types is a significant challenge for Alaska. In spite of generally being in compliance for the required frequency of case reviews and permanency hearings these efforts appear to have minimal effect on the establishment of appropriate permanency goals and the achievement of permanency. Similarly the CFSR and OCS Self-Assessment identified poor engagement and infrequent and insufficient caseworker visitation with children and families as critical factors in the lack of comprehensive and accurate risk, safety and needs assessment.

High worker turnover and vacancy, addressed in Goal 1, is an undeniable factor that impacts Alaska’s ability to achieve permanency and well-being for the simple reason that without adequate staff the ability to enhance the quality of engagement and perform adequate caseworker visits is severely limited. Another relevant dynamic is that many Alaskan citizens have a profound distrust, dislike or contempt for government. Whether coming from a place of historical trauma or a framework of beliefs that resists government authority and intrusion; many parents tend to initially avoid or not engage with OCS.

In efforts to enhance engagement with Alaska Native families involved in the child welfare system and to increase access to cultural and traditional healing services, OCS developed a Cultural Resource Guide to be utilized by staff when case planning with parents. Included in the guide is an appendix which provides a list of culturally appropriate services in each region of Alaska, as well as instructions for OCS workers on a process for securing and authorizing the purchase of cultural services through the use of state general funds.

In 2015 community cafés were held to gather stakeholder input. In Kenai GALs, and PDs shared positive feedback about two Judges in Kenai having success around engagement of parents during court hearings. The joint court strategies identified in Strategy 2 are designed to mirror efforts of the judges in Kenai and utilize the courts to encourage and impress upon parents the urgency and necessity of early and ongoing engagement in their case plan goals. These strategies were identified as the result of a long-term active working relationship with the Court Improvement Project focused on shared data, and a shared vision of improving the timeliness of permanency for Alaska’s children in foster care. With no region in Alaska showing any particularly positive, sustained trends around improved permanency outcome; the 4th Judicial District was selected as a pilot site based simply on the high levels of commitment from the court system in that jurisdiction as well as the readiness and identified capacity by the leadership in the OCS Fairbanks office to take on a pilot at this time. Additionally, because the Fairbanks court carries the third highest number of CINA cases in the state, the size of the caseload allows for management implementation and meaningful data collection.

Should the employed strategies demonstrate improved outcomes, the new innovations will be rolled out based on a schedule that takes regional stability and court receptivity into consideration.

Factors that impact permanency and well-being include:

- Early identification and involvement of relatives;
- Supervisory oversight of the frequency and quality of caseworker visits, case planning and the timely identification of permanency goals;
- Exploring and incorporating culturally appropriate traditional health and wellness activities in case plans;
- Proactive involvement of the courts to prioritize permanency and enhance efforts to engage with parents in Child in Need of Aid proceedings.
- Judges making timely findings regarding custody and permanency to engage parents early in the process

Strategy 1: Improve engagement with parents and relatives

	Key Activity	CFSR Items Targeted	Projected Completion Date
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3.1.0		HB 151 required supervisors to certify that a sufficient relative search was done through a supervisory staffing note in ORCA. Develop a workgroup to embed the relative search supervisory certification.	Items 4, 12c	Qtr. 5
3.1.1		Develop and implement enhanced Supervision practices aimed at promoting engagement with parents and relatives and utilization of the Essential Services Scorecard by providing clear direction on what reports each level of leadership should be using, and how, to enhance practices. (1.3.1)	Items 4, 5, 12 (a,b,c), 13, 14, 15	Qtr 2.
3.1.1	(a)	Supervisors will staff cases at removal on the following required elements: (1.3.1) <ul style="list-style-type: none"> • review relative identification data • review if relatives were sent their notice of right to request placement • address parent engagement & timely case plan completion • review CWV data (parent & child) and review notes for quality 	Items 4, 5, 12 (a,b,c), 13, 14, 15	Qtr. 5
3.1.1	(b)	Protective Services Manager (PSM) I, whom manage the PSS IVs, and Protective Services Specialist (PSS) IV will review CWV, relative search & case plan data during each supervision	Items 4, 5, 13, 14, 15	Qtr. 6
3.1.1	(c)	ORCA Research Unit will review reports in 1.3.1 to ensure data is clear, easily accessible, and quick launch time	Items 4, 13, 14, 15	Qtr. 6
3.1.2		Tribal/State Compacting team will continue efforts on Support Services Funding Agreements with tribes for relative searches; targeting Tribes that have started this effort. Tracking data; established benchmarks with Tribal and non-Tribal agencies that are providing this service. Establish evaluation of successful activities and method for modifications, compared to existing OCS processes for relative search.	Items 4, 12c	Qtr. 4

3.1.3	Cultural Resource guide implementation process and plan, will be created by the Cultural Resource Guide group, for continued follow-up with workers. While the guide has been distributed and training was provided, follow up training and feedback loop regarding implementation and usefulness is needed as outlined in Goal 2, strategy 3. (2.3.6)	Items 2, 3, 13, 14, 15, 29	Qtr. 1
3.1.4	Workgroup through ESC will develop and implement a clear strategy for assessing risk and/or child safety timely when an APSIN Flag hit reveals a new potential safety concern to the child in the Resource Family home.	Items 1, 2, 3, 34	Qtr. 3

Strategy 2: Joint Court and OCS strategies facilitated with the support of CIP, which is comprised of judges, parent attorneys represented from the public defender’s office, Assistant Attorney Generals, Guardian ad Litem from the Office of Public Advocacy, and other court personnel, focus on increased attention to data tracking, increased parental engagement from the first court hearing; and increased court oversight for cases with children in care over 12 months.

Judicial and legal stakeholders on CIP have reviewed, and are supportive of this pilot project. The judicial and legal stakeholders in Fairbanks will also have this same opportunity.

Alaska Judges currently utilize benchcards as a tool for ensuring required State and Federal findings are made for each hearing. These benchcards will be updated for use the in Fairbanks pilot to include tools for parent engagement and permanency timeframes. The addition of the 6 month hearing holds all parties accountable to timely permanency by not waiting 12 months between hearings.

Attorneys involved with the pilot will participate in the kick off, review permanency data, provide stakeholder feedback, and individual case advocacy regarding parental engagement and timeliness to permanency.

Should the employed strategies demonstrate improved outcomes, the new innovations will be rolled out based on a schedule that takes regional stability and court receptivity into consideration.

	Key Activity	CFSR Items Targeted	Projected Completion Date
3.2.0	The Court Improvement Project will work with OCS and the 4 th Judicial District to pilot several new strategies and measure the effectiveness of these strategies to increase timeliness to permanency. The measurement of the piloted strategies will inform anticipated planning for implementation in judicial districts statewide. New strategies to include:	Items 5, 6	Qtr.3

3.2.0	a	Bench cards will be updated to include targeted focus items regarding permanency and parental engagement. Focus items include judicial review of case plans, family contact, and advising parents about the importance of their engagement, as well as tasks to be accomplished by the next hearing, by all parties. Court orders will be updated to match the bench cards.	Items 4, 5, 6	Qtr 1
	a 1	Judges will be trained on the importance of permanency and use of the updated bench cards, and the Kenai modified court model. A pre and posttest will be utilized to evaluate the effectiveness of the training.	Items 4, 5, 6	Qtr 1
3.2.0	b.	Institute additional court hearings to occur every 6 months after a permanency court hearing to support continued parental engagement in the progress of the case, increased judicial oversight of filing deadlines, and transparent communication regarding impacts to timely permanency by utilizing the updated bench cards and modified court orders.	Items 4, 5, 6	Qtr. 1
3.2.0	c	Develop and implement a mechanism for data collection and reporting on the pilot strategies to be evaluated quarterly at the Joint OCS/Court subcommittee to inform CQI and further statewide implementation planning.	Items 4, 5, 6	Qtr. 2
3.2.0	d	Create court training video for parents related to the CINA process, narrated from a parent's perspective, implement a process for all new parents in CINA court to view the video.	Items 4, 5, 6	Qtr. 3
3.2.0	e.	Create a template designed to give parents at the conclusion of hearings clarifying case plan activities, next hearing dates, and follow up items.	Items 4, 5, 6	Qtr. 1
3.2.1		ESC to identify workgroup to develop supervisor guidance to track and monitor ASFA timeframes (1.3.1)	Items 4, 5, 6	Qtr. 5
3.2.1	(a)	Develop 3-4 required staffing questions for cases at 9 months which are nearing 12 months AFSA decision, and monthly thereafter, and expectations to identify activities to achieve permanency.	Items 4, 5, 6	Qtr. 6

3.2.2	Develop Targeted staffing process for Permanency Planning Specialists to track potential barriers to permanency on individual cases, and find ways to remove barriers for the following cohorts: children in care > 12 months that continue to have a primary goal of reunification, children in care > 24 months that have been placed with a relative for 6 months or longer, legally free children who are not placed in a permanent home, and children on THV longer than 180 days as this is a cohort that was found to be languishing in custody past 180 days due to lack of court order to dismiss.	Items 4, 5, 6	Qtr. 7
3.2.3	Training and mentorship to all protective services specialists and supervisors on ASFA timeframes and compelling reasons, to include supervisory guidance, court report process and CQI feedback loop. (1.2.3)	Items 5, 6, 23	Qtr. 5

Goal 4: Enhance the Continuous Quality Improvement (CQI) system through an integrated quality assurance process that assesses, evaluates, and informs policy and practice decisions to improve outcomes in safety, wellbeing and permanency.

Narrative: Federal standards for the quality assurance system (commonly called CQI in Alaska) should demonstrate that it is functioning statewide to ensure that it is:

- Operating in the jurisdictions where the services included in the CFSP are provided;
- Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety);
- Identifies strengths and needs of the service delivery system,
- Provides relevant reports; and
- Evaluating implemented program improvement measures.
- Process for analysis and dissemination of quality data
- Process for providing feedback to stakeholders and adjusting programs and processes.

The Office of Children’s Services recognized in the 2017 Statewide Assessment the strengths of the current QA process. The OCS has long enjoyed a robust, embedded, and sustained a quality assurance case review process which has been in existence with OCS over decades. This team of seasoned and dedicated reviewers, provides case reviews for all of the OCS field offices, continuously. Results of these reviews, inform the system at various levels, including the OCS statewide management, the Regional Management, and supervisors and workers. For the OCS 2017 Statewide Assessment, heavy reliance on case review data, was key to the findings in the Statewide Assessment.

However, OCS processes of CQI are fragmented, disjointed and limited in terms of how data is gathered, assessed, evaluated, interpreted and disseminated across the agency.

While OCS has a CQI team, this team focuses primarily on field and regional related needs and outcomes, and does not readily integrate data findings and results from other areas of the system such as services through grant and contract data findings and summaries, Title IV-E Audit findings, data from financial information as it relates to services, goods and resources availability, and data from external sources both within the Department of Health and Social Services and external resources. While data from external partners, such as the Court Improvement Project, the Courts, the Citizen Review Panel and others, are available to OCS, the analysis of the data and findings are rarely integrated into improvements of overall practice changes and improvements.

OCS does not have a consistent guiding policy, practice or protocols as to the CQI processes, steps and priorities. Most striking is the lack of a consistent, robust and meaningful feedback loop that can inform all areas of practice on necessary changes, improvements and overall direction for children and families.

Indeed, these findings were echoed in the 2017 Child and Family Services Review findings as well. It is intended that the implementation framework for CQI as outlined in Goal 4 will be utilized with each of the Goal 2 and 3 strategies with fidelity in this PIP.

OCS has specifically selected CQI as a goal for this Performance Improvement Plan to identify needs and opportunities, research solutions, develop, modify, refine and better embed solid CQI at all levels of the agency with a focus on a CQI Implementation framework and improved outcomes for children and families.

Known factors with CQI for OCS include the following:

- No common guiding principles, values or processes for CQI that is sustainable across the agency;
- Differing values and expectations on what CQI is and should be for the agency;
- CQI is perceived to be more of a management tool and not necessarily a tool that benefits supervisors or workers at the field level; and
- OCS is great at new ideas, and starting new initiatives, but is lacking on the necessary focused follow-through of implementation that allows for changes to new initiatives along the way. If new efforts do not work, they are generally eliminated with little assessment, evaluation or changes that could make the effort successful. OCS needs assistance in strengthening its change and implementation practices.

Strategy 1: Creation of a CQI system that engages the entire child welfare system to inform and implement processes that will lead to improved outcomes for children and families and support sustainable changes.

	Key Activity	CFSR Item Targeted	Projected Completion Date
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4.1.0		Creation of a CQI organizational structure, and management process that clearly defines the leadership and roles in CQI, embeds CQI processes with all programming efforts and modifications so that program changes are made based on the CQI data and processes; and provides continuous feedback for improvement to outcomes for children and families.	Item 25	Qtr. 3
4.1.0	(a)	Reorganization of the CQI functions into one statewide unit, whereby, all data, quality assurance, reporting, data analysis, evaluation, and findings are centralized for the agency.	Item 25	Qtr. 1
4.1.0	(b)	Utilize The Center for States in evaluating and consultation to redesign, formalize and implement a CQI work plan to include: <ul style="list-style-type: none"> • Leadership and modeling • Staff and stakeholder engagement • Communication • Foundational administrative structure to implement CQI • Quality data collection, analysis and dissemination • Case record review process • Application of CQI findings 	Item 25	Qtr. 2
4.1.0	(c)	Utilize the Center for States to assist in the evaluation of the capacity of the Executive Steering Committee and restructure to implement CQI processes to support strategies and outcomes by: <ul style="list-style-type: none"> • Review of the ESC charter • Participate in visioning activities • Develop a teaming structure • Determine membership • Provide training through the CQI Training Academy to build staff capacity 	Item 25	Qtr.2

Strategy 2: Integration of internal and external stakeholder’s data sources in the OCS Continuous Quality Improvement process to allow for robust assessment and evaluation.

	Key Activity		CFSR Item Targeted	Projected Completion Date
4.2.0	Integration of internal and external stakeholders and data sources in the OCS Continuous Quality Improvement process to allow for robust assessment and evaluation.		Item 25	Qtr. 8
4.2.0	(a)	Develop and implement processes for integration of key internal and external stakeholders including, but not limited to, youth, foster parents, birth families, lawyers, GALs, judges, parents, Tribal representatives and legislators, roles and data sources in the evaluation of OCS as part of the development of the CQI plan in 4.1.0 (b)		
4.3.0.2	(b)	Create feedback loop as a part of the CQI process involving internal and external key stakeholders as part of the development of the CQI plan in 4.1.0 (b)		

Strategy 3: Establish a process for evaluating and monitoring improvement while the CQI system is created and implemented.

	Key Activity		CFSR Item Targeted	Projected Completion Date
4.3.0	Conduct the current case review process as outlined in the Measurement Plan while the CQI system is being designed and implemented.		Item 25	Qtr. 8
4.3.1	<p>At the end of each reporting quarter as identified in the measurement plan the QA unit, CQI unit and Research Unit will convene to analyze findings from cases reviewed to:</p> <ul style="list-style-type: none"> • Inform CQI feedback on strategies outlined in the PIP • Identify themes on cases reviewed for identification of CQI needs and analysis • Share case review findings statewide through Regional and Field office management and supervisor meetings and/or communication strategies 		Item 25	Qtr. 1-8

Part Two: Alaska PIP Measurement Plan

Introduction: Alaska has operated an ongoing case review system for many years which reviews both in home and foster care cases across the state. A random sample of cases is reviewed in each of the 23 field offices annually. The review is conducted using the federal OSRI and OMS and dedicated reviewers in the OCS Evaluation Unit. The worker or supervisor is interviewed on each case. Stakeholders are interviewed to include the parent, foster parent, Tribal Representative, and Guardian ad Litem. Other parties may be interviewed as indicated. All interviews are conducted by phone. A system of debriefings and written reports is followed for each of the reviews to provide feedback to the field office.

For the Program Improvement Plan (PIP), Alaska proposes to use the above process, with the required child interviews in the PIP review process. Alaska will have a stratified schedule with three sampling sites, which includes the Anchorage field office (the largest metropolitan area), as well as the Fairbanks, and Juneau field offices. Each field office sampled includes only one site and the three sites are the largest field offices in the state. We chose not to sample cases from Ketchikan (or other smaller field offices) because Ketchikan would not have a sufficient number of in-home cases to review on a rolling basis. Each site has significant Tribal involvement and representation from Alaska's rural populations. These sites were selected based on a review of the CFSR data and in total represent 55% of foster care cases in Alaska. CFSR data indicates the performance for these three sites represent a mix of above and below performance.

A total of **65** cases will be reviewed during the **10** month review period (approx. 6.5 cases per month) including 40 Foster Care cases, 18 In-Home cases, and 7 cases which have remained in the Initial Assessment phase more than 45 days. A total of **75** cases will be reviewed during the two 10 month measurement periods following the baseline and the non-overlapping period, if needed (approx. 7.5 cases per month) including 45 Foster Care cases, 23 In-Home cases, and 7 cases which have remained in the Initial Assessment phase more than 45 days.

Case Review Items

Instructions: Complete the following table for each case review item included in the PIP, adding as many tables as needed to capture all case review items requiring improvement *and* measurement. List the case review item in the first column. Identify the baseline for the item in the second column. Identify the improvement goal for the item in the third column. In the last row of the table, describe the data source and approach to measurement for the case review, including the time period that is represented in the baseline, the total number of cases rated as a strength (numerator) and the total number of reviewed cases (denominator).

Includes: Items 1, 2, 3, 4, 5, 6, 12 (a,b,c), 13, 14, 15

Instrument: Onsite Review Instrument (OSRI)

Method: Online Measurement System (OMS)

Description of measure:

Foster Care Sample: Alaska proposes to pull a rolling sample of cases on a monthly basis. The sampling frame for the state's foster care population consists of a list of all children served in the region being reviewed, as reported by the state's SACWIS system, known as ORCA. The report selects all children in custody during the parameter timeframe and includes children who enter

custody, exit custody or remain in custody during the parameter period. This ensures inclusion of all children served in each selected regional site.

Sampling Process

1. The CFSR Foster Care Report will be sorted by review site.
2. Each child in the review site will be numbered.
3. All required identifiers to include DOB, current permanency plan goal, entry date, FIPS will be included.
4. A random selection will be identified by assigning a random number to each child record and then selecting the top desired number of records ordered by the random number. SQL code to assign and select the random number:

```
SELECT
```

```
TOP (20) ABS(CAST(CAST(NEWID() AS VARBINARY) AS INT)) AS RandomNumber, -- change Top (20) to Top (Desired Number)
```

```
*
```

```
FROM ##AFCARS_FC_DATA
```

```
--WHERE REGION = 'Anchorage' --change to desired region Order by RandomNumber
```

5. The selected cases (child) are then eliminated based upon the specified case elimination criteria, until a viable sample is identified.

AK Native American Population: This group is significant in the numbers of families and children served. It is believed the use of a simple random sample will ensure a proportionate number of AK Native cases to be selected in the sampling process.

Oversampling: For each site's review, the universe of foster care cases will be utilized to select from for each monthly review as an oversample in the event that a case selected has to be eliminated based upon one or more of the specified elimination criteria.

In Home Services Sample: Alaska proposes to pull a rolling sample of cases on monthly basis. The sampling frame for the state's In Home Services population consists of a list of all families served in the region being reviewed as reported by the state's SACWIS system, known as ORCA. A review of the In Home case population reveals Alaska should have enough In-Home cases to pull a sample from, unless there are significant issues with garnering participant participation, specifically in Juneau (where the fewest In Home cases exist). Should this issue arise, we will consult with the Children's Bureau to include initial assessment cases. The report selects all cases (families) receiving In Home services. In Home cases are defined as those cases indicating "open for ongoing services - no custody". Cases will have been open for 45 days or more. The time period for the in home case begins from the date the case is screened in. AK does not have any program of "differential response or alternative response" cases.

Sampling Process

1. The CFSR In Home Report will be sorted by review site.
2. Each case (family) in the review site will be numbered.
3. All required identifiers to include case open date, case closure date (if applicable), case type, and FIPS.

4. The sample is comprised of cases opened for services for at least 45 consecutive days during the sample period (i.e., 6 months plus 45 days). The time period for the in home case begins from the date the case is screened in.
5. The sample does not include cases where any child in the family has been in foster care for 24 hours or longer during any portion of the sample period.
6. A random selection will be identified by assigning a random number to each case (families) record and then selecting the top desired number of records ordered by the random number. SQL code to assign and select the random number:

```
SELECT
TOP (20) ABS(CAST(CAST(NEWID() AS VARBINARY) AS INT)) AS RandomNumber, -- change Top (20) to Top
(Desired Number)
*
FROM In_Home_Data
--WHERE REGION = 'Anchorage' --change to desired region
Order by RandomNumber
```

7. Cases (families) are then eliminated during the sample pulled based upon the specified case elimination criteria, until a viable sample is identified.

AK Native American Population: This group is significant in the numbers of families and children served. It is believed the use of a simple random sample will ensure a proportionate number of AK Native cases to be selected in the sampling process.

Oversampling: For each site's review, the universe of in home cases will be utilized to select from for each monthly review as an oversample in the event that a case selected has to be eliminated based upon one or more of the specified elimination criteria.

Initial Assessment Case Sample: There is a group of Initial Assessment cases which exceed the 45 day closure policy requirement in Initial Assessment. These cases may receive some safety management initially and service referral. Because the status of the cases remains open past the required closure or transfer to foster care or in home services time requirement of 45 days, a sample of these cases will be drawn for review. Alaska will select 3 Initial Assessment cases from Anchorage and 2 each from Fairbanks and Juneau. The process used to select the number of IA cases to be reviewed mirrors the 2017 CFSR. We will sample 2 IAs each from Fairbanks and Juneau because these sites have about the same proportion of IAs-to-field office open cases (60% and 65% respectively). Anchorage has more IAs (proportionately) than either of these sites (i.e., 77% IAs); we will sample 3 from Anchorage

Case Elimination Criteria: Cases considered for elimination will be identified during the time of sample selection and noticed to the Children's Bureau for a decision on elimination. Those cases which have been included in the sample and then may have issues (i.e. non-participation in interviews) will be identified during the review as indicated. Cases identified to be considered for elimination during the review, will be immediately noticed to the Quality Assurance Manager. Cases being considered for elimination will be noticed by email to the Children's Bureau and a discussion scheduled to ensure agreement on the decision to eliminate the case. A list of case review assignments and any eliminated cases and reason for elimination will be maintained.

1. In Home Services cases open for fewer than 45 consecutive days after screen in during the period under review.
2. In Home Services cases where any child in the family was in foster care for more than 24 hours during the period under review.
3. Foster care cases open fewer than 24 hours during the period under review.
4. Foster care cases where the child was on a trial home visit during the entire period under review.
5. Foster care cases that were closed according to agency policy before the sample period.
6. Foster care cases where the child's adoption or guardianship was finalized prior to the period under review and the child is no longer under care of the agency.
7. Cases open for subsidized adoption payment or guardianship subsidy only and not open for other services.
8. Cases where the child reached the age of 18 before the period under review.
9. Cases where the child is or was in the care and responsibility of another state, and Alaska is providing supervision through an ICPC agreement.
10. Cases appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or In Home services cases opened more than one time during a sampling period.
11. Cases where the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care.

It is expected that during the course of the on-going case review process, a protocol will be needed to eliminate cases for various reasons (e.g. when parents decline consent or are unreachable). OCS will work the Children's Bureau on identifying this elimination process.

Baseline:

Alaska OCS Evaluation Unit staff have available for the PIP case sampling reviews a total of 4 staff: 1 Quality Assurance Manager and 3 case reviewers. Based on existing review demands for ongoing work for OCS, it is estimated that OCS will need 10 months to establish the baseline for the PIP. The process will include the development of a random sample, schedule and complete interviews, complete the OSRI, and state QA process while Children's Bureau would complete secondary oversight on approximately 50% of the cases.

Methodology and Reporting:

One member of the Evaluation Unit will review each selected case. The case review will consist of all stakeholder interviews, completion of the OSRI, and first level QA conducted by the QA Supervisor. Once completed through the first level QA, the case will be available for secondary oversight.

In order to avoid excessive case elimination, stakeholders will be contacted after a sample is generated to determine their willingness to participate. This will occur prior to assignment for review. If all required stakeholders agree to participate in an interview, the case will then be assigned to a QA

reviewer. In situations where any required stakeholder declines to participate in an interview, those situations will be staffed with the QA supervisor and the Children's Bureau. A case elimination list will be maintained to track effort to engage stakeholders in the review process.

The reviewer and QA Supervisor will complete the case review within 15 days of assignment. Should any conflicts of interest arise after a case is assigned for review, they will be reported to the QA Supervisor and effort to reassign the case to an alternate reviewer will occur. Cases within the sample that present special circumstances "red flag/file" cases (such as a child death, cases that raise any immediate safety concerns, active safety threats, or any case deemed as high profile) will receive a staffing with the QA Program Officer, and consultation with the Children's Bureau to make a final decision to determine whether to continue effort toward conducting a review or eliminating the case.

Case review results during the baseline period will be reported quarterly. Since the focus of the baseline encompasses three field offices, reports will be generated following the completion of all cases for each individual office. A debriefing with each office management team will be scheduled and held within 30 days of receipt of a final report. Following baseline completion, interventions proposed in the PIP will be implemented, progress monitored, and lessons learned reported on rolling quarterly basis. The QA Unit anticipates maintaining a consistent review schedule with data to be reported to the Children's Bureau on a quarterly basis. In reporting data quarterly, the data from the first quarter will be eliminated with the most recent quarter added on a rotating basis.

ⁱ Alaska's Statewide Assessment (2017) can be found at:

<http://dhss.alaska.gov/ocs/Documents/CFSR.pdf>

ⁱⁱ The Child and Family Services Review for Alaska: Final Report (2017) can be found at:

http://dhss.alaska.gov/ocs/Documents/Publications/pdf/2017_CFSR.pdf

ⁱⁱⁱ Adoption and Foster Care Analysis and Reporting System (AFCARS) (2016) can be found at:

<https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/alaska.html>

^{iv} Transforming Child Welfare Outcomes for Alaska Native Children: Report Recommendations. Clarus Consulting Group. (April 2016). http://dhss.alaska.gov/ocs/Documents/Publications/pdf/AK-TransformingChild-Welfare-Outcomes_StrategicPlan.pdf

^v Alaska Tribal Child Welfare Compact between Certain Alaska Native Tribes and Tribal Organizations and the State of Alaska. (December 15, 2017).

<http://dhss.alaska.gov/ocs/Documents/Publications/pdf/TribalCompact.pdf>

^{vi} Cultural Resources for Alaska Families: Traditional Health and Wellness Guide. State of Alaska, Department and Health and Social Services, (June 2018).

<http://dhss.alaska.gov/ocs/Documents/Publications/pdf/CulturalResourcesGuide.pdf>

**Alaska's Office of Children's Services
Baseline CSFR Review Schedule - Year 2019**

Review Dates	Site	Foster Care	In-Home/IA	Total†	Sampling Period	Period Under Review
February 15, 2019 - March 14, 2019	Anchorage	4	1	5	February 1, 2018 – July 31, 2018 (plus 45 days for IH cases)	February 1, 2018 - Completion of review
March 15, 2019 - April 14, 2019	Anchorage	4	2	6	March 1, 2018 – August 31, 2018 (plus 45 days for IH cases)	March 1, 2018 - Completion of review
April 15, 2019 – May 14, 2019	Anchorage	3	2	5	April 1, 2018 – September 30, 2018 (plus 45 days for IH cases)	April 1, 2018 - Completion of review
May 15, 2019 – June 14, 2019	Anchorage	3	1/1	5	May 1, 2018 – October 31, 2018 (plus 45 days for IH cases)	May 1, 2018 - Completion of review
June 15, 2019 – July 14, 2019	Anchorage	3	1/1	5	June 1, 2018 – November 30, 2018 (plus 45 days for IH cases)	June 1, 2018 - Completion of review
July 15, 2019 – August 14, 2019	Anchorage	3	1/1	5	July 1, 2018 – December 31, 2018 (plus 45 days for IH cases)	July 1, 2018 - Completion of review
August 15, 2019 - September 14, 2019	Juneau	5	2/1	8	August 1, 2018 – January 31, 2019 (plus 45 days for IH cases)	August 1, 2018 - Completion of review
September 15, 2019 - October 14, 2019	Juneau	5	3/1	9	September 1, 2018 – February 28, 2019 (plus 45 days for IH cases)	September 1, 2018 - Completion of review
October 15, 2019 - November 14, 2019	Fairbanks	5	2/1	8	October 1, 2018 – March 31, 2019 (plus 45 days for IH cases)	October 1, 2018 - Completion of review

November 15, 2019 - December 14, 2019	Fairbanks	5	3/1	9	November 1, 2018 – April 30, 2019 (plus 45 days for IH cases)	November 1, 2018 - Completion of review
Total		40	25	65		

† The proposed sampling scheme for AK PIP involving 31 cases (48%) from Anchorage, 17 cases (26%) from Fairbanks, and 17 cases (26%) from Juneau is consistent with the scheme used in AK Federal Review held in May 2017. This scheme is justified because sampling based on AK's case population in the selected sites (i.e., Anchorage = 2420 (75%), Fairbanks = 533 (17%), and Juneau = 261 (8%)) would result in reviewing 56 cases in Anchorage, 13 cases in Fairbanks, and 6 cases in Juneau. However, in the case of Juneau site, this would be too small to conduct a meaningful review of foster care, in-home or initial assessment cases and obtain reliable results.

Alaska's Office of Children's Services
Post-PIP Implementation CSFR Review Schedule - Year 2020

Review Dates	Site	Foster Care	In-Home/IA	Total	Sampling Period	Period Under Review
February 15, 2020 - March 14, 2020	Anchorage	4	2	6	February 1, 2019 – July 31, 2019 (plus 45 days for IH cases)	February 1, 2019 - Completion of review
March 15, 2020 - April 14, 2020	Anchorage	4	2	6	March 1, 2019 – August 31, 2019 (plus 45 days for IH cases)	March 1, 2019 - Completion of review
April 15, 2020 – May 14, 2020	Anchorage	4	2	6	April 1, 2019 – September 30, 2019 (plus 45 days for IH cases)	April 1, 2019 - Completion of review
May 15, 2020 – June 14, 2020	Anchorage	5	1/1	7	May 1, 2019 – October 31, 2019 (plus 45 days for IH cases)	May 1, 2019 - Completion of review
June 15, 2020 – July 14, 2020	Anchorage	4	2/1	7	June 1, 2019 – November 30, 2019 (plus 45 days for IH cases)	June 1, 2019 - Completion of review
July 15, 2020 – August 14, 2020	Anchorage	4	2/1	7	July 1, 2019 – December 31, 2019 (plus 45 days for IH cases)	July 1, 2019 - Completion of review
August 15, 2020 - September 14, 2020	Juneau	5	3/1	9	August 1, 2019 – January 31, 2020 (plus 45 days for IH cases)	August 1, 2019 - Completion of review
September 15, 2020 - October 14, 2020	Juneau	5	3/1	9	September 1, 2019 – February 28, 2020 (plus 45 days for IH cases)	September 1, 2019 - Completion of review
October 15, 2020 - November 14, 2020	Fairbanks	5	3/1	9	October 1, 2019 – March 31, 2020 (plus 45 days for IH cases)	October 1, 2019 - Completion of review
November 15, 2020 - December 14, 2020	Fairbanks	5	3/1	9	November 1, 2019 – April 30, 2020 (plus 45 days for IH cases)	November 1, 2019 - Completion of review
Total		45	23/7	75		

**Alaska's Office of Children's Services
Post-PIP Implementation CSFR Review Schedule - Year 2021**

Review Dates	Site	Foster Care	In-Home/IA	Total	Sampling Period	Period Under Review
February 15, 2021 - March 14, 2021	Anchorage	4	2	6	February 1, 2020 – July 31, 2020 (plus 45 days for IH cases)	February 1, 2020 - Completion of review
March 15, 2021 - April 14, 2021	Anchorage	4	2	6	March 1, 2020 – August 31, 2020 (plus 45 days for IH cases)	March 1, 2020 - Completion of review
April 15, 2021 – May 14, 2021	Anchorage	4	2	6	April 1, 2020 – September 30, 2020 (plus 45 days for IH cases)	April 1, 2020 - Completion of review
May 15, 2021 – June 14, 2021	Anchorage	5	1/1	7	May 1, 2020 – October 31, 2020 (plus 45 days for IH cases)	May 1, 2020 - Completion of review
June 15, 2021 – July 14, 2021	Anchorage	4	2/1	7	June 1, 2020 – November 30, 2020 (plus 45 days for IH cases)	June 1, 2020 - Completion of review
July 15, 2021 – August 14, 2021	Anchorage	4	2/1	7	July 1, 2020 – December 31, 2020 (plus 45 days for IH cases)	July 1, 2020 - Completion of review
August 15, 2021 - September 14, 2021	Juneau	5	3/1	9	August 1, 2020 – January 31, 2021 (plus 45 days for IH cases)	August 1, 2020 - Completion of review
September 15, 2021 - October 14, 2021	Juneau	5	3/1	9	September 1, 2020 – February 28, 2021 (plus 45 days for IH cases)	September 1, 2020 - Completion of review
October 15, 2021 - November 14, 2021	Fairbanks	5	3/1	9	October 1, 2020 – March 31, 2021 (plus 45 days for IH cases)	October 1, 2020 - Completion of review
November 15, 2021 - December 14, 2021	Fairbanks	5	3/1	9	November 1, 2020 – April 30, 2021 (plus 45 days for IH cases)	November 1, 2020 - Completion of review
Total		45	23/7	75		

Child and Family Services Review (CFSR) Round 3
Alaska: Program Improvement Plan (PIP) Measurement Plan Goal Worksheet
Case Review Items Requiring Measurement in the PIP
*Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted
February 15, 2019 – December 15, 2019*

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	TBD	TBD	TBD	#DIV/0!
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	TBD	TBD	TBD	#DIV/0!
Item 3	Risk and Safety Assessment and Management	1.28	TBD	TBD	TBD	#DIV/0!
Item 4	Stability of Foster Care Placement	1.28	TBD	TBD	TBD	#DIV/0!
Item 5	Permanency Goal for Child	1.28	TBD	TBD	TBD	#DIV/0!
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	TBD	TBD	TBD	#DIV/0!
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	TBD	TBD	TBD	#DIV/0!
Item 13	Child and Family Involvement in Case Planning	1.28	TBD	TBD	TBD	#DIV/0!
Item 14	Caseworker Visits With Child	1.28	TBD	TBD	TBD	#DIV/0!
Item 15	Caseworker Visits With Parents	1.28	TBD	TBD	TBD	#DIV/0!

Explanatory Data Notes:

¹ Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

² Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

³ PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

⁴ Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

⁵ PIP Goal: Calculated by adding the sampling error to the baseline percentage.

⁶ Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months. Percentages computed from 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. If the state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.