

Alabama 2018 APSR – CAPTA Addendum*

09/29/17

The purpose of the CAPTA Addendum is to demonstrate Alabama's response to the following provisions of P.L. 114-22, the Justice for Victims of Trafficking Act of 2015:

- Provisions and procedures regarding the identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the TPVA); and
- Provisions and provisions for training CPS workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters to serve this population.

I. Provisions and procedures regarding the identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the TPVA)

In a separate administrative letter on September 25, 2015, Out-of-Home Care Policy was revised to be in compliance with Preventing Sex Trafficking and Strengthening Families Act, PL 113-183 in regards to requiring the Department to identify and protect children and youth at risk of sex trafficking which includes locating and responding to children who run away or are missing from foster care. On January 4, 2016, CPS policy was revised to comply with the Preventing Sex Trafficking and Strengthening Act, PL 113-183. A definition of sex trafficking was added to policy and CA/N reports involving child sex trafficking was added to Special CA/N Procedures.

Please see the attached policies.

II. Provisions and provisions for training CPS workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters to serve this population.

In Alabama, new child welfare staff participate in pre-work on Human Sex Trafficking, utilizing the Department's Learning, Education, and Training System (LETS) prior to attending the Foundations (classroom training) week of STEP. STEP (Striving Toward Excellent Practice) is Alabama's training curriculum for all new child welfare staff. The purpose of this pre-work is to: Gain knowledge of children and youth who are victims of sex trafficking, and understand the impact, laws, and policies related to sex trafficking of children and youth.

In the pre-work, participants are presented with handouts, and they participate in an informative interactive PowerPoint

presentation (Introduction to Child Sex Trafficking). Digital stories from both the survivor and the child welfare worker's viewpoint included throughout the presentation.

In Foundations week of STEP (the classroom training component), which all new child welfare staff attend, further information is provided and discussed such as where sex trafficking occurs and who is vulnerable. Various scenarios are provided in a group activity to determine whether an activity is sex trafficking or not.

Please see the attached documents for further information on what this training module entails.

The Human Trafficking Stakeholder group met monthly from December 2015 through March 2016, to develop strategies; identify needed supports and services; review screening tools and the protocol. The protocol, reporting form and screening tool were developed and will be approved for distribution by November 1, 2017.

Representatives from law enforcement, Medicaid, the FBI, Alabama Department of Public Health, the Alabama Department of Youth Services, the Alabama Foster and Adoptive Parent Association, the Wellhouse (program for victims of sex trafficking), the Poarch Band of Creek Indians, and DHR staff from different program areas participated across the different meetings. The FSD workgroup on Human Sex Trafficking has been given approval to formalize and release the trafficking protocol to County Directors and relevant state office staff.

Please see the attached Protocol that has been approved for release. However, should any final edits be made, a copy containing those edits will be provided as an update to this addendum.

*

A number of other documents are referenced in this addendum. For more information on any of these documents, please contact (334.242.9500) the Family Services Division (FSD) or Quality Assurance Division (QAD), as follows:

- 1. Administrative letters and policies: Office of Policy, FSD**
- 2. Training material: Office of Child Welfare Training, QAD**
- 3. Sex Trafficking Protocol: Office of Foster Care, FSD**

ATTACHMENT A

SECTION 3: SCOPE OF PROJECT

3.0 PROGRAMMATIC INFORMATION

Intensive In-Home Services (IIHS) is a dynamic process, which focuses on achieving the outcome of successful permanency within a safe, stable family setting in a timely manner for children. It will be expected that when a family is referred to the IIHS Vendor, the Vendor will provide the majority of the services that are needed to achieve the permanency outcome. If a child must be/has been removed from the home due to safety issues, the Vendor shall provide individualized services to the child during their out-of-home placement (with the exceptions of intensive residential care, and programs for sexual predators, active substance addicts, and the Intellectually Disabled population), and intensive in-home services for the family until safety issues have been resolved and the child can return to their home. According to Departmental policy, children are considered safe when there are no present or impending danger threats or the parent/caregiver has protective capacities that can control existing threats. Children are considered unsafe when they are vulnerable to present or impending danger threats and parents/caregivers are unable or unwilling to provide protection.

Appropriate referrals for the IIHS Vendor include families, whose children have already been removed from their own homes and reunification is the permanency goal (reunification cases) or families where the children are at imminent risk for being removed from their own homes (preservation cases). Referrals for reunification cases can include situations where children have been removed from their homes and placed in any basic or moderate residential facility, in traditional or therapeutic foster care, or in any other out-of-home placement situation where the child has been in out-of-home care for longer than six (6) months.

3.1 STAFF REQUIREMENTS/QUALIFICATIONS

Supervisors must possess a Master's degree in the field of social work, psychology, human and child development, counseling, or sociology from a college or university accredited by one of the six regional accrediting associations of the United States with a minimum of 2 years of successful full-time, paid supervisory experience in a social services setting (experience in providing in-home services is preferred).

Therapists must possess a LCSW, LGSW, ALC, and/or LPC from a college or university accredited by one of the six regional accrediting associations of the United States with two (2) years of proven post-master's experience, or a Master's Degree in the field of social work, psychology, or counseling with five (5) years of proven post-master's experience in family and children's services.

Family Support Workers must possess a Bachelor's degree in the field of social work, psychology, human and child development, counseling, sociology or related field, from a college or university accredited by one of the six regional accrediting associations of the United States and a minimum of one (1) year of associated experiences. **Employees of established programs who were hired prior to April 24, 2008; who possess a Bachelor's Degree from an accredited college or university; and who have a minimum of five years of experience providing human related services may be "grandfathered" in and considered for employment in this position.**

3.2 NUMBER OF STAFF PER TREATMENT TEAM

Treatment teams must include at least one (1) Supervisor, and up to six (6) Treatment Staff, including Therapists and Family Support Workers (based on the need of the region). Various service delivery models have varying supervisor to worker ratios. If a vendor is following the strict guidelines of a model to maintain model integrity and validity, those ratios must be maintained and detailed in the response.

3.3 STAFF AND CASELOAD RESTRICTIONS

Staff and caseload limits for treatment teams are as follows: Supervisors, a maximum of 4 family support workers and 2 therapists; Therapists, a maximum of 12 families per therapist; and Family Support Workers, a maximum of 6 families. The proposal must also delineate how supervision will be accomplished, both in case-specific and general work performance areas. *Supervisors will not carry a caseload.*

3.4 AVAILABILITY OF SERVICES

Services must be available 24 hours a day/7 days a week. Programs must detail how they will handle the after-hours and weekend referrals for services as well as how those services are to be provided when it is necessary to open a case during these time frames.

3.5 SERVICE DELIVERY

The service delivery process begins when a referral is made by the local County Department of Human Resources to the IIHS agency. Upon referral, DHR must document that the family is being referred for either prevention of out-of-home placement or for assistance with reunification. Such documentation, as well as other pertinent social history, must accompany the referral.

IIHS workers will be accessible to act upon referrals from county DHR workers twenty-four (24) hours a day, seven (7) days a week, and 365 days a year via telephone, cell phone, pager system and email. At the time of the initial referral, an intake assessment meeting which meets Medicaid requirements will be completed by the DHR worker. IIHS staff are required to contact families face-to-face within 24 hours (immediately if an emergency) from the time of the referral, to conduct their initial assessment of family needs and strengths. If the IIHS provider is unable to contact the family within 24 hours, the DHR referral worker must be notified. IIHS staff and referral workers must maintain contact at a frequency sufficient to address the circumstances and needs of families.

All referrals received will be listed in chronological order and contacted in the order of referral. The local County DHR Director or Resource Supervisor will reserve the right to advance a referral on the waiting list deemed to need immediate services. If there are no openings, DHR staff will look for another IIHS Vendor. Families needing crisis intervention will not be placed on the waiting list until the crisis has been stabilized.

The IIHS Supervisor will contact the DHR referral worker, within two days of an anticipated opening, to obtain updated information and arrange an initial visit with a new family. Any variation of this procedure must be approved by the local County DHR.

The role, function, hours of provision of services, and length of intervention by the IIHS workers is determined by the needs of the family as defined in the ISP. The IIHS workers will accept up to 6 cases (families). The total number of hours provided by the IIHS workers will include travel time between client family homes and sufficient time for mental health consultation and documentation. The IIHS workers will provide as many hours of in-home intervention as needed and as identified by the ISP team and assessments. The IIHS worker will use flexible work hours to meet the needs of the family. The flexibility of the schedule of the workers will include, but not limited, to availability on a 24-hour, seven (7) days a week basis, 365 days per year.

A case is identified as a family, not as an individual child. Further, even if a child ultimately requires out-of-home placement, the services will continue with the family to help them adjust to this transition and work towards reunification. IIHS cases are based upon a perspective which views the family as a system consisting of all extended family members and support networks within the community. The IIHS workers work with families in their own homes where the problems are occurring and in the community. The IIHS workers seek to

develop a family-like bond with all members of the client system to use the "extended family" relationship to help the family learn additional skills that they may use to function more effectively in the future.

IIHS works in partnership with the local County Department of Human Resources and the families served to obtain whatever combination of services, resources and supports necessary in order to help families in their efforts to remain safely together and reach an optimal and effective level of daily functioning.

Family assessment is an on-going process. Services are provided only for as long as services are needed. It is anticipated that treatment through IIHS services may last from 6 to 9 months. If it is necessary to exceed the 9 months of service authorization, there must be concurrence from the county director and State DHR.

3.6 CORE SERVICES

Vendors must provide all of the services identified below. Services must be based on the needs identified in the ISP and ISP team decisions. Vendors must:

- A. Schedule and coordinate the child's treatment plan: initial treatment plan within ten (10) days, comprehensive treatment plan within thirty (30) days and reviews every ninety (90) days. All treatment plans developed by the agency should be coordinated with the DHR county social workers and based upon the goals established in the child's Individualized Service Plan (ISP). The IIHS agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office.
- B. Initiate discharge planning from point of admission through point of discharge with emphasis on moving toward safety and permanency outcome as quickly as possible.
- C. Conduct two or more (as needed) in-home, face to face contacts per week with the family (a minimum of one hour duration) to examine family relationships, roles and dynamics, and to assess how these issues impact family functioning including those contacts by a therapist or family worker, based on the needs identified by the ISP / ISP team. **(Preservation cases)**
- D. Conduct one or more (as needed) in-home, face to face contacts per week with the family (a minimum of one hour duration) to examine family relationships, roles and dynamics, and to assess how these issues impact family functioning including those contacts by a therapist or family worker, based on the needs identified by the ISP / ISP team. **(Reunification cases)**
- E. Conduct two or more (as needed) visits per month with the out of home child/children to discuss movement toward permanency outcomes detailed in the ISP, performing in the role of child advocate when at the out of home placement. **(Reunification cases)**
- F. Provide face-to-face or telephone contact with school, therapists or other providers, once per month or more as needed, to monitor the child and family's progress.
- G. Assist in the referral to other programs/services, advocate for the child and family by accompanying them to appointments as identified in the family's ISP including the coordination of transportation, family visits and activities.
- H. Provide education and support to enhance the child's and family's ability to function independently by assisting the family with locating and appropriately utilizing community resources, services and activities (e.g., food, clothes, shelter, transportation, etc.)
- I. Provide family support with family, supervise family visitation as outlined in the ISP/Treatment Plan. Support must include the provision of services to assist the child's family members in understanding the nature of the child and how to help the child be maintained in the community by providing education about the child's illness, expected symptoms, medication management, parenting support, therapeutic visitation support, educational advocacy and to encourage school success, as identified in the family's ISP.

- J. Attend ISP's, IEP's, court hearings and other appointments along with the child and family to assure coordination of services. Assist the family /child in getting to meetings or appointments when necessary.
- K. Provide progress/summary reports to the referring DHR worker on a monthly basis and prior to any court hearing. Reports must document progress or lack thereof and provide an actual assessment of threats and protective capacity for preservation cases and for reunification cases make recommendations that include assessment, a plan to incorporate more visitation and detailed feedback regarding bonding/attachment/parenting skills, etc.
- L. Assist in creating a behavior management plan for the child with the other members of the ISP team. All IIHS agencies must maintain staff that has expertise in the development of such plans. (DHR shall assume the responsibility of completing behavioral management plans on all children that require them.)
- M. Participate in the development of the Safety Plan as needed.
- N. Provide crisis intervention services on a 24 hours/7days a week basis, as needed, to alleviate a crisis for the child or to assist the family in alleviating a crisis for the child.
- O. Provide weekly consultation with DHR and an immediate response in the event health or safety issues poses a threat to the child.

3.7 ROLES OF DHR AND IIHS

As it relates to roles, ultimately, DHR is the case manager for the case.

3.7.1 DHR ROLES

- A. DHR will be responsible for coordinating the scheduling and holding of the ISP with the document distributed within 10 working days.
- B. DHR will work with the IIHS agency on the development of the treatment plan and for a regular review of the plan.
- C. DHR will be responsible for assuring that all services to be provided are included in the ISP including the core services that are appropriate for the case. DHR is also responsible for assuring that all pertinent team members attend the ISP including the IIHS staff.
- D. The DHR worker will confirm with the family the acceptance of the services deemed necessary for the family and will arrange for a time of introduction of the IIHS staff to the family where responsibilities and roles are discussed – Within 48 hours of service acceptance the DHR worker will contact the family and the IIHS provider to schedule a face to face in-home initial visit as soon as possible but not to exceed 4 working days.
- E. Copies of the intake evaluation or comprehensive family assessment, with adequate information for intake evaluation purposes, and an ISP must be provided to IIHS agencies within 10 days. DHR staff is required to complete and update regularly CFA's on all families referred for IIHS incorporating the information obtained by the IIHS agency into the document.
- F. DHR will responsible for assuring that the IIHS agency has a copy of the ISP if one already exists and is responsible for assuring that the IIHS agency participates in the ISP.
- G. DHR staff will be required to make a monthly face to face contact with each child and family.
- H. DHR will participate in conferences with the school, including the parents, the IIHS worker, and particularly when problems have been identified that need resolution.
- I. DHR will be responsible for assuring that reports from the IIHS agency are received in a timely manner. If problems have arisen and reports are not received, should assure that the weekly consultations with the IIHS agency are held.
- J. The DHR worker will also review the reports to determine that adequate progress is being made by the family and to assure that the appropriate supports are in place.

- K. DHR will review the therapist's reports and will schedule an ISP if there are significant requirements for a child/family that are not being addressed by the services that are being provided. DHR should also participate in the counseling sessions as the need arises.
- L. The DHR worker will assist in the coordination of services to address the needs of the family.
- M. DHR will work with the IIHS agency to develop crisis plans and safety plans that are deemed necessary to support the family and assure safety for children.
- N. DHR has its own QA component as it relates to the local QA committee and case review process.
- O. DHR will assist the IIHS agency in gaining access to the policies that direct the work of the agency.

3.7.2 ROLES OF IIHS WORKERS

- A. The IIHS worker is responsible for completion of all assigned tasks in the ISP.
- B. The IIHS worker actively participates in the ISP.
- C. The IIHS worker/staff is responsible for meeting the requirements listed in the core services.
- D. The IIHS worker is responsible for preparing monthly comprehensive reports that are current, accurate, and meaningful, are behaviorally specific and describe barriers/outcomes.
- E. The IIHS agency is responsible for recruiting candidates for the various positions that are part of the contract and for coordinating with DHR on the suitability of the various candidates.
- F. After the family has agreed to the service intervention, The IIHS agency will accompany the DHR worker to the home at the point of first introduction to the family and will participate in a discussion of the plan for the family.
- G. The IIHS agency will receive and review the intake evaluation and depending on the other information available from DHR may coordinate the pulling together of information to complete the CFA.
- H. IIHS staff is required to be available to the families 24 hours per day 7 days per week and should be available to provide crisis intervention as needed.
- I. The IIHS staff members are required to have contact with the schools to monitor the child's progress and to make reports on progress to DHR once per month. Any contacts should include involving the parents in the discussions.
- J. The IIHS staff can call an ISP if one is deemed necessary but has not been scheduled.
- K. The IIHS staff will assist in making referrals to other programs/services to address the needs identified for the child/family and will monitor those services to be sure that they are meeting the needs.
- L. The IIHS staff will work with the family to arrange for community and family supports that will support independence of the family from agency involvement.
- M. The IIHS staff will schedule and coordinate the family treatment plan as per the information in the core services up to and including discharge from the program.
- N. The IIHS staff members are responsible for working with the local DHR office and SDHR to resolve any concerns that are identified.
- O. The IIHS agency should assist in the development and monitoring of a behavior management plan for children, as necessary, with all participants.
- P. The IIHS agency will work with DHR to develop crisis plans and safety plans that are deemed necessary to support the family and assure safety for children.
- Q. The IIHS agency will conduct QA activities, including outcome measures, for the services/programs being provided and will share this information with DHR. Progress toward outcomes will be assessed every ninety (90) days.

- R. The IHHS agency will be familiar with pertinent DHR policies related to the service provision, planning with families.

3.9 REJECT/CLOSURE POLICY

Each proposal must define how the program will meet the following criteria for rejections and closures within the program. (Just a statement that they will not occur will not suffice for explanation of how these requirements will be met.)

- Rejections: A Vendor will be able to reject no more than 10% of the referrals appropriate for IHHS (as determined by DHR) in any program year, except when it can be documented that there are no available slots.
- Closures: A Vendor will be allowed to request case closure if the permanency goal changes from preservation/reunification or the child moves to a placement category that is not serviced by the IHHS provider (intensive residential care, and programs for sexual predators, active substance addicts and the Intellectually Disabled population) Any immediate closures by the program must either be an ISP team decision or approved by SDHR. An unusually high closure rate (more than 3%) for other than successful closure, will result in follow up conversations about the continued viability of the contract agreement.

3.10 AFTERCARE

Aftercare is the time period during which the Vendor is tracking to ensure that a permanent placement is viable so that the child will not enter care. If a child must re-enter care during this time, it will be at no additional cost to the Department. The Vendor is expected to link/collaborate with the child's ISP team throughout this period. The period of aftercare established by the Department is three (3) months. Proposals must indicate how aftercare will be accomplished and what services will be provided during the aftercare period.

3.11 OUTCOMES

It is expected that all outcomes will be directly related to safety, permanency and well-being. General outcomes that must be measured by all vendors are:

- The percentage of the children reunified with family or placed in their permanent placement will remain stable at the one-year anniversary of their discharge from the program (82% or better, is the expectation).
- The percentage of the children being served by the in-home prevention teams that remain in their own homes will remain stable at the one year anniversary of their discharge from the program (82% or better, is the expectation).

Note: Other possible outcomes this section would include outcomes addressing: 1) Stability of placement; 2) Low repeat maltreatment; 3) Entry or re-entry into foster care; 4) Educational success; and 5) Outcome measures of child well-being.

Proposals must indicate what remedial measures a program will take if these outcomes are not attained, as well as how the program will ensure that successes in placements will improve above this threshold, once the program has become operational. Vendors accomplishing a higher rate of stabilization may receive additional slots, if needed; and Vendors not meeting this threshold may receive a reduction in the contracted slots that they may provide.

3.12 QUALITY ASSURANCE

Proposals must clearly identify the quality assurance process that will be utilized in the delivery of IIHS services. The process must include staff that will be used in quality assurance assessment, as well as what model will be used. Vendors must submit a copy of their quality assurance plan with the proposal.

3.13 TRACKING

Each proposal must affirm capacity to capture relevant data and demonstrate how the Vendor will track the children or youth and families who have received services through their program. Critical data to capture includes, but is not limited to: number of referrals; number of cases accepted; number of cases rejected (reason for rejection); number of children/families served; number of children/families (cases) closed(reason for closure); average length of stay (in days/aggregate); successful closures; successful closures 3, 6, 12, 24 months post-closure. Tracking for each family served successfully by the IIHS provider must be for no less than twenty-four (24) months post closure. Proposals must indicate additional areas that will be tracked and what outcomes are expected in each of the areas. Selected Vendors will be required to provide all reports to county and State DHR that are required in case management and tracking for service utilization monthly.

ATTACHMENT B



Intensive In-Home Services
PRESERVATION REFERRAL/INTAKE

IIHS CASE# _____	(For IIHS Use) -P	DHR CASE #: _____
DATE/TIME RECEIVED BY IIHS: _____ / _____ : _____ am/pm		
DATE/TIME ASSIGNED TO Family Support Worker: _____ / _____ : _____ am/pm		

Specialist: _____ Referral Completed By: _____

Referring Worker: _____ County: _____ Phone: _____

Referral Supervisor: _____ Phone: _____

Check One: Protective Services Foster Care Adoptions Other: _____

Will you be able to accompany Family Support Worker on their first home visit? YES _____

NO _____ **OR**

Do you want IIHS to call you after the first face-to-face visit? YES _____ NO _____

Last DHR contact with the family: _____

Parent/Legal Guardian:

_____	/ /	_____	_____
Name	DOB	Age	Race/Sex

_____	_____
Social Security Number	Relationship to Child

_____	/ /	_____	_____
Name	DOB	Age	Race/Sex

_____	_____
Social Security Number	Relationship to Child

Who has custody of the PR(s)? _____

Address: _____ Best time to Contact Family: _____

ZIP CODE: _____ Directions to House: _____

Home Phone: _____

Work Phone: _____

Other Contact Name: _____

Relationship: _____

Phone: _____

FAMILY:

Children in Imminent Danger of Placement (P.R.'s) and their Living Situation (Home, Shelter, Relative, etc.) at Time of Referral:

1. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

2. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

3. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

4. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

5. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

6. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

Number of Other Children Living in the Home: _____

1. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

2. _____ / / _____
Name DOB Age Sex Race
Social Security Number: _____ Living Situation: _____

Other Adults Living in the Home, Date of Birth, and Relationship:

INCOME SOURCE: TANF _____ SSI _____ EMPLOYMENT _____ OTHER _____

Characteristics of Child/Family at Risk:

- | | |
|---|--|
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Parent/Child Conflict |
| <input type="checkbox"/> Child Behavior | <input type="checkbox"/> Parenting Issues |
| <input type="checkbox"/> Criminal/Police Records | <input type="checkbox"/> Past Suicide Attempts |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Physical Violence |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Severe Financial Hardship |
| <input type="checkbox"/> General Neglect | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Hard Services Needs | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Home Management | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Medical Illness/Disability | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Medical Neglect | <input type="checkbox"/> Truancy/School Problems |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other _____ |

Is the Child(ren) at Imminent Risk of Placement? _____ YES _____ NO

A. Who would Initiate Placement? DHR PARENT(S) OTHER (Specify)

B. In the Event of Removal, Child(ren) at Risk will be placed as Follows:

Relative Placement _____	Foster Care _____
Therapeutic Foster Care _____	Basic Care _____
Moderate Care _____	Intensive Care _____
Mothers & Infants _____	TLP/ILP _____ Other _____

PRECIPITATING CRISIS: _____

REFERRING WORKERS EXPECTATIONS OF FAMILY OPTIONS SERVICES: (What circumstances **must change** for child to remain in the home?)

Has there been an ISP? _____ Date of last ISP _____ (Please send copy)

If no, is one scheduled? _____ Date Scheduled _____

PLACEMENT HISTORY (Dates and Locations if known):

DHR _____

OTHER AGENCY _____

INFORMAL _____

PREVIOUS/CURRENT COUNSELING OR SERVICES PROVIDED (Programs, Participants, Dates, Diagnosis, Medications, Results):

OTHER SUPPORT SYSTEMS INVOLVED: _____

COURT HEARINGS PENDING:
(Specify dates, prior delinquent behavior, special circumstances)

_____ NONE	_____ DEPENDENCY
_____ CHINS	_____ UNKNOWN
_____ PERIODIC REVIEW/DISPOSITIONAL	_____ CRIMINAL CHARGES-PARENTS
_____ DELINQUENT CHARGES-CHILD	_____ SHELTER CARE/72HR. HEARING

SAFETY ISSUES

DHR ASSESSMENT OF THE POTENTIAL FOR PHYSICAL VIOLENCE:

WITHIN THE FAMILY:

1-EXTREME 2-HIGH 3-MODERATE 4-LOW 5-NONE

COMMENTS: _____

TOWARD OTHERS ENTERING THE HOME:

1-EXTREME 2-HIGH 3-MODERATE 4-LOW 5-NONE

COMMENTS: _____

WITHIN THE COMMUNITY:

1-EXTREME 2-HIGH 3-MODERATE 4-LOW 5-NONE

COMMENTS: _____

Any Past or Present Abuse/Neglect in the Home? _____ YES _____ NO

If YES, please explain: _____

Referring Worker's safety plan: _____

CHILD SAFETY RATINGS

(Referring worker will rate this issue at the beginning of Services and at Service Closure based upon the following rating scale:

N/A	Situation has changed; no longer an issue.
(-)	Situation has worsened.
1.	The current situation is not tolerable. It's not working. Things are very bad. The situation is desperate. A great amount of help is needed.
2.	The current situation is not tolerable more than half the time. Some help is needed.
3.	The current situation is OK more than half the time. Little help is needed.
4.	The current situation is very good. Things are under control. No help is needed at this time.
5.	Expectations have been exceeded.
9.	Unable to obtain (This applies to <u>Service Closure Rating</u> only.)

RATINGS

Referring Worker's Rating at the **Beginning** of Services: _____

Referring Worker's Rating at **Service Closure**: _____

Initials/Signature of Supervisor (or another specialist) who reviewed for appropriateness of referral: _____

Date: _____

ATTACHMENT C

NCFAS

North Carolina Family Assessment Scale

for Intensive Family Preservation Services (IFPS) Programs
Version 2.0

IFPS System ID#:	Date Intake/Assessment Completed / /
IFPS Worker:	Date Case Closure Assessment Completed / /
Other Agency ID#:	Family Name:

Introduction

Each of the following scales is used to determine how a family is functioning. They also may be important to the level of imminent risk of out-of-home placement for this family in the context of family strengths and problems. For each scale, rate its influence as a strength or problem for the family along a 6-point continuum, using the following schema: +2=Clear Strength, +1= Mild Strength, 0=Baseline/Adequate, -1 = Mild Problem, -2 = Moderate Problem, and -3 = Serious Problem. To rate each scale, circle the appropriate number. "I" represents the rating given at intake, and "C" represents the rating at service or case closure. The "overall" ratings (the ones in the shaded areas) should indicate your overall, composite rating in each of the five domains. The subscales represent areas of interest relating to the domain under which they appear (e.g., Housing Stability appears under domain A. Environment). The reliability and validity study of the NCFAS revealed that it is essential to rate each of the subscales before rating the overall domain scale. Use the definitions in the Definitions Manual to the NCFAS (Version 2.0 or higher) to make your ratings.

Complete each of the ratings within 1-2 weeks of intake (I) and again within 1-2 weeks of service or case closure (C).

Many questions and issues of concern to practitioners are addressed in the User's Guide to the NCFAS (Version 2.0). Please also see the User's Guide for a discussion of the development and use of the Scale. The psychometric properties (reliability and validity) of the scale are also discussed in the User's Guide.

1

NCFAS: North Carolina Family Assessment Scale, Version 2.0. Kirk, R.S., and Reed Ashcroft, K., 06/98. This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special Acknowledgements are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Mezzan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Mezzan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997.

(*) Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on the scale construction and psychometrics.

A. Environment

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
1. Overall Environment	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
2. Housing stability	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Safety in the community	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Habitability of housing	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Income/employment	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
6. Financial management	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
7. Food and nutrition	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
8. Personal hygiene	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
9. Transportation	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
10. Learning environment	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3

2

NCFAS: North Carolina Family Assessment Scale, Version 2.0. Kirk, R.S., and Reed Ashcroft, K., 06/98. This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special Acknowledgements are due to Sandy Sladon and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezon at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Meezon and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997.

(*) Re: associated items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on the scale construction and psychometrics.

B. Parental Capabilities*

Note: This section refers to biological parent(s), if present, or current caregiver(s)

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
1. Overall Parental capabilities	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
2. Supervision of child(ren)	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Disciplinary practices	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Provision of developmental/enrichment opportunities	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Parent(s)/caregiver(s) mental health	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
6. Parent(s)/caregiver(s) physical health	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
7. Parent(s)/caregiver(s) use of drugs/alcohol	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3

3

NCFAS: North Carolina Family Assessment Scale, Version 2.0. Kirk, R.S., and Reed Ashcroft, K., 06/94. This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special Acknowledgements are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Mezzan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Mezzan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997.

(*): Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on the scale construction and psychometrics.

C. Family Interactions

Note: This section refers to family members living in the same or different households

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
1. Overall Family interactions	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
2. Bonding with child(ren)	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
3. Expectations of the child(ren)	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
4. Mutual support within the family	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3
5. Relationship between parents/caregivers*	(I)	+2	+1	0	-1	-2	-3 NA
	(C)	+2	+1	0	-1	-2	-3 NA

4

NCFAS: North Carolina Family Assessment Scale, Version 2.0. Kirk, R.S., and Reed Ashcroft, K., 06/98. This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special Acknowledgments are due to Sandy Staden and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Mezzan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Mezzan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997.

(*): Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on the scale construction and psychometrics.

D. Family Safety

Note: This section refers to family members living in the same or different households

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
1. Overall Family Safety	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
2. Absence/presence of physical abuse of child(ren)*	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
3. Absence/presence of sexual abuse of child(ren)	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
4. Absence/presence of emotional abuse of child(ren)	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
5. Absence/presence of neglect of child(ren)*	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
6. Absence/presence of domestic violence between parents/caregivers	(I)	+2	+1	0	-1	-2	-3	NA
	(C)	+2	+1	0	-1	-2	-3	NA

5

NCFAS: North Carolina Family Assessment Scale, Version 2.0. Kirk, R.S., and Reed Ashcroft, K., 06/98. This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special Acknowledgements are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Meezan at U. of Southern California. Special thanks also are due to numerous local IFPS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Meezan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997.

(*) Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on the scale construction and psychometrics.

E. Child Well-Being

Note: This section pertains to the imminent risk child(ren).

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.		
1. Overall child well-being	(I)	+2	+1	0	-1	-2	-3		
	(C)	+2	+1	0	-1	-2	-3		
		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.		
2. Child(ren's) mental health	(I)	+2	+1	0	-1	-2	-3		
	(C)	+2	+1	0	-1	-2	-3		
3. Child(ren's) behavior	(I)	+2	+1	0	-1	-2	-3		
	(C)	+2	+1	0	-1	-2	-3		
4. School performance	(I)	+2	+1	0	-1	-2	-3	NA	
	(C)	+2	+1	0	-1	-2	-3	NA	
5. Relationship with parent(s)/caregiver(s)	(I)	+2	+1	0	-1	-2	-3		
	(C)	+2	+1	0	-1	-2	-3		
6. Relationship with sibling(s)	(I)	+2	+1	0	-1	-2	-3	NA	
	(C)	+2	+1	0	-1	-2	-3	NA	
7. Relationship with peers	(I)	+2	+1	0	-1	-2	-3	NA	
	(C)	+2	+1	0	-1	-2	-3	NA	
8. Cooperation/motivation to maintain the family	(I)	+2	+1	0	-1	-2	-3		
	(C)	+2	+1	0	-1	-2	-3		

6

NCFAS: North Carolina Family Assessment Scale, Version 2.0. Kirk, R.S., and Reed Ashcroft, K., 06/98. This instrument is derived from previous versions based on the Family Assessment Form, developed at the Children's Bureau of Southern California, Michigan's Family Assessment of Needs Form, and four assessment instruments developed in North Carolina by Haven House (Raleigh), Home Remedies (Morganton), Methodist Home for Children (Raleigh), and the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Special Acknowledgements are due to Sandy Sladen and Judith Nelson at the Children's Bureau of Southern California and to researchers Jacquelyn McCroskey and William Mezzan at U. of Southern California. Special thanks also are due to numerous local HHS providers in North Carolina for participating in the ongoing development and field testing of the NCFAS. Domain specifications for the original NCFAS were based on the work of Mezzan and McCroskey. Domains and subscales for Version 2.0 are based upon reliability and validity testing completed in the Fall of 1997.

(*): Re: asterisked items, theoretical and empirical support exists in the literature for the Parental Capabilities domain and the associated subscales, and several other subscales that either were not supported or examined independently in the 1997 reliability and validity study of the NCFAS. These items will be tested during future studies. See User's Guide to the NCFAS, Version 2.0, for additional information on the scale construction and psychometrics.

ATTACHMENT D

PROVIDER NAME

Intensive In-Home Services
Monthly Summary (please include month and year)

Case Name: Preservation___ Reunification___
Family Support Worker:
Therapist:
DHR Worker/ DHR Supervisor/County:
Start Date of Service:
Anticipated Date of Discharge:
Current Placement:

Permanency Goals:

Concurrent Plan:

Current Risk Factors:

Barriers to Treatment:

Child's Current Behaviors and DSM Diagnosis:

Parents Current Behaviors and DSM Diagnosis:

Service Plan goals Include

Agency Intervention Since Last Reporting Period:

Outcomes Achieved Since Last Period:

Agency Next Steps:

Current Recommendations:

Visits:

#supervised w/ mother: _____ father _____ Location: _____

#unsupervised visits with family (maternal or paternal) _____

#visits w/other placement resources: _____

#agency visits with client: Announced _____ Unannounced _____

ATTACHMENT E



GOAL DEVELOPMENT PLAN

ALABAMA FAMILY IHS PROGRAM

Family Name

Case Number

Goal #

Description of the Situation as it relates to this Goal (incorporate your observations, family discussions and/or referring worker's expectations):

Family Members' Strengths:

Name: _____ Name: _____

Strengths: _____ Strengths: _____

Name: _____ Name: _____

Strengths: _____ Strengths: _____

Name: _____ Name: _____

Strengths: _____ Strengths: _____

Goal Statement: _____

Activities/Steps to Achieve Goal:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Family Member(s) Goal Rating:

Date	*N/A	(-)	0	1	2	3	4	5	9	Freq.	Family Initials
										Initial	
										Interim	
										Interim	
										Interim	
										Final	

Comments: _____

- *N/A = Situation has changed; no longer a goal. **(Explain above.)**
- (-) = Situation has worsened. **(Applies only for previous rating of 1.)**
- 0 = Not enough information to assess at this time. **(Explain above.)**
- 1 = The current situation is not tolerable. It's not working. Things are very bad. The situation is desperate. A great amount of help is needed.
- 2 = The current situation is not tolerable more than half the time. Some help is needed.
- 3 = The current situation is OK more than half the time. Little help is needed.
- 4 = The current situation is very good. Things are under control. No help is needed at this time.
- 5 = Expectations have been exceeded.
- 9 = Unable to obtain. **(Final Rating only.)**

ATTACHMENT F

**CHILDREN'S AID SOCIETY
CLIENT OUTCOMES SURVEY
Family Partners**

We value your opinion! All answers are confidential

In an effort to serve you better, we ask that you answer these questions about your experience with Children's Aid Society. All answers are confidential. Please take a few moments to give us your opinions. When you finish, please seal the survey in the envelope provided and give to your worker or mail it back to CAS at 2141 14th Avenue South Birmingham, AL 35205.

Name (optional) _____

Age _____ **Gender:** Male Female **Race:** Caucasian African American Other
(circle one) (circle one)

Check the answer that matches your opinion.

	YES	NO
1. My situation has improved as the result of Family Partners services.		
2. Family Partners staff were available to my family 24/7 and offered a flexible schedule to visit my home and meet my needs.		
3. The amount of time spent with my family by the worker was adequate.		
4. CAS is located conveniently to other community resources.		
5. I have received information that will help me deal with my situation.		
6. My worker(s) was/were respectful of my culture and lifestyle.		
7. I understood what services CAS would provide, and how my worker and I would work together.		
8. I participated in planning for the services I received.		
9. I would use CAS again.		
10. I would recommend CAS to a family member or friend.		
11. My child(ren) are living in the home with me.		
What are two ways the agency could have given you better service?		
1)		
2)		
Did you have any needs that CAS did not address? Please explain:		
Was your CAS worker available and helpful to you?		
Name two community resources you learned about from receiving Family Partners services.		
1)		
2)		

Comments (use the back if you like)

Updated 10/2/16

**CHILDREN'S AID SOCIETY
CONSOLIDATED CONSUMER OUTCOMES SURVEY
FOCUS
4th Quarter 2016**

Check the answer that matches your opinion.

	YES	NO	N/A or blank
1. My situation has improved as the result of FOCUS services.	44	2	0
2. FOCUS staff were available to my family 24/7 and offered a flexible schedule to visit my home and meet my needs.	46	0	0
3. The amount of time spent with my family by the worker was adequate.	46	0	0
4. CAS is located conveniently to other community resources.	40	0	6
5. I have received information that will help me deal with my situation.	46	0	0
6. My worker(s) was/were respectful of my culture and lifestyle.	46	0	0
7. I understood what services CAS would provide, and how my worker and I would work together.	46	0	0
8. I participated in planning for the services I received.	46	0	0
9. I would use CAS again.	46	0	0
10. I would recommend CAS to a family member or friend.	46	0	0
11. My child(ren) are living in the home with me.	44	1	1
What are two ways the agency could have given you better service?			
<ul style="list-style-type: none"> • None • Can't think of anything. • I think they (Rebecca) gave great service. • The agency provided the best service there are. No way I can elaborate where services could have been better. • The agency and Cara Johnson was great, couldn't have asked for anything or anyone better. • Don't change workers in the middle of a case. • None, she did an awesome job • The first worker could have had a more flexible schedule 			
Did you have any needs that CAS did not address? Please explain:			
<ul style="list-style-type: none"> • Nope, She (Rebecca) went above and beyond our needs. • All of my needs were addressed. I am so grateful! • No (19) • No, Cara was wonderful • No, it was very informative and helpful to a variety of things for me and my children 			
Was your CAS worker available and helpful to you?			
<ul style="list-style-type: none"> • Yes, I love her (Kristi). She is so great! • Yes, (Rebecca) always on time and available when I needed her. • Yes, She (Rebecca) was very accommodating. • Extremely available and very helpful. They will always be in my heart and prayers. • Yes (37) • Yes, LaTonya was • Yes, love her (LaTonya) • Yes, anytime I needed • Cara was available anytime I called her • Very 			
Name two community resources you learned about from receiving FOCUS services.			
<ul style="list-style-type: none"> • AA/NA; Parenting • Cross Point; Higher Education Institutions • Community Action (4) • First Teacher 			

- Methodist Church
- Bevill State Community College
- Early Intervention
- None was needed (2)
- School Supplies
- School Enrollment and job Inquiries
- Social Security
- Mobile Community Action
- Aftercare Services
- Childcare South
- United Veterans
- Lawyer Helpline
- Community Action
- Wheels for Work
- Clothing Resources
- Toys for Tots (2)
- Internet Resources

Comments (use the back if you like)

- Rebecca was Great!
- Mr. Doug Brown is the best. The rapport, understanding was outstanding. His knowledge of his profession, total professionalism, was portrayed and greatly respected. His assistants LeeAnn & Myoshia were very helpful and compassionate. The agency is doing a great job and was a great support for my family. I will always be thankful and will miss them forever.
- I really enjoyed having LaTonya as my caseworker. She listened and helped me with all my questions and gave me all the info I needed on things.
- Shanda was very tolerable to me and my family. I would recommend her to anyone!

ATTACHMENT G

FSC Quarterly Data - Fy 2016

	Oct-Dec 2015				Jan-Mar 2016				Apr-Jun 2016				July-Sept 2016			
	# Ferved		#	Sum of	#OF	#Ferved	#	Sum of	#OF	#Ferved	#	Sum of	#OF	#Ferved	#	Sum of
	book 200	initial	initial	book 200	initial	initial	book 200	initial	initial	book 200	initial	initial	book 200	initial	initial	
FSC by Month	54	88	142	21	56	77	98	44	142	151	45	184				
SAFE FSC	172	308	261	247	117	459	316	120	446	379	113	530				
Cash of Care	25	29	54	46	20	67	62	38	67	11	47					
Abel Skills FSC	143	173	334	138	74	138	58	72	176	80	178					
YCF Adverse	88	93	176	43	87	129	177	41	158	41	145					
Children Family care	36	36	73	36	36	73	37	38	75	73	149					
FIRST FSC	59	111		37	103	171	52	419	71	48	488	81	71	59		
YCF Home/Lowcost	77	147	424	52	291	897	190	339	1079	41	3,400					
FSC of Culture	35	36	73	49	290	82	140	237	159	77	1,074	188	47	1,429	498	
Teachers's Out-pat	54	105	160	100	111	278	308	224	674	477	1,119					
Healthy Families	19		16	104		14	33		15	114	121	114				
TOTAL	706	111	983	1325	582	335	774	1,499	625	228	763	1,944	800	57	9,217	14,344

1st
Total (unpublished families served)

State of Alabama
Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov

Continuous Announcement

SERVICE SUPERVISOR - 50223

Salary: \$35,589.60 - \$53,995.20
Announcement Date: March 3, 2010

JOB INFORMATION

The Service Supervisor is a permanent full-time position with the Department of Human Resources. Positions are located throughout the state. This is supervisory service social work. Employees in this class plan, organize, and supervise child protective services, adult protective services, Medicaid waiver, child and adult foster care, and/or adoption operations within a county Human Resources office.

MINIMUM REQUIREMENTS

- For the promotional register, current permanent status as a Social Worker or Social Service Caseworker with the Department of Human Resources
- Bachelor's degree from an accredited* four year college or university in any major AND three (3) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations

OR

- Bachelor's degree from an accredited* four year college or university AND 30 semester or 45 quarter hours in social or behavioral science courses AND two (2) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations. Please submit a transcript or list of all social or behavioral science courses completed.

NOTE

- A Masters Degree in Social Work from a social work program accredited* by the Council on Social Work Education will substitute for one year of the required professional experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations.

ADDITIONAL REQUIREMENTS

- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.
- Applicants must have available, suitable transportation for use on the job

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage)
- Accrue Thirteen Annual Leave Days per Year
- Thirteen Paid Holidays per Year
- Flexible Employee Benefit Plans
- Optional Family Coverage (Health/Dental)
- Accrue Thirteen Sick Days per Year
- Retirement Plan
- Optional Deferred Compensation Plans

EXAMINATION

- Open-Competitive to all applicants and Promotional to current state employees with the Department of Human Resources in the job classes listed above
- An Evaluation of Training and Experience as shown on the application will comprise 90% of the applicant's final score for the promotional register, with the remaining 10% being based on the average of the applicant's service ratings for the last three years. Scores from the Evaluation of Training and Experience will comprise 100% of the final score for the open-competitive register.

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. Applications will be accepted until further notice.

Individuals currently on the register MUST reapply to remain eligible for employment.

Veteran's credits are NOT allowed on promotional examinations.

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

*Please refer to the back of this announcement for complete information on State Personnel's policy for accepting post-secondary and advanced degrees.

Except for pretest information provided by State Personnel to all applicants, you should not directly or indirectly obtain information about examinations. If you do, the State Personnel Director may do several things. One, you may not be given an examination. Two, you may be disqualified after an examination. Three, your name may be removed from a register. Or four, your name may not be certified from the register. (Rules of the State Personnel Board, Chapter 670-x-9). According to the Code of Alabama, 36-26-47, a willful violation of exam security is a misdemeanor. Any person who is convicted of this type of misdemeanor will not get a state job. If they are officers or employees of the state, they will be required to forfeit their office or position for five years.

If you know of anyone who has violated this policy, you should contact the Examination Manager at the State Personnel Department.

State of Alabama Personnel Department Policy on Accepting College Coursework, Post-Secondary and Advanced Degrees

1. Specific college coursework required for a job, as well as Bachelor's, graduate, post graduate, and doctoral degrees will be accepted from the schools accredited by any of the six regional accreditation associations in the United States. These associations are listed below.

- Southern Association of Colleges and Schools (SACS)
- Middle States Association of Colleges and Schools (MSA)
- Northwest Commission on Colleges and Universities (NWCCU)
- North Central Association of Colleges and Schools – The Higher Learning Commission (NCA-HLC)
- New England Association of Schools and Colleges – Commission on Institutions of Higher Education (NEASC-CIHE)
- Western Association of Schools and Colleges – Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)

2. Coursework or degrees from schools that have not been accredited by a regional accreditation association will be accepted if a regionally accredited school considers the coursework or degree to be an acceptable prerequisite for admission to an advanced degree program. For example, if a regionally accredited school accepts an applicant's bachelor's degree for admission into a graduate degree program, State Personnel will accept the degree. In the case of a required college coursework (but no degree requirement), State Personnel will accept the college coursework if a regionally accredited school accepts the coursework towards a post-secondary degree (e.g., a bachelor's degree). *This must be documented by a letter of acceptance from the regionally accredited school.* State Personnel will review such requests on a case-by-case basis.

Note: This policy is subject to change. Certain state agencies may have additional requirements.

State of Alabama
Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov

Continuous Announcement

SENIOR SOCIAL WORK SUPERVISOR - 50224

Salary: \$41,258.40 - \$62,529.60
Announcement Date: May 19, 2004
Revised Date: September 1, 2004

JOB INFORMATION

The Senior Social Work Supervisor is a permanent full-time position with the Department of Human Resources. Positions are located throughout the state. This is advanced supervisory service social work. Employees in this class plan, organize, and supervise difficult child protective services, adult protective services, Medicaid waiver, child and adult foster care, and/or adoption operations within a county Human Resources office.

MINIMUM REQUIREMENTS

- Master's degree in Social Work from a social work program accredited by the Council on Social Work Education
- For the promotional register, current permanent status with the Department of Human Resources as a Social Service Caseworker, Social Worker, Senior Social Worker, Service Supervisor, or Human Resources Program Specialist
- Two years of professional social work experience in child welfare and/or adult services in a public welfare agency

ADDITIONAL REQUIREMENTS

- Applicants must possess licensure as issued by the Alabama Board of Social Work Examiners at or above the LGSW level in order to be considered for this position. Please include this information on the application.
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.
- Applicants must have available, suitable transportation for use on the job.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage)
- Accrue Thirteen Annual Leave Days per Year
- Thirteen Paid Holidays per Year
- Flexible Employee Benefit Plans
- Optional Family Coverage (Health/Dental)
- Accrue Thirteen Sick Days per Year
- Retirement Plan
- Optional Deferred Compensation Plans

EXAMINATION

- Open-Competitive to all applicants and Promotional to current state employees
- An Evaluation of Training and Experience will comprise 95% of the applicant's final score for the promotional register, with the remaining 5% being based on the average of the applicant's service ratings for the last three years. Scores from the Evaluation of Training and Experience will comprise 100% of the final score for the open-competitive register.

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

*Individuals currently on the register MUST reapply to remain eligible for employment.
Veteran's credits are NOT allowed on promotional examinations.*

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

Please refer to the back of this announcement for complete information on State Personnel's policy for accepting post-secondary and advanced degrees.

Except for pretest information provided by State Personnel to all applicants, you should not directly or indirectly obtain information about examinations. If you do, the State Personnel Director may do several things. One, you may not be given an examination. Two, you may be disqualified after an examination. Three, your name may be removed from a register. Or four, your name may not be certified from the register. (Rules of the State Personnel Board, Chapter 670-x-9). According to the Code of Alabama, 36-26-47, a willful violation of exam security is a misdemeanor. Any person who is convicted of this type of misdemeanor will not get a state job. If they are officers or employees of the state, they will be required to forfeit their office or position for five years.

If you know of anyone who has violated this policy, you should contact the Examination Manager at the State Personnel Department.

State of Alabama Personnel Department Policy on Accepting College Coursework, Post-Secondary and Advanced Degrees

1. Specific college coursework required for a job, as well as Bachelor's, graduate, post graduate, and doctoral degrees will be accepted from the schools accredited by any of the six regional accreditation associations in the United States. These associations are listed below.

- Southern Association of Colleges and Schools (SACS)
- Middle States Association of Colleges and Schools (MSA)
- Northwest Commission on Colleges and Universities (NWCCU)
- North Central Association of Colleges and Schools – The Higher Learning Commission (NCA-HLC)
- New England Association of Schools and Colleges – Commission on Institutions of Higher Education (NEASC-CIHE)
- Western Association of Schools and Colleges – Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)

2. Coursework or degrees from schools that have not been accredited by a regional accreditation association will be accepted if a regionally accredited school considers the coursework or degree to be an acceptable prerequisite for admission to an advanced degree program. For example, if a regionally accredited school accepts an applicant's bachelor's degree for admittance into a graduate degree program, State Personnel will accept the degree. In the case of required college coursework (but no degree requirement), State Personnel will accept the college coursework if a regionally accredited school accepts the coursework towards a post-secondary degree (e.g., a bachelor's degree). *This must be documented by a letter of acceptance from the regionally accredited school.* State Personnel will review such requests on a case-by-case basis.

Note: This policy is subject to change. Certain state agencies may have additional requirements.

State of Alabama Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov
Continuous Announcement

SOCIAL WORKER - 50248

Salary: \$31,488.00 - \$48,924.00 Announcement Date: February 16, 2000 Revised Date: December 12, 2012

JOB INFORMATION

The Social Worker is a permanent full-time position with the Department of Human Resources. Positions are located throughout the state. Employees in this class perform entry level to advanced level service social work by developing a social service plan for a select caseload in child protective services, adult protective services, day care, child and adult foster care, and/or adoptions.

MINIMUM REQUIREMENTS

- Bachelor's degree in Social Work from a social work program accredited by the Council on Social Work Education.
- Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners

ADDITIONAL REQUIREMENTS

- Licensure must be obtained within the probationary period in order to obtain permanent employment.
- Applicants must complete and submit with their applications the willingness questionnaire on the reverse side of this announcement. Applications without the willingness questionnaire will not be accepted.
- Applicants must have available, suitable transportation for use on the job.
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.

NOTES

- Applicants may apply for this position during their last semester of college; however, applicants will be required to submit documentation verifying completion of the Bachelor's degree to the hiring agency prior to beginning work.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year • Thirteen Paid Holidays per Year
- Retirement Plan • Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- Open-Competitive to all applicants
- Evaluation of Training and Experience as shown on application

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advance degrees..

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

WILLINGNESS QUESTIONNAIRE FOR SOCIAL WORKER (50248)

Are you willing and able to:

1. Work in situations where children or adults are deprived of basic living needs (ie food, shelter, education, medical services, clothing etc.)? Yes No
2. Remove children from current living situations for placement in foster care against the wishes of the parents or legal guardians? Yes No
3. View graphic physical abuse of children or adults? Yes No
4. Work in high crime areas, sometimes alone? Yes No
5. Use your personal vehicle to transport clients, children, supplies, or conduct visits? Yes No
6. Work with persons who are substance abusers? (alcohol and drugs) Yes No
7. Work in low income housing projects sometimes alone? Yes No
8. Occasionally work nights and weekends? Yes No
9. Take verbal abuse without retaliating physically or verbally? Yes No
10. Visually observe children, clients, or adults for physical signs of deprivation (ie clothing, hygiene, extreme weight loss, etc)?
Yes No
11. Handle large case loads? Yes No
12. Maintain strict confidentiality of all information to which you have access? Yes No
13. Serve as a witness in court proceedings? Yes No
14. Maintain very detailed case notes? Yes No
15. Work in highly emotional situations and maintain composure? Yes No
16. Handle a large volume of paperwork? Yes No
17. Handle the pressure of meeting deadlines? Yes No

Signature: _____ **Social Security Number:**

State of Alabama Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov
Continuous Announcement

SOCIAL SERVICE CASEWORKER – 50246

Salary: \$29,954.40 – \$47,757.60

Announcement Date: April 15, 2009

Revised Date: December 12, 2012

JOB INFORMATION

The Social Service Caseworker is a permanent full-time position used by various agencies throughout the state. This is service social work developing social service plans for select caseloads; investigating abuse and neglect cases; providing crisis intervention; assessing need and delivery of services; arranging for clinical services and/or planning for nursing home care; determining financial eligibility of day care and homemaker schedules; recruiting applicants for foster care and residential day care providers; speaking to the general public and groups; and preparing court reports and testifying in court.

MINIMUM REQUIREMENTS

- Bachelor's degree from an accredited* college or university in a social science. **OR**
- Bachelor's degree from an accredited* college or university with a degree in any major and at least 30 semester or 45 quarter hours in social or behavioral science courses. Please submit a college transcript or a list of social or behavioral science courses and hours completed with application.

ADDITIONAL REQUIREMENTS

- On the reverse side of this announcement is a willingness questionnaire. These questions are tasks in which a Social Service Caseworker may be asked to perform. Carefully read each question, then check yes or no as to your willingness to perform the task. If you answer no to any questions, you may wish to reconsider applying for Social Service Caseworker. Attach the completed questionnaire to your application and return it to the State Personnel Department. Applications without the willingness questionnaire attached will not be accepted.
- Applicants must have available, suitable transportation for use on the job.
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.

NOTES

- Applicants may apply for this position during their last semester of college; however, applicants will be required to submit documentation verifying completion of the Bachelor's degree to the hiring agency prior to beginning work.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year • Thirteen Paid Holidays per Year
- Retirement Plan • Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- Open-Competitive to all applicants
- Evaluation of Training and Experience as shown on your application

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. Applications will be accepted until further notice.

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

*Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advance degrees.

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

WILLINGNESS QUESTIONNAIRE FOR SOCIAL SERVICE CASEWORKER (50246)

Are you willing and able to:

1. Work in situations where children or adults are deprived of basic living needs (i.e., food, shelter, education, medical services, clothing etc.)? Yes No
2. Remove children from current living situations for placement in foster care against the wishes of the parents or legal guardians? Yes No
3. View graphic physical abuse of children or adults? Yes No
4. Work in high crime areas, sometimes alone? Yes No
5. Use your personal vehicle to transport clients, children, supplies, or conduct visits? Yes No
6. Work with persons who are substance abusers? (alcohol and drugs) Yes No
7. Work in low income housing projects sometimes alone? Yes No
8. Occasionally work nights and weekends? Yes No
9. Take verbal abuse without retaliating physically or verbally? Yes No
10. Visually observe children, clients, or adults for physical signs of deprivation (ie clothing, hygiene, extreme weight loss, etc)?
Yes No
11. Handle large case loads? Yes No
12. Maintain strict confidentiality of all information to which you have access? Yes No
13. Serve as a witness in court proceedings? Yes No
14. Maintain very detailed case notes? Yes No
15. Work in highly emotional situations and maintain composure? Yes No
16. Handle a large volume of paperwork? Yes No
17. Handle the pressure of meeting deadlines? Yes No

Signature: _____ **Social Security Number:**

State of Alabama Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov
Continuous Announcement

SENIOR SOCIAL WORKER - 50221

Salary: \$35,589.60 – \$53,995.20
Revised Date: December 12, 2012

JOB INFORMATION

The Senior Social Worker is a permanent full-time position used by various agencies throughout the state. This is advanced professional service social work. Employees in this class develop a social service plan for a difficult and complex select caseload in child protective services, adult protective services, child and adult foster care and/or adoptions; investigate complex abuse and neglect cases; provide immediate crisis intervention; assess need and delivery of services; arrange for clinical services; and/or plan for nursing home care.

MINIMUM REQUIREMENTS

- Master's degree in Social Work from a social work program accredited by the Council on Social Work Education.
- Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners

ADDITIONAL REQUIREMENTS

- Licensure must be obtained within the probationary period in order to obtain permanent employment.
- Applicants must complete and submit with their applications the willingness questionnaire on the reverse side of this announcement. Applications without the willingness questionnaire will not be accepted.
- Applicants must have available, suitable transportation.
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.

NOTE

- Applicants may apply for this position during their last semester of college; however, applicants will be required to submit documentation verifying completion of the Master's degree to the hiring agency prior to beginning work.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year • Thirteen Paid Holidays per Year
- Retirement Plan • Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- Open-Competitive to all applicants
- Evaluation of Training and Experience as shown on application

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advance degrees.

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

WILLINGNESS QUESTIONNAIRE FOR SENIOR SOCIAL WORKER (50221)

Are you willing and able to:

1. Work in situations where children or adults are deprived of basic living needs (ie food, shelter, education, medical services, clothing etc.)? Yes No
2. Remove children from current living situations for placement in foster care against the wishes of the parents or legal guardians? Yes No
3. View graphic physical abuse of children or adults? Yes No
4. Work in high crime areas, sometimes alone? Yes No
5. Use your personal vehicle to transport clients, children, supplies, or conduct visits? Yes No
6. Work with persons who are substance abusers? (alcohol and drugs) Yes No
7. Work in low income housing projects sometimes alone? Yes No
8. Occasionally work nights and weekends? Yes No
9. Take verbal abuse without retaliating physically or verbally? Yes No
10. Visually observe children, clients, or adults for physical signs of deprivation (ie clothing, hygiene, extreme weight loss, etc)?
Yes No
11. Handle large case loads? Yes No
12. Maintain strict confidentiality of all information to which you have access? Yes No
13. Serve as a witness in court proceedings? Yes No
14. Maintain very detailed case notes? Yes No
15. Work in highly emotional situations and maintain composure? Yes No
16. Handle a large volume of paperwork? Yes No
17. Handle the pressure of meeting deadlines? Yes No

Signature: _____ **Social Security Number:**

Attachment A

Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs
State Plan Assurances amended by Public Law 114-198, the Comprehensive
Addiction and Recovery Act of 2016

(These amendments to CAPTA were effective July 22, 2016)

Governor's Assurance Statement for
The Child Abuse and Neglect State Plan

As Governor of the State of Alabama, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

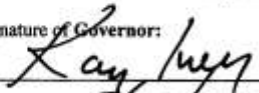
(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to –

- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
- (II) require prosecution for any illegal action;

(iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through-

- (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
- (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.

Signature of Governor:



Date: 5/23/2017

Reviewed by: _____ Date: _____

(CB Regional Child Welfare Program Manager)

Alabama Department of Human Resources

FY 2015 Payment Limitation Information, Title IV-B, Subpart 1

Request for Financial information comparing the total amount the State expended of Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance and child day care related to employment or training for employment in FY 2015 against Federal allotments made under title IV-B in 2005 (see ACYF-CB-PI-03-07).

Alabama Federal allotment for IV-B payments per 2005 are:	<u>\$1,172,618</u>
---	--------------------

Alabama expended Title IV-B, subpart 1 funds for:

110003	2227	TOTAL FOR ACTIVITY 2227 ACFC	/0905	\$ 4,910,042.70
110003	2227	TOTAL FOR ACTIVITY 2227 ACFC	/0905	<u>\$ (349,163.52)</u>
Total Aid to Children in Foster Care paid in FY2014				<u>\$ 4,560,879.18</u>

110003	2233	DHR FAMILY & CHILDREN SERVICES	/0093	\$ 8,378,614.30
110003	2233	DHR FAMILY & CHILDREN SERVICES	/0093	<u>\$ 756,389.33</u>
Total Adoption assistance subsidy paid in FY2014				<u>\$ 9,135,003.63</u>

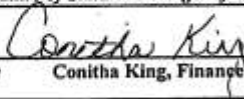
Total State Foster Care and Adoption Assistance paid for FY 2015	<u>\$ 13,695,882.81</u>
--	-------------------------

Alabama Federal allotment for IV-B, subpart 1, payments in FY 2015	\$1,172,618
State funds used to match Federal allotment for payments in FY 2015	\$390,873


BASE YEAR DATA

Total payments made for assistance in FY 2005	<u>\$ 13,170,324.59</u>
Alabama Federal allotment for IV-B, subpart 1, payments in FY 2005	\$1,172,618
State funds used to match Federal allotment for payments in FY 2005	\$390,873

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
 For Fiscal Year 2018: October 1, 2017 through September 30, 2018**

1. State or Indian Tribal Organization (ITO): ALABAMA		2. EIN: 63-60000619-A6
3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. RIPLEY STREET; MONTGOMERY, AL 36130		4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds		\$4,680,456
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$468,045
6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds This line contains a formula to display the sum of lines 6a - 6f.		\$5,603,321
a) Total Family Preservation Services		\$1,480,885
b) Total Family Support Services		\$1,480,886
c) Total Time-Limited Family Reunification Services		\$1,480,886
d) Total Adoption Promotion and Support Services		\$1,120,664
e) Total Other Service Related Activities (e.g. planning)		\$0
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)		\$40,000
7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)		\$352,955
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ 0 PSSF \$ 0 MCV (States only) 0		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ 400,000 PSSF \$ 600,000 MCV (States only) \$ 150,000		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY) Estimated amount plus additional allocation, as available.		\$384,356
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$1,441,038
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		\$250,000
11. Estimated Education and Training Voucher (ETV) funds		\$467,620
12. Re-allotment of CFCIP and ETV Program funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.		\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.		\$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.		\$300,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.		\$90,000
13. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
Signature of State/Tribal Agency Official		Signature of Central Office Official
		Gail E. Collins, for Jerry Milner
Title Conitha King, Finance Director		Title
Date June 30, 2017		Date 11/6/2017

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV);
 Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016

1. State or Indian Tribal Organization (ITO): ALABAMA		2. EIN: 63-60000619-A6		3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. RIPLEY STREET; MONTGOMERY, AL 36130		
4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION						
Description of Funds	Estimated Expenditures for FY 15 Grants	Actual Expenditures for FY 15 Grants	Number Individuals served	Number Families served	Population served	Geographic area served
5. Total title IV-B, subpart 1 funds	\$ 4,680,456	\$ 4,604,836	36271	14530	Protection from abuse & neglect	Statewide/reservation
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 468,045	\$ -				
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-c.)	\$ 5,603,321	\$ 5,591,006	32102	N/A	Children at imminent risk	Statewide/reservation
a) Family Preservation Services	\$ 1,285,931	\$ 1,199,266				
b) Family Support Services	\$ 1,565,482	\$ 1,615,507				
c) Time-Limited Family Reunification Services	\$ 1,341,841	\$ 1,605,168				
d) Adoption Promotion and Support Services	\$ 1,354,157	\$ 1,171,065				
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)	\$ 55,910	\$ -				
7. Total Monthly Caseworker Visit funds (STATES ONLY)	\$ 352,955	\$ 351,831				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 1,485,912	\$ 1,485,912				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 300,000	\$ -	0	0	Eligible Youth	N/A
9. Total Education and Training Voucher (ETV) funds	\$ 480,143	\$ 480,143	169	169	Eligible Youth	Statewide/reservation
10. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.						
Signature of State/Tribal Agency Official 	Date Sept. 6, 2017	Signature of Central Office Official Gail E. Collins, for Jerry Milner	Date 11/6/2017			
Title Conitha King, Finance Director	Title					

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO): ALABAMA

For FY 2018: OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV*	(D) CAPTA*	(E) CFCP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 3,839,701			\$ 384,356			\$ -	\$ 26,206,243	52706	44876	Statewide	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,489,885		\$ -			\$ -	\$ 2,437,154	2611	1150	Families in crisis	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 1,489,886		\$ -			\$ -	\$ 1,807,143	17940	30455	at-risk children & other eligible	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 1,489,886		\$ -			\$ -	\$ 1,201,129	3908	N/A	returning kinship caregivers	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,120,654		\$ -			\$ -	\$ 586,464	160	160	families & kinship caregivers	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -		\$ -			\$ -	\$ 1,839,234	N/A	N/A	All eligible children	Statewide
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 1,172,618						\$ 7,550,000	\$ 10,949,908	6000 a mo	N/A	All children	Statewide
(b) GROUP/INSTITUTIONAL CARE	\$ -						\$ 967,000	\$ 9,659,156	595 a mo	N/A	children in need of specialized care	Statewide
8.) ADOPTION SUBSIDY PAYMENTS	\$ -						\$ 9,250,000	\$ 12,472,453	3878 a mo	N/A	All eligible children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 499,000	\$ 195,219	201 a mo	N/A	All eligible children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -			\$ 1,441,038		\$ -	\$ 1,080,749	779	1406	All eligible children	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 457,620	\$ -	\$ 116,900	175	175	All eligible children	Statewide
12.) ADMINISTRATIVE COSTS	\$ 468,945	\$ 40,000	\$ -				\$ 23,020,000	\$ 50,677,371				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 517,500	\$ 633,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 165,000	\$ 477,593				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ 5,218,967	2880	1516	All eligible children	Statewide
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 300,000	\$ 193,422				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 352,955				\$ -	\$ 117,692				
18.) TOTAL	\$ 4,680,456	\$ 5,663,321	\$ 352,955	\$ 384,356	\$ 1,441,038	\$ 457,620	\$ 42,528,596	\$126,049,733	79381	79818		

19.) TOTALS FROM PART I \$4,680,456 \$5,663,321 \$352,955 \$384,356 \$1,441,038 \$457,620 21.) Population data are included in the APSR/CFSR narrative, not above in columns I - L. YES

20.) Difference (Part I - Part II) \$0 \$0 \$0 \$0 \$0 \$0 NO

* These columns are for States only; Indian Tribes are not required to include information on these programs.
 ** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO):

ALABAMA

For FY 2018: OCTOBER 1, 2017 TO

SERVICES/ACTIVITIES	(A) IV-B Subpart I-CWS	(B) IV-B Subpart II-PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CFCIP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served
1.) PROTECTIVE SERVICES	\$ 3,039,793	No Data	No Data	\$ 384,356	No Data	No Data	\$ -	\$ 26,206,243	53706	44876
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,480,885	No Data	\$ -	No Data	No Data	\$ -	\$ 2,457,154	2611	1150
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 1,480,886	No Data	\$ -	No Data	No Data	\$ -	\$ 1,887,143	17048	30455
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 1,480,886	No Data	\$ -	No Data	No Data	\$ -	\$ 1,281,129	1069	N A
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,120,664	No Data	No Data	No Data	No Data	\$ -	\$ 586,464	160	160

6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -	No Data	No Data	No Data	No Data	\$ -	\$ 1,839,234	N A	N A
7.) FOSTER CARE MAINTENANCE:										
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 1,172,618	No Data	No Data	No Data	No Data	No Data	\$ 7,850,000	\$ 10,949,908	6000 a mo.	N A
(b) GROUP/INST CARE	\$ -	No Data	No Data	No Data	No Data	No Data	\$ 967,000	\$ 9,659,159	595 a mo.	N A
8.) ADOPTION SUBSIDY PYMTS.	\$ -	No Data	No Data	No Data	No Data	No Data	\$ 9,250,000	\$ 12,472,453	3878 a mo.	N A
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -	No Data	No Data	No Data	No Data	No Data	\$ 459,000	\$ 195,219	201 a mo.	N A
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -	No Data	No Data	\$ 1,441,038	No Data	\$ -	\$ 1,080,749	1739	1486
11.) EDUCATION AND TRAINING VOUCHERS	\$ -	No Data	No Data	No Data	\$ -	\$ 467,620	\$ -	\$ 116,905	175	175
12.) ADMINISTRATIVE COSTS	\$ 468,045	\$ 40,000	\$ -	No Data	No Data	No Data	\$ 23,020,000	\$ 50,677,371	No Data	No Data
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ 517,500	\$ 633,008	No Data	No Data
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -	No Data	\$ -	No Data	No Data	\$ 165,000	\$ 477,553	No Data	No Data
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	No Data	No Data	No Data	No Data	No Data	\$ -	\$ 5,218,967	2880	1516
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -	No Data	\$ -	\$ -	\$ -	\$ 300,000	\$ 193,422	No Data	No Data
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 352,955	No Data	No Data	No Data	\$ -	\$ 117,652	No Data	No Data
18.) TOTAL	\$ 4,680,456	\$ 5,603,321	\$ 352,955	\$ 384,356	\$ 1,441,038	\$ 467,620	\$ 42,528,500	#####	79388	79818

19.) TOTALS FROM PART I

\$4,680,456 \$5,603,321 \$352,955 \$384,356 \$1,441,038 \$467,620

20.) Difference (Part I - Part II)

\$0 \$0 \$0 \$0 \$0 \$0

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in

column (g),

indicating planned use of title IV-E funds for these purposes.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
For Fiscal Year 2018: October 1, 2017 through September 30, 2018**

1. State or Indian Tribal Organization (ITO): ALABAMA	2. EIN: 63-60000619-A6
3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. RIPLEY STREET; MONTGOMERY, AL 36130	4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds	\$4,680,456
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	\$468,045
6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds This line contains a formula to display the sum of lines 6a - 6f.	\$5,603,321
a) Total Family Preservation Services	\$1,480,885
b) Total Family Support Services	\$1,480,886
c) Total Time-Limited Family Reunification Services	\$1,480,886
d) Total Adoption Promotion and Support Services	\$1,120,664
e) Total Other Service Related Activities (e.g. planning)	\$0
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)	\$40,000
7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)	\$352,955
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	\$0


8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ 0 _____ PSSF \$ _____ 0 _____ MCV (States only) _____ 0 _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____ 400,000 _____ PSSF \$ _____ 600,000 _____ MCV (States only) \$ _____ 150,000 _____	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY) Estimated amount plus additional allocation, as available.	\$384,356
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	\$1,441,038
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).	\$250,000
11. Estimated Education and Training Voucher (ETV) funds	\$467,620
12. Re-allotment of CFCIP and ETV Program funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.	\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.	\$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.	\$300,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.	\$90,000
13. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.	
<i>Signature of State/Tribal Agency Official</i>	<i>Signature of Central Office Official</i>
<i>Title</i> Conitha King, Finance Director	<i>Title</i>
<i>Date</i> June 30, 2017	<i>Date</i>

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training (ETV): *Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016*

1. State or Indian Tribal Organization (ITO): ALABAMA		2. EIN: 63-600000619-A6	3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. RIPLEY STREET; MONTGOMERY, AL 36130			
4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION						
<i>Description of Funds</i>	<i>Estimated Expenditures for FY 15 Grants</i>	<i>Actual Expenditures for FY 15 Grants</i>	<i>Number Individuals served</i>	<i>Number Families served</i>	<i>Population served</i>	<i>Geographic Area</i>
5. Total title IV-B, subpart 1 funds	\$ 4,680,456	\$ 4,604,836	36271	14530	Protection from abuse & neglect	Statewide
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 468,045	\$ -	No Data	No Data	No Data	
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-f.)	\$ 5,603,321	\$ 5,591,006	32102	N A	Families & children at imminent risk	Statewide
a) Family Preservation Services	\$ 1,285,931	\$ 1,199,267	No Data	No Data	No Data	
b) Family Support Services	\$ 1,565,482	\$ 1,615,507	No Data	No Data	No Data	
c) Time-Limited Family Reunification Services	\$ 1,341,841	\$ 1,605,168	No Data	No Data	No Data	
d) Adoption Promotion and Support Services	\$ 1,354,157	\$ 1,171,065	No Data	No Data	No Data	

e) Other Service Related Activities (e.g. planning)	\$ -	\$ -	No Data	No Data	No Data
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)	\$ 55,910	\$ -	No Data	No Data	No Data
7. Total Monthly Caseworker Visit funds (STATES ONLY)	\$ 352,955	\$ 351,831	No Data	No Data	No Data
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -	No Data	No Data	No Data
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 1,485,912	\$ 1,485,912	No Data	No Data	No Data
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 300,000	\$ -	0	0	Eligible Youth
9. Total Education and Training Voucher (ETV) funds	\$ 480,143	\$ 480,143	169	169	Eligible Youth
10. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.					
<i>Signature of State/Tribal Agency Official</i>	<i>Date</i> Sept. 6, 2017	<i>Signature of Central Office Official</i>		<i>Date</i>	
<i>Title</i> Conitha King, Finance Director		<i>Title</i>			

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
Fiscal Year 2017, October 1, 2016 through September 30, 2017

1. State or Indian Tribal Organization (ITO): ALABAMA		2. EIN: 63-60000619-A6
3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. Ripley Street; Montgomery, AL 36130		4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		4,680,456
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		468,045
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds, This amount should equal the sum of lines a - f.		5,623,145
a) Total Family Preservation Services		1,480,885
b) Total Family Support Services		1,480,886
c) Total Time-Limited Family Reunification Services		1,480,886
d) Total Adoption Promotion and Support Services		1,140,488
e) Total for Other Service Related Activities (e.g. planning)		0
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		40,000
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		472,181
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ 0, PSSF \$ 0, and/or MCV(States only)\$ 0		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ 400,000, PSSF \$ 600,000, and/or MCV(States only)\$ 0		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		384,356
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		1,441,886
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$250,000
11. Estimated Education and Training Voucher (ETV) funds		472,473
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		300,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		90,000
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
Signature and Title of State/Tribal Agency Official June 7, 2017 Nancy T. Buckner, Commissioner 	Signature and Title of Central Office Official	

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
Fiscal Year 2017, October 1, 2016 through September 30, 2017

1. State or Indian Tribal Organization (ITO): ALABAMA	
3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. Ripley Street; Montgomery, AL 36130	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	
a) Total Family Preservation Services	
b) Total Family Support Services	
c) Total Time-Limited Family Reunification Services	
d) Total Adoption Promotion and Support Services	
e) Total for Other Service Related Activities (e.g. planning)	
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS ____0____, PSSF \$____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$__400,000____, PSSF \$____6____	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for	

eligible youth (not to exceed 30% of CFCIP allotment)

11. Estimated Education and Training Voucher (ETV) funds

12. Re-allotment of CFCIP and ETV Program Funds:

a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program

b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program

c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program

d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program

13. Certification by State Agency and/or Indian Tribal Organization.

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV pro

Signature and Title of State/Tribal Agency Official June 7, 2017 Nancy T. Buckner, Commissioner

1. State or Indian Tribal Organization (ITO): ALABAMA	2. EIN: 63-60000619-A6
3. Address: DEPARTMENT OF HUMAN RESOURCES; 50 N. Ripley Street; Montgomery, AL 36130	4. Submission: [X] New [] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	4,680,456
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	468,045
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	5,603,321
a) Total Family Preservation Services	1,480,885
b) Total Family Support Services	1,480,886

c) Total Time-Limited Family Reunification Services	1,480,886
d) Total Adoption Promotion and Support Services	1,120,664
e) Total for Other Service Related Activities (e.g. planning)	0
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	40,000
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	352,955
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS ____0____, PSSF \$____0____, and/or MCV(States only)\$____0_____.	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$__400,000____, PSSF \$__600,000____, and/or MCV(States only)\$____0_____.	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	384,356
	\$
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	1,441,038
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$250,000
11. Estimated Education and Training Voucher (ETV) funds	467,620
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	300,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	90,000
13. Certification by State Agency and/or Indian Tribal Organization.	

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

**Signature and Title of State/Tribal Agency Official June 24, 2016 Nancy T. Buckner,
Commissioner**

**Signature and Title of Central
Office Official**