

**STATE OF ALABAMA  
DEPARTMENT OF HUMAN RESOURCES**

**CHILD AND FAMILY SERVICES PLAN  
2015 - 2019**



**State of Alabama  
Department of Human Resources  
FY 2014**

# **Child and Family Service Plan – Goals for Child Welfare**

**2015 – 2019**

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## Child and Family Services Plan: 2015 – 2019

### I. GENERAL INFORMATION

#### STATE AGENCY

The Alabama Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and supervises services provided by the Department and purchased through community service providers.

The Family Services Division (FSD), with oversight from the Deputy Commissioner for Children and Family Services, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Independent Living Services, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA). There is additional involvement from other key offices within the Department. Reporting to the Deputy Commissioner, Fiscal and Administrative Services, the Office of Resource Management is responsible for regulatory and residential licensure functions, procuring/contracting services for the child welfare continuum, utilization review, and family preservation/support services.

Alabama meets the Maintenance of Effort (MOE) requirement of \$1,016,682 through the State Family Options program and does not supplant any state funds. The Substantial Portion of Funds requirement for Promoting Safe and Stable Families is met with the following allocation of funds for FY 2012: Family Preservation 24.2%, Family Support 28.4%, Time-Limited Reunification 24.2%, Adoption Promotion and Support 23.2%.

#### ORGANIZATION/STRUCTURE OF THE CHILD WELFARE SERVICES PROGRAM–FAMILY SERVICES DIVISION

##### Director – Family Services

The Director is responsible for the overall administration of the Division with support from two Deputy Directors. A number of specific child welfare programs and initiatives are managed within the Division. In addition, there are other offices or units within the Division that provide an infrastructure to support the overall child welfare mission. The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to county departments in the areas of policy development, program training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families. The Director sets the vision for the Division in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 67 county departments. Coordination with the Commissioner, Deputy Commissioners, the Legal Office, other Division Directors, and County Directors takes place on a regular basis. The Director represents the Division with other state and federal agencies, advisory groups, legislators, Governor's Office, and advocacy groups. Direct supervision is provided to the Deputy Directors, the Director's Administrative Specialist and the Office of Adoption.

##### Deputy Directors

One Deputy Director supervises the Managers and Program Supervisors of the following Offices: Child Protective Services, Foster Care and Independent Living, Policy, Child Welfare Consultation, and Federal Coordination and Reporting. The Deputy Director further serves as a liaison to represent the Family Services Division in internal agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups. One Deputy Director supervises the FACTS unit and the Managers of the following Offices: Interstate Compact on the Placement of Children, Child Welfare Eligibility, Quality Assurance, Data Analysis, Child Welfare Training and Financial Resource Management. This Deputy Director will also serve as a liaison to represent the Family Services Division in internal agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups.

##### Office of Child Welfare Policy

The Office of Child Welfare Policy (OCWP) is responsible for developing child welfare policy required by state and federal legislation, and developing and revising all other policies as directed by each child welfare program, (e.g., CPS, Foster Care). The Office of Policy is responsible for coordinating revisions to the Minimum Standards for Foster Family Homes incorporating best practice goals and principles into policy; amending the Administrative Procedures Code; coordinating the review of legislation pertinent to services for children and families; developing and submission of the title IV-E State Plan; and publishing policy interpretations. Policy development and revision process include:

- Assessing policy needs and issues.
- Planning approaches to policy development.

- Completing state of the art literature research.
- Collaborating with experts and professional resources.
- Writing policy drafts.
- Involving relevant stakeholders (e.g., county staff, County Director's Policy Advisory Committee, and other appropriate individuals and groups in the draft review process.
- Managing the review, comment, and final drafting process through the Department and external stakeholders.
- Securing administration's approval of the proposed final draft.

In addition, the Office of Policy responds to county, other state partners, and national requests for information about policy; makes referrals that need case-specific consultation; and serves as back-up to Child Welfare Intake. The Office of Policy also supports QSR work in the counties, proxy work for high-level Administration, and support for ongoing initiatives/needs throughout Family Services.

### **Office of Child Protective Services**

The Office of Child Protective Services (CPS) is responsible for statewide program development in child protective services. Working in conjunction with county offices, the Office of CPS provides consultation to County Departments with identified needs. The Office of Child Protective currently is comprised of one Program Manager; six Program Specialists; one fulltime Administrative Support Specialist and one part time Administrative Support Specialist.

The Office continues to have responsibility for the following:

- The Basic Child Abuse Grant
- Working in conjunction with the Children's Justice Task Force on the Children's Justice Grant
- The Office of Child Protective Services is responsible for managing and conducting administrative record reviews when persons allegedly responsible for child abuse and neglect do not agree with a substantiated finding. Program Specialists who have extensive knowledge in CPS work in partnership with County administrative staff to conduct the Administrative Record Reviews. Each reviewer is responsible for reviewing all information that was used by the county offices in their determination of an indicated/substantiated report of maltreatment occurred. Alleged perpetrators requesting the Administrative Review also have the opportunity to submit any information they would like the Reviewers to consider. It is the responsibility of the State and County Reviewers to determine if there is sufficient evidence to support an indicated (i.e., substantiated) finding of abuse or neglect and whether or not the assessment and documentation of the information gathered supports, by a preponderance of evidence, that maltreatment occurred. Upon completion of the Administrative Record Reviews it is the responsibility of the State Administrative Record Reviewers to provide feedback to county staff on the basis of their work in administrative record reviews. The Office is also responsible for providing training to county staff on these reviews.
- The management of the Central Registry on Child Abuse and Neglect is the responsibility of this Office. Information contained in the Central Registry may prevent child abuse and neglect of children through the clearance of potential childcare providers. Child care institutions, day care centers, school systems, voluntary agencies, child placing agencies, etc., use the Central Registry to clear prospective employees or volunteers who work with children through the Central Registry. This information bank also assists County Departments in intervention services by providing data necessary for a thorough family assessment. This Office also conducts requests from other states so they are in compliance with the Adam Walsh Act. In order to ensure that accurate information is released on individuals having an indicated/substantiated report of abuse or neglect, CPS staff is assigned to review the actual CA/N report(s) prior to the release of any information. The number of Central Registry Clearance Requests continues to increase each year. In FY 2013 the Office of CPS processed 19,671 requests.
- One Program Specialist, who previously worked as the Child Protective Services Functional during the development the SACWIS system (FACTS), continues to represent the Office of CPS in resolving issues that directly impact the work of CPS, in both the State and county offices. In addition this Specialist responds to calls from county office staff on CPS and SACWIS issues and CPS policy development. Other responsibilities include: working as a team member on the development of Child Protective Services policy, reviewing legislation related to child protective services, and state liaison to the Children's Bureau, Office of Child Abuse and Neglect.
- In the summer of 2014 the Department will continue working with the Casey Foundation to implement statewide Safety Roundtables. The Safety Roundtables are modeled after the Permanency Roundtables. Targeted for Safety Round Table Reviews will be those children who have been in open/ongoing Child Protective for more than 12 months.

### **Office of Child Welfare Training**

As of March 1, 2014, The Office of Child Welfare Training (OCWT) unit consists of six trainers, a Program Manager, and a Program Supervisor. OCWT continues to partner with the offices of Permanency, CPS, QA, OCWC, and Policy. Since January 2012, the Office of Child Welfare Training trains FACTS as part of OCWT. The training unit continues to play an important role in consulting and partnering with other units to meet overall Division training needs. The Office of Child Welfare Training serves as a “clearinghouse” for training needs within the Division. In some areas it will serve in a consulting role to help other units in the Division develop curricula that is outcome based and fits within the adult learning mode. In other areas, it may do more partnering by helping to deliver the training with staff. It also serves in a consulting role for the counties as they are enabled through train-the-trainer programs to produce and present some of their own training. Also see [Training Plan](#).

#### **Office of Child Welfare Consultation**

The Office of Child Welfare Consultation is currently managed by a Program Administrator who is a Deputy Director of Family Services. The Office consists of a Program Manager, two Program Supervisors, five Program Specialists (including 3 MAT assessors), and three Behavioral Analysts. The current consultation model utilizes the expertise of the Program Specialists in areas of: policy; practice; and assessment of outcomes. The consultants travel onsite to counties to assess best practice indicators and to provide assessment through record reviews. Through the reviews they provide case-specific feedback and next steps with recommendations to provide improve sustainability and goal achievement outcomes in Preventions, CAN’s, ongoing CPS cases, Foster Care Cases, and Foster Family Home Records. Further, the Office supports onsite response to needs and concerns relative to specific counties through full review of cases; staffing; supporting the ISP Process; meeting with community partners, etc. The Program Specialists in the OCWC are proficient in training and often support local initiatives as well as more regional and even statewide needs for capacity-development. Examples include: Individualized Service Planning; Documentation in Child Welfare; Caseworker Visits; and others.

The two Program Supervisors oversee the OCWC Program Specialists in their work onsite in the counties; conducting special assignments to support directives around needs for improved outcomes; and providing increased capacity-development opportunities for the Program Specialists. The Program Manager supports statewide intake and oversees staff who also perform constituent intake and complete MAT's for children in Therapeutic Foster Care. One Program Specialist participates in the Case Review Committee, with the State Multi Needs Team. One Program Supervisor coordinates the work with Auburn University Behavior Analysis Program and supervises the three Behavior Analysts in our state office. Another collaborative effort with the University of South Alabama began in 2009. Two Fellowship Placements have worked in partnership with the Behavior Analyst providing the Tools of Choice Parenting classes and assisting in the in home follow up sessions. An Intake Consultant and Intake Program Manager are accessible to all 67 counties for emergencies, consultation, policy questions, etc. and also handle constituent/consumer problems, complaints, concerns, etc. The Intake staff work with the Child Welfare Consultation staff to ensure that child welfare staff and families served throughout Alabama receive a level of consistent support when they need assistance at the state level.

#### **Office of Quality Assurance**

As of March 1, 2014 the Office of Quality Assurance (QA) consists of a Program Manager and six Program Specialists. The QA system monitors, evaluates and provides feedback to the Department on the performance of the child welfare system. Evaluations are conducted to determine if the child welfare system provides services of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support the development, implementation and refinement of the service delivery system. In addition to examining and assessing the components of the department’s system of care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to DHR staff and technical providers as well as reviewing for the implementation and effects of corrective actions where needed. The Office of Quality Assurance (QA) provides technical assistance to counties through QA specialists by providing information and consultation. It does so in a variety of ways/areas including: training staff with QA responsibilities and QA committee members; providing consultation on QA committee membership, functions and activities; reviews completed county QSR documents and enters required data; reviews and provides feedback on county biannual reports; monitors review of county improvement plans; and, as needed, assisting other consultants in the Family Services Division (FSD) in providing instruction and guidance in practice areas identified by onsite reviews as needing improvement.

#### **Office of Data Analysis**

As of March 1, 2014, A Program Manager and a Program Supervisor comprise the Office of Data Analysis. The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System

(SACWIS) – Family, Adult and Children Tracking System (FACTS), which was implemented statewide in January 2009. Staff from this Office was trained as mentors, and continue to provide support in regard to the SACWIS system. The Office is responsible for identifying the data support needs of the Family Services Division and coordinating the collection of data with the Department’s Information Services Division and FACTS Functional Staff. In addition, the Office analyzes data on child welfare outcomes and strives to present the findings in useful and meaningful ways to all Family Services offices, County Offices and other State and Federal Agencies. This office also reviews Federal and State regulations to determine policy needs that result in changes, which directly affect the Caseworker Visits, NCANDS and AFCARS reporting.

The Office of Data Analysis works closely with the Office of Quality Assurance and provides county safety and permanency data profiles to state QA staff before every state QA review. The Office has established a database of measurement mechanisms for State QA case reviews. The Office, in conjunction with the FACTS Functional Staff and the Department’s Information Services Division, has developed monthly, quarterly and annual data reports to assist the state and county staff in analyzing and interpreting data. All statistical reports are now located on the web based application BOE (Business Objects Enterprise). This enables all employees to monitor their caseloads with access from their computer desktop. The Office of Data Analysis in conjunction with the Office of Child Protective Services collects data on child deaths through County Child Death Reports and Reviews. The Office has established and maintains a database, which provides a history back to 1997. A monthly report of child deaths due to maltreatment is provided to the Department’s administration.

**Office of Interstate Compact on Placement of Children**

The Office of Interstate Compact on Placement of Children (ICPC) reviews, approves/disapproves and processes correspondence concerning the placement of children for foster care and residential placement. This office also approves/disapproves and processes correspondence for children to enter or leave the state for the purpose of adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia and the U. S. Virgin Islands. Placement of children through ICPC ensures protection and services to children who are placed across state lines for foster care or adoption and also establishes orderly procedures for the interstate placement of children. This office arranges travel for caseworkers and children for out-of-state placements. As of March 1, 2014, the Office of ICPC includes two staff for Adoption ICPC and three staff for Foster Care ICPC. Other staff of this office includes a manager and two assistants.

**Office of Federal Coordination and Reporting**

The Office of Federal Coordination and Reporting is staffed by a Program Manager, who coordinates many of the meetings and reports related to child welfare programs and planning (includes both inter-divisional meetings, as well as meetings of division staff with external stakeholders). This staff person also particularly collaborates with the offices of Quality Assurance and Data Analysis in providing data/information related to continuous quality improvement and related matters.

**Office of Permanency**

The Office of Permanency supports efforts in permanency planning for children in out of home care. Although the Program Manager has not been replaced, the Office staff has remained stable and has actually grown with the addition of three consultants this year. The Office of Permanency staff consists of four Program Supervisors that provide supervision for 16 in and out-based consultant staff in the areas of policy development, training, and consultation for Out-of-Home Care, Independent Living Services, Adoption Services, and Recruitment and Retention Support. In the absence of a Program Manager, a Division Deputy Director is supervising the two supervisors with foster care and independent living responsibilities and the Division Director is supervising the two supervisors with adoption responsibilities. There is an emphasis towards communication and coordination between all parties. In addition, there is one Administrative Support staff that provides for the clerical and support needs of the program area.

The Office of Permanency also has the responsibility for post adoptive support which includes the adoption assistance program. The Adoption Program Supervisor administers the Adoption Assistance Program in the State and supervises the Subsidy Consultant responsible for implementing the Adoption Assistance program. The role of this consultant is in supporting placement of children with special needs through reviews and processing of all requests for adoption assistance. In addition, the consultant provides periodic workshops in support of building staff capacity and knowledge in the area of Adoption Assistance.

Currently the Recruitment and Retention Program Supervisor is responsible for the development, supervision and coordination of the Department’s post adoption service program which is funded under contract with Children’s Aid Society (Alabama’s Pre-Post Adoption Connection (APAC)). CAS/APAC operates out of a central office with a north and south region for service to families. The North Region operates out of the Central Office in Birmingham, with a contact in Huntsville. The South Region operates out of a Montgomery office with a contact in Wiregrass area. CAS/APAC core services include recruitment/training of adoptive resources, information and referral, crisis counseling, a lending library, support groups and sponsorships of adoption-related conferences/camps.

## **Adoption and Out-of-Home-Care**

Out-of-Home-Care support focuses on permanency planning for children currently in the foster care system. Support and activities regarding out-of-home care includes program development and support to 67 counties for children in out of home care, whether in a relative's home, foster home, group home, residential placement or adoptive placement in working to achieve permanency. Consultation is provided to the counties on issues related to children in DHR custody, to be certain that the requirements of the Adoption and Safe Families Act (ASFA), Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Multi-Ethnic Placement Act (MEPA) are followed and to help focus permanency efforts for all children in care. In addition, support and policy are provided on the Putative Father Registry and the responsibility in clearing all adoption petitions through existing data systems for acknowledgement to the court to proceed with adoption. This area is served by an Intake Consultant whose role includes responding to inquiries from county staff and constituents requiring information on the laws, policies and practice impacting permanency for children.

The Permanency Consultant's roles and responsibilities are designed to specifically address permanency planning for children in out of home care. There are twelve permanency consultants that work with counties around assessing and supporting permanency planning and placements regardless of the permanency goal. Six of the consultants have specific responsibility for matching and placing children legally free for adoption and who currently do not have an identified resource (non-foster parent adoption). Two consultants are Wendy Wonderful Kids recruiters who provide child specific recruitment for children in the Department's permanent custody and a permanency plan of "adoption, no identified resource" who have very complex special needs. One Permanency Consultant in the unit serves as the training and technical assistance consultant for Kinship Guardianship and Out of Home Care. She also serves as the liaison to the Alabama Department of Youth Services (DYS) for discharge planning for children leaving DYS who are dependent and in need of additional treatment or services. This consultant serves as a point of contact for DYS in communicating and arranging planning prior to discharge. Another Permanency Consultant serves as the training and technical assistance consultant for foster/adoptive parent training, assessment, and approval. This consultant serves as the coordinator for the Foster Parent Mentoring Pilot that is a part of recruitment and retention activities. She also has the assignment of coordinating the activities of the State Conflict Resolution Team. Her other responsibilities include working with adult adoptees by responding to their requests for information related to their adoption, providing summaries of non-identifying information found in the record and writing a supplemental summary of other information located in the file. On occasion, she facilitates reunions with birth families or siblings who were placed for adoption in another family. She also serves as a liaison to Tutwiler Prison for Women to support and facilitate visitation and facilitate communication with the county about case planning. Two consultants work exclusively with the youth that meet requirements for Independent Living Services. Their responsibilities include providing program development, training and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. One Permanency Consultant's primary responsibility is that of a recruitment/retention specialist. She is responsible for registering children on the web sites, responding to inquiries regarding children on the websites, processing out-of-state studies, and working on other recruitment activities such as Kids to Love, Heart Gallery and our other recruitment partners. One permanency consultant is responsible for reviewing, requesting information and approving adoption home studies submitted by county offices and APAC. This provides consistency in how studies are reviewed and approved. She is also being cross-trained in other duties of the Office such as intake, subsidy, clearing petitions to adopt, etc. to provide consistency and support.

All consultants also participate in facilitating and supporting the permanency case review process to review and strategize planning for forward movement in permanency planning, specifically for older youth in care. The consultants are accessible to assigned counties by telephone and through field visits to provide training and case consultation. In addition to their focus on permanency, the consultants provide input on policy development and interpretation. Consultants participate in training for county staff on current issues and new policies impacting permanency. Consultants also participate in Quality Assurance Reviews in assessing permanency outcomes statewide. All consultants are expected to have extensive knowledge of ASFA and MEPA, and Fostering Connections to Success and Increasing Adoptions Act of 2008 which guides the work and best practice. They are expected to provide case consultation, to conduct record reviews, and to participate in ISPs to offer guidance in cases. An adoption supervisor serves as the Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA) and manages the responsibility and coverage of those children who move in and out of the state with subsidy Medicaid eligibility. She is assisted by both the Intake Consultant and the Subsidy Consultant in the execution of these duties.

## **Independent Living Services Unit**

The Independent Living Services Unit supports the needs and identification of services for older youth to develop skills to live independently and achieve permanency more timely. Currently the unit consists of Program Supervisor who also serves as the State Independent Living Coordinator and two Independent Living Consultants. This unit has the responsibility for providing program development and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. Regional trainings for staff currently serving the Independent Living population began January 5, 2012. Regional consultations continued to be provided throughout the

State. A total of six trainings were completed serving thirty-four counties in 2012. The Regional Consultation training was completed statewide in May 2013. This program area currently provides management of federal funding available to support counties in serving youth ages 14-21 and development of State and local programs. The implementation of (NYTD) National Youth in Transition Database and monitoring of the Alabama Education and training Voucher (ETV) Program are also responsibilities within this office.

A Strategic Planning Committee comprised of Independent Living staff from all areas of the State was established in March 2012. The strategic plan developed was utilized to craft training and develop services for youth in care. The plan was instrumental in the crafting of the ILP Networking Conference which was held January 22-23, 2013, where eighty-eight workers and supervisors convened along with 15 of the States' ILP and TLP providers. Independent living staff were encouraged to work more closely with providers and neighboring counties to ensure continuity of service and prevent placement disruption. Two Independent Living Program Mini-Conferences were held for a total 150 ILP Coordinators and county staff and providers; dates were April 8-9, 2014 for all southern counties and May 6-7, 2014 for all northern counties. Permanency, Placement Stability and Educational Success were the focus of the mini-conferences.

The program area, through the support and partnership with Children's Aid Society increased the leadership ability and self-advocacy of 18 youth leaders through a summer Leadership Camp held July 31-August 2, 2012. The 2013 Leadership Camp served 20 youth leaders. The young people were trained regarding Strategic Sharing, the Importance of Goal Setting through Dream Boarding and the importance of Youth Leaders by the Former Birmingham Youth Leaders from the Civil Rights Movement. These youth have lead the DREAM Council meetings and assisted with the trainings at the Fall ILP Youth Camps. One hundred thirteen participated in the Youth Camps held September 22-24 and October 13-15, 2012. . DREAM Council Youth facilitated Independent Living trainings at the 2013 ILP Youth Camps held August 2-4 and September 20-22, 2013, Those camps served one hundred two foster youth.

As achieving permanency for older youth and supporting them as they transition out of foster care was identified as a need in Alabama, specific activities to further engage youth have been identified and are being implemented to raise awareness, provide training and encourage forums for the youth's voice in program phase of this training on April 17, 2014. The Independent Living Program in partnership with Casey Family Program will train 25 county and state office staff to implement the Youth Center Roundtable process statewide. The training will be provided in late 2014. ILP staff from Mobile and Jefferson counties have received training on implementing the permanency model and along with Montgomery and Madison County will participate in the four day Train the Trainer session. development and implementation. Eighteen (18) DREAM Council Leaders were trained on Youth leadership and foster care advocacy July 31 through August 2, 2012. These young leaders have since participated in ILP teen camps on September 22-24 and October 13-15, 2012, and monthly DREAM Council meetings/training sessions. The DREAM Council also participated in the winter Director's Conference on December 5, 2012. The IL Connect website was launched in April 2012. The site has both a Facebook and Twitter access and is a way for DHR staff, youth and providers to stay connected.

The Independent Living Program Area will be introducing the Youth Centered/Transition Roundtable model to staff in the four largest counties in the fall of 2014. Staff in Jefferson County will participate in the initial The Program will continue to work very closely with the Permanency Roundtable staff and the Adoption Staff to focus efforts on identifying and supporting permanent connections in our older youth population.

A significant amount of the ILP work occurred in 2014:

- Two 3 day youth camps (150 for ages 14-17 and 150 for ages 17-21 for a total of 300 youth).
- 2 ILP Networking Mini-Conferences for 150 staff/providers
- Two foster care Alumni internships, one to serve as an ILP Youth Consultant and one as an ILP Program Coordinator
- Leadership Initiative Training for 75 ILP youth
- 100 Youth will be participating in the 2014 Daniel Memorial Conference, in August in Denver, Colorado
- Development/maintenance ILP Website for staff and youth
- Training and Implementation of Youth Centered Roundtables (late 2014).

#### **Recruitment/Retention Unit**

Please note that the positions described in this section are also described in the Office of Permanency Section described above. The Recruitment/Retention Unit is managed by one of the Program Supervisors who is responsible for providing technical assistance to county departments in the area of recruiting resources to serve children in out-of-home care. This position supervises two of the permanency consultants assigned to support child specific recruitment and permanency planning. The supervisor also supports both local and statewide recruitment campaigns. In addition this supervisor supervises two consultants responsible for child specific recruitment in specific regions of the state which are funded

through Wendy's Wonderful Kids from the Dave Thomas Foundation for Adoption. On March 5 a new staff person was added to this unit that has responsibility for activities related to child-specific recruitment. This specialist may also aid in planning/placement responsibilities in some of the counties with larger numbers of children with ANIR as a permanency Goal. The Program Supervisor currently has the responsibility to also support and monitor contracts and agreements with CAS/APAC (contracts for both pre and post adoption services), AdoptUsKids and participates in the partnership with Heart Gallery of Alabama and Kids to Love.

The Recruitment/Retention Unit has responsibility for general recruitment activities for both foster and adoptive resources. The theme for the State's recruitment effort is Open your Heart, Open your Home. Ongoing child specific recruitment efforts include featuring children on [www.AdoptUsKids.org](http://www.AdoptUsKids.org); [www.heartgalleryalabama.com](http://www.heartgalleryalabama.com); and [www.adoption.com](http://www.adoption.com) websites, as well as the Department's website. Additional efforts for recruitment are available through the child focused recruiters funded through Wendy's Wonderful Kids Grants from the Dave Thomas Foundation for adoption. The Department also features waiting children through Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoption Connection (APAC) newsletters and in Waiting Child Notebooks (WCN), prepared and updated by APAC. These WCN's are used by APAC regional staff when providing training to foster/adoptive parent groups as well as during their regular AFG (adoptive family group) meetings. The issue of foster family retention is being addressed by development of a foster parent mentoring program that is currently in the pilot phase in four counties.

### **Office of Child Welfare Eligibility**

The Office of Child Welfare Eligibility (OCWE) was transferred to Family Services in April 2005. OCWE was established in 1991, in response to the State's need for accurate determinations of IV-E eligibility. This office is responsible for administering the Title IV-E Program and Aid to Children in Foster Care Medicaid Program. In addition, the OCWE has responsibility for the maintenance of policies and procedures of the Emergency Assistance Program currently funded through the TANF Block Grant and Title XX. The primary responsibility of this Office is to determine eligibility for Title IV-E, a federal funded program that assists states in three major areas: room and board payments for children in foster care, administration, and training. Policies and procedures must be consistent with the federal regulations and the Title IV-A State Plan that was in effect on July 16, 1996. The Office must make a determination of providers' reimbursability for Title IV-E eligibility based on the minimum standards set by the Department of Human Resources. The provider must be fully licensed and meet all safety requirements to claim Title IV-E reimbursement for the placement. As of March 1, 2014, the Office of Child Welfare Eligibility consists of a Program Manager, Program Supervisor, five Program Specialists, an Administrative Support Assistant II, and three Retired State Employees.

### **Office of Financial Resource Management**

The Office of Financial Resource Management (OFRM) is responsible for updating policy, training social work and supervisory staff of county departments in the policy and claiming responsibilities for the Medicaid Rehabilitative Program and the Targeted Case Management (TCM) Program. During (FY13), the department received an approximate gross reimbursement of \$42.9 million from Medicaid Rehabilitative Services and \$20.8 million from Child TCM Services. The OFRM currently consists of a Program Manager, a Program Supervisor, a Medicaid Rehab Specialist (Vacant), a Targeted Case Management Specialist, an Accountant/FACTS Financial Trainer (Vacant) and 2 Administrative Support Assistants.

Training on Medicaid Rehabilitative services that qualify as medically necessary and are designed to treat and/or rehabilitate a child with a mental illness, is provided in county offices. FACTS Financial Training is a hands on training that provide county staff with the basic information that needs to be in the system for Medicaid billing to occur. Training on Case Management Services, that assist an individual in gaining access to needed medical, social, education and other services which are targeted to custodial children and adults receiving protective services, is provided bi-monthly for all new employees at a regional training site. TCM training consists of 5.5 hours of training in a Medicaid Agency approved curriculum. Staff are tested and must earn a score of at least 80 in order to be certified to claim reimbursement for TCM services provided to custodial children. Staff attending TCM training are eligible for 3.75 hours of continuing education units.

The objective for Medicaid Rehab and TCM training is to provide the knowledge base from which county staff can make informed decisions regarding available services, the best way in which to offer services by qualified practitioners, and how to seek reimbursement for services provided.

1. Training for Medicaid Rehabilitative services consists of a one-day session which focuses on the definition of eligible services, who is qualified to provide the service, when the services should be authorized, how to authorize the needed service, and the documentation required by the Medicaid Agency.

FACTS Financial Training reinforces the following procedures to ensure the department is able to seek federal reimbursement for eligible rehabilitative services.

- Reinforces the need for county staff to complete the Intake Evaluation and the Treatment Plan Review for each child in care.
- Discusses at what point in time it is appropriate to claim reimbursement; i.e., protective service and safety plan vs. an open case.
- Covers the importance of claiming reimbursement for services authorized on the Individualized Service Plan (ISP).
- Identifies which services can be claimed if not authorized on the ISP.
- Explains the importance of establishing Medicaid eligibility and understanding the impact on claiming reimbursement.
- Instructs on the need to use the correct name, Medicaid number, date of birth and gender in FACTS.
- Explains MSIQ and MSED (Medicaid Eligibility screens) and how to read these screens.
- Identifies the services that can be provided to an adult on behalf of a Medicaid eligible child and how to get this entered in the system.
- Explains the difference between what a reimbursable Medicaid service is and what is needed to track for other expenditures paid out of Flex Funds.
- Discusses County Reports and the need to review Rejected and Denied reports so that errors are corrected and reimbursement can be claimed.
- Reviews options for County Procedures on how to ensure that adequate Progress Notes on services provided are received from the vendor/provider prior to payment of the invoice.
- Explains the need for EPSDT screening and its impact on claiming Medicaid reimbursement.
- Explains HIPAA privacy codes, number of units and unit rate of services that can be authorized.

2. Staff complete 5.5 hours of TCM classroom instruction which consists of curriculum that includes the following:

- Roles of the DHR Case Manager/Social Worker
- TCM Resource Material
- Interviewing and Communication Skills
- Confidentiality – HIPAA Regulations
- Cultural Diversity
- Case Transition/Case Closure/Case Termination
- TCM Encounters Defined – Core Services
- Documenting TCM Encounters
- Self-Determination Movement
- Freedom of Choice
- Clients Rights and Responsibilities
- Review
- Test

## **OFFICE SUPPORTING CHILD WELFARE**

### **Division of Resource Management**

The Division of Resource Management reports to the Deputy Commissioner for Administrative Services. The overall mission for the Division of Resource Management is to provide technical assistance and support services to our DHR county offices, providers and to various divisions of DHR State Office. The Division consisted of six offices until November 2013. The Office of Resource Development and the Office of Service Utilization Review were merged into the Office of Resource Development and Utilization. The other four (4) offices are: the Office of Contracts, the Office of Residential Licensing, the Office of Fiscal Accountability, and the Office of Procurement.

The Office of Procurement provides overall direction for department-wide procurement policies, regulations and procedures and to promote efficiency and effectiveness in the acquisition process. This office specializes in the purchasing of services in compliance with state laws, regulations and procedures. The Office of Procurement coordinates and facilitates the acquisition of department-wide services. The office assists divisions in the preparation of requests for proposals (RFP's), develops RFP's, review and analyzes requests, and make recommendations for the award of contracts. This office also provides training to department personnel of procurement procedures and regulations, maintains procurement records and establishes and maintains effective working relationships with vendors, departmental officials and the public.

The Office of Contracts negotiates, manages, and monitors the Department of Human Resources' social services contracts. Service contracts provide programmatic services to agency clients and are rendered by governmental agencies, faith-based organizations, non-governmental public or private organizations and individuals. Services are procured per the bid law and upon selection contracts are negotiated on the state and county level to meet identifiable needs. There are two major types

of purchase for service contracts: 1) a cost reimbursement contract, and 2) fixed-rate contract. A cost reimbursement contract is the purchase of goods and services for which the contractor's actual costs are reimbursed based on a detailed line-item budget approved by the Department. A fixed-rate contract is a contract for the

The Office of Residential Licensing is responsible for licensing residential child care facilities (child care facilities, group homes, shelters and child placing agencies). Licenses are issued to providers who meet the Minimum Standards for Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes and the Therapeutic Foster Care Manual. Site visits are conducted to verify providers' compliance with the aforementioned standards and manual. Several of the child-placing agencies are licensed to provide an array of services from foster care to adoption. This office licenses and monitoring agencies that are in our contract network and some that are not. This office conducts an average of 80 site visits per year. The Office of Residential Licensing also provides support services, consultation, and interpretation of the minimum standards to prospective and existing child care providers and DHR county offices. This office provides technical assistance and support to the county offices and providers. This office enters therapeutic foster homes information and updates provider information in our FACTS system. The Office of Residential Licensing coordinates the Rapid Response Team (RRT) and leads investigations into injuries and allegations of abuse and neglect pertaining to children in contracted providers care, concerns, and complaints about our providers.

The Office of Financial Accountability is responsible for processing monthly invoices from residential and Therapeutic Foster Care (TFC) providers and for verifying Medicaid eligibility for children in the custody of the Department. This office maintains data regarding admissions and discharges, and is responsible for informing county offices and providers of any discrepancies. This office monitors and analyzes budgetary expenditures of residential, TFC, and continuum contracts. The office is also responsible for researching and processing all board of Adjustment claims for the Division of Resource Management, auditing provider financial reports to establish escrow compliance for the Office of Residential Licensing, and assisting county workers in determining the appropriate placement on our FACTS system.

The Office of Resource Development and Utilization is responsible for providing support services and technical assistance to the contract providers in the delivery of services to family and children. This office is in charge of the Multi-dimensional Assessment Tool (MAT) that is used with our therapeutic foster care, moderate and intensive residential children in care. The office conducts assessments using the MAT to determine the level of services needed by an identified child. Other activities by this office include the monitoring of the average length of stay of children in therapeutic foster care, moderate residential and intensive residential facilities using information gathered from the providers, information from our FACTS system and information from our county workers. This office continues to track out-of-state placements and assists the county offices in developing in-state resources for these children. This office assisted State DHR-Family Services in developing the TFC with Enhanced Services. The children in these homes need additional services provided to them as they may have a chronic illness, extreme behavior issues or emotional problems that require more services in the home. These children are monitored on a monthly basis through monthly summaries submitted by the providers. This office represents DHR as the liaison for the Department of Mental Health-Developmental Disability Division to assist the counties in securing out-of-home waiver slots for our children with intellectual disabilities. This office provides oversight of the family preservation and support services (FP/SS). The mission of the FP/SS programs is to implement, expand and maintain quality services to preserve, reunify, support and strengthen families. Consultants in this office are responsible for monitoring, evaluating and providing technical assistance to providers of the Family Service Centers and Family Outcome-centered Unification Service (FOCUS) programs funded through Title IV-B, Subpart 2, Promoting Safe and Stable Families. Consultants work with county departments to ensure that these programs are as responsive to the needs of the county as possible, within the federal guidelines, and ensure that they provide the highest quality of services possible.

## **VISION STATEMENT**

The Department of Human Resources (DHR), as the designated Title IV-B agency, administers this Plan based on the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable environments. Service interventions are to be based on a set of beliefs about outcome-based practice that is both strengths based and family focused, and underscore the importance of comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department. At the core of these beliefs are the following tenets:

- Children belong with their families whenever they can safely live at home.
- Child maltreatment is an expression of an underlying, unmet need.
- Most parents love their children and want to care for them.
- All individuals have worth, deserve respect, and are capable of change.
- All children need to experience permanency in their lives; and when children cannot continue to live at home, they still need their family as well as meaningful relationships and enduring community connections.

The Child Welfare Division's Mission Statement is on its website and is as follows: "The Alabama Department of Human Resources will help families receive the least disruptive services they need, when they need them, and for only as long as they need them in order to maintain children in – or return them to - a safe, stable home." The state child and family services plan for abused, neglected and at-risk children and their families is intended to operationalize beliefs through developing goal-directed services that are individualized and needs-based and designed with the following desired outcomes in mind:

- Treat families as partners in parenting and protecting their children.
- Respect parents and their children and focus on the family as a whole and on the family's strengths.
- Services are matched to meet identified needs and vary in levels of intensity needed to keep children safe and assure their well-being.
- Services are coordinated between service provider and agencies to meet the multiple needs of children and their families.
- Services are delivered in culturally sensitive ways.
- Services are accessible to children and families.
- Address systemic barriers to accessing needed services.
- Support families through services and to strengthen families so they may safely care for their children.

The vision of the Division as it relates to priorities and connections to organizational outcomes includes:

- Being in agreement on vision, priorities, and plans for moving forward.
- Being clear on organizational responsibilities and mandates.
- Developing an organizational structure along with processes that can best support the work.
- Being clear on how to achieve partnerships between units and with counties.
- Presenting a unified view of practice, program mission, and priorities.

Central to the organizational structure within Family Services is the creation of a management team comprised of managers and supervisors from all of the offices in the Division. This team of staff members serves as the leadership body of the Division and has responsibility for carrying out the overall vision through its ownership of the goals, priorities, and desired outcomes.

#### **PRINCIPLES OF OPERATION AND PRACTICE MODEL**

The Department of Human Resources and its Family Services Division are responsible for developing, operating, and sustaining a system of child welfare services in accordance with its goals and principles:

- Children will be protected from abuse and neglect.
- Children will live with their families whenever possible and when that cannot be achieved through the provision of services, children will live near their homes in the least restrictive environment that can meet their needs.
- Children will achieve stability and permanency in their living situations.
- Children will achieve success in school. Children will become stable, gainfully employed adults.

#### **Individualized Service Planning (ISP) Process**

Central to the reform is the individualized service plan (ISP) which is to be developed in the context of a partnership between the children, families, and stakeholders. The ISP is designed to create a child and family planning team that participate in the development of a plan that is directed toward achieving the goals of the DHR/FSD and the Consolidated Child and Family Services Plan. The individualized service plan is to be based on an assessment of the strengths and needs within the family along with the behavioral and environmental conditions that need to be changed in order for the children to live safely with their family, to be safely reunited, or to be provided a permanent, safe and stable living situation. The effective use of these collaborative planning processes can result in both 1) partnerships in parenting and protecting children, and 2) reforms in all levels of child welfare practice (State and counties) in accordance with the DHR/FSD goals and principles. Moreover, the 51 Indicators of Best Practice remain available to provide a framework for assessing the level of practice and system performance, using both quantitative and qualitative measures. This collaborative system of care can only be operationalized with the support of community-based, goal-directed services that are individualized, needs-based, culturally sensitive, and family-focused while also being accessible and well-coordinated. Family preservation and support services are an integral design of the Department's system of care for children and families served through the Department's child welfare programs.

#### **Practice Model**

The Department's **Child Welfare Practice Model** sets forth the following "**Guiding Principles**" for, and **Desired Outcomes** of, the work done with children and families:

#### **Guiding Principles:**

**1. Safety & Protection**

Children’s safety is first and foremost. DHR shall promote prompt, effective intervention, and freedom from maltreatment.

**2. Permanency, Stability & Self-Sufficiency**

DHR shall promote the timely achievement of permanency for children so that they may live with their birth/relative family, and if that is not possible, have enduring relationships living with a permanent family that preserves birth family and other significant connections, and provides commitment, stability, belonging, and smooth, successful transitions into adulthood.

**3. Well Being & Development**

Appropriate planning promotes children experiencing love and belonging along with consistent, balanced nurturing and structure in a family environment, in order for children to experience educational, emotional, physical and developmental growth and well-being.

**4. Family-Centered & Culturally Responsive**

Parental/child perspectives and expert knowledge of the strengths and needs of their family are valued, encouraged and used, in a family-centered, culturally responsive approach, that involves birth families as partners in planning, shapes all aspects of agency involvement with the family and seeks to strengthen parental capacities to care for their children.

**5. Individualization of Services**

Children and families are best enabled to grow, change their behavior and overcome challenges when they are engaged, understood and treated with respect as individuals with their own unique strengths, needs and cultural identity, and receive strengths-based, individualized services and supports accordingly.

**6. Community Collaboration**

Ongoing collaboration with the community is valued and cultivated in order to have a continuum of services and resources that are comprehensive, seamless, readily accessible, responsive to individual, unique and differing levels of need, provided in the least restrictive, most normalized environment and adequately supports parents in raising their children.

**7. Professional/Organizational Competence**

Child welfare practice should be provided by well-trained and empathetic professional staff, who respect the dignity and worth of every individual, receive skilled supervision, are adequately trained, have appropriate caseloads, and are supported by an effectively managed child welfare agency.

**Desired Outcomes:**

1. Contact is promptly initiated with children who are reported to be experiencing maltreatment or an impending danger threat, and immediate safety is assessed / provided.
2. Children with whom the Department is involved are safe and safety threats do not exist or are effectively controlled/managed (either within, or outside of the birth family’s home).
3. Permanency is achieved in a timely, appropriate manner and stability for children in their living situations is maintained.
4. The significant (family, relative, community, educational, faith and cultural) connections for children and their families are consistently preserved.
5. Families have enhanced capacities to provide for their children’s needs.
6. Children in the care/custody of the Department are achieving success in school and, where necessary, are effectively supported in successfully transitioning into adulthood where they become stable, gainfully employed adults.
7. Children in the care/custody of the Department are experiencing healthy emotional and physical growth and development.

**COLLABORATION**

Please see assessment content under the respective outcome areas of SAFETY, PERMANENCY AND WELL-BEING, as well as the systemic area of AGENCY RESPONSIVENESS TO THE COMMUNITY.

**Organization of the CFSP and Point of Contact**

Alabama’s Child and Family Services Plan includes information regarding child welfare services provided through Title IV-B, subparts 1 and 2, Title IV-E, Chafee Foster Care Independence Program (CFCIP), and CAPTA as required. The following acronyms are among those most used in this report:

ACT I	Alabama Child Welfare Training (initial training for new employees)
ACT II	Alabama Child Welfare Training Modules (ongoing training for current employees)
AFAPA	Alabama Foster and Adoptive Parent Association
AOC	Administrative Office of Courts
APAC	Alabama Post Adoption Connections
APSR	Annual Progress and Services Report
AS	Action Step (within the Program Improvement Plan)

CAN	Child Abuse / Neglect Assessment
CAP	Comprehensive Assessment Process
CAPTA	Child Abuse Protection and Treatment Act
CFA	Comprehensive Family Assessment
CFSP	Child and Family Services Plan
CFSR	(Federal) Child and Family Services Review
CFCIP	Chafee Foster Care Independence Program
CIP	Court Improvement Program
CQI	Continuous Quality Improvement
CWCI	Child Welfare Collaborative Initiative
DHR	Department of Human Resources (Alabama's public child welfare agency)
DCAP	Department of Child Abuse Prevention
EOC	Evidence of Completion
ETV	Education and Training Voucher Program
FACTS	Family, Adult, and Child Tracking System (Alabama's SACWIS)
FSD	Family Services Division (of the Alabama State Department of Human Resources)
ILP	Independent Living Program
ISP	Individualized Service Plan
LETS	(Alabama's) Learning, Education, and Training System
MAT	Multi-dimensional Assessment Tool
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families, Title IV-B, subpart 2
Q	Quarter (Q – 3 = Quarter 3 of a PIP Submission)
QA	Quality Assurance
QSR	Qualitative Service Review
SACWIS	Statewide Automated Child Welfare Information System
SDHR	State Department of Human Resources
SEBD	Severely Emotionally and Behaviorally Disturbed
TANF	Temporary Assistance for Needy Families

**POSTING OF / CONTACT PERSON FOR THE FINAL REPORT AND CFSP**

Upon approval by the Children's Bureau, Alabama's 2014 Final Report and 2015-2019 CFSP will be posted on the DHR website, where it can be accessed as shown below:



**Alabama's Contact Person for the Final Report, CFSP, and APSR:**

Larry W. Dean, CFSR Coordinator  
 State DHR - Family Services Division  
 50 Ripley Street, Montgomery, AL 36130

334.242.9500 [larry.dean@dhr.alabama.gov](mailto:larry.dean@dhr.alabama.gov)

**ORGANIZATIONAL CHARTS: See Appendix 3**

**II. ASSESSMENT OF PERFORMANCE**

**The established benchmarks and 5 year goals are based on either data from SACWIS system or the QA database.**

Where QA data is used, the measurement percentages reflect the frequency with which a given item was rated a STRENGTH in QSR's completed as a component of state QA (onsite) reviews. The time frame in which the QSR data was compiled, was: 10/01/12 – 09/30/13.

**Outcome 1. Children are, first and foremost, protected from abuse and neglect**

**Item 1. Timeliness of initiating investigations of reports of child maltreatment**

<b>Data Baseline:</b>	<b>90.39%</b>	(FACTS Report INVS 218, for FY 2013)
<b>5 Year Goal:</b>	<b>92%</b>	
<b>Interim Goals:</b>		
FY 2015	<b>90.5%</b>	
FY 2016	<b>90.75%</b>	
FY 2017	<b>91%</b>	
FY 2018	<b>91.25%</b>	
FY 2019	<b>92%</b>	
Total	<b>92%</b>	

**ASSESSMENT – SAFETY OUTCOME 1**

The data reflects that staff are more prompt in initiating contact with children who are alleged victims of child maltreatment. County QA committee surveys highlighted the high priority of child safety in county practice. There has also been a reduction in repeat maltreatment. The child advocacy centers hope to expand the number of centers from 29 to 33 throughout the state, with the prospective additions covering north, central and south Alabama. Based upon the feedback of a group of county QA coordinators and county QA committee chairpersons, the timeliness of responding to, and completing, reports of alleged child maltreatment continues to be seen as a high priority for the Department to maintain, as well as the reduction of repeat maltreatment and child fatalities/near fatalities. Stakeholder ratings also highlighted the importance of conducting thorough assessments of child maltreatment allegations and building capacity within staff to adequately assess present and impending dangers. One stakeholder commented that one way to strengthen assessments of sexual abuse and serious physical abuse was by giving attention to establishing a more uniform system of training forensic interviewers. CAN investigations completed within the 90 day time frame have shown an improvement of 26% over the past six years. Work will continue on improving the number of Child Abuse and Neglect assessments completed within the 90 day time frame.

**Safety Outcome 2. Children are Safely Maintained in their Homes Whenever Possible and Appropriate**

**Item 2. Services to family to protect children in home and prevent removal**

<b>QA Baseline:</b>	<b>73%</b>
<b>5 Year Goal:</b>	<b>75.5%</b>
<b>Interim Goals:</b>	
FY 2015	<b>73.5%</b>
FY 2016	<b>74%</b>
FY 2017	<b>74.5%</b>
FY 2018	<b>75%</b>

FY 2019	<b>75.5%</b>
Total	<b>75.5%</b>

<b>Item 3. Risk of harm to children</b>
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<b>QA Baseline:</b>	<b>92%</b>
<b>5 Year Goal:</b>	<b>93.25%</b>
<b>Interim Goals:</b>	
FY 2015	<b>92.25%</b>
FY 2016	<b>92.5%</b>
FY 2017	<b>92.75%</b>
FY 2018	<b>93%</b>
FY 2019	<b>93.25%</b>
Total	<b>93.25%</b>

**ASSESSMENT – SAFETY OUTCOME 2**

Child Safety continues to be at the focus of the work of the Office of Child Protective Services. In recent years, work has been focused on improving the data that is used to provide information that is vital to CPS and other programs within Family Services. An emphasis has been on the use of a Safety Assessment. This process begins at intake and continues through to safe case closure. The safety assessment focuses on the present and impending danger and the parent’s or caregiver’s protective capacities. State Office Staff continue to offer support and consultation to the counties around best practice in protective services. Training was provided to County Supervisors; Administrators, line Social Workers, the Family Services Staff, and the DHR Legal office in the fall of 2013. The services being provided (through FOCUS for example) are attempting to ensure that no family is waiting for services to be provided and follow-up (on services offered through FOCUS) reflects that safety for children is being maintained. The safety of the child is the highest priority. FOCUS Staff respond immediately to family crisis. Workers generally see families within 24 hours of referral. They meet with families in the home which allows for a more thorough assessment of safety in the home and opportunities for effective intervention. At the time of the referral, the referring worker will identify the factors placing the child (ren) at risk of removal. FOCUS Staff request the DHR to rate safety at the beginning and end of the intervention. During the first few days of the intervention, the FOCUS staff will also assess risk/safety factors and will develop a service plan with the family, which will be individualized to meet the needs of each specific family member and is in conjunction with the family’s Individualized Service Plan. The treatment plan will address the factors placing the child (ren) at risk of removal from the family strengths, the goals of the intervention and how progress toward the goals will be measured. FOCUS staff also participates in developing a safety plan as needed. FOCUS providers are encouraged to rely on the Family Service Center in their community to provide needed support services to families both during the intervention and on an ongoing basis afterwards. Family Service Center sites are located in areas of a targeted county/community where there is a high concentration of families needing services to address their safety and stability issues. The current contract requires each provider to serve at least 200 families per year; however, they traditionally serve above and beyond this number. Family Service Center providers served 21,142 families Oct. 1, 2012- Sept. 30, 2013. They served 12,114 from Oct. 1, 2013 -Mar. 31, 2014. They provide a broad range of home and center-based services on a continuum from prevention services to intensive intervention. Core services provided by family service centers include the following: assessing and service planning, case management; services which support families and parents, such as preventive, educational, or respite services. For example, parents might receive in-home services to coach and teach anger management or conflict resolutions skills, or parents might attend workshops which support their self-sufficiency, etc. They also provide services which address families’ survival needs, including clothing, food, housing and transportation, among others; family focused counseling, treatment, and therapy to address family functioning. The goal of such services is to strengthen and empower families so they can meet the needs which led to the occurrence of child maltreatment.

**Permanency Outcome 1. Children have permanency and stability in their living situations**

<b>Item 4. Stability of foster care placements</b>
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<b>QA Baseline:</b>	<b>79%</b>
<b>5 Year Goal:</b>	<b>82%</b>
<b>Interim Goals:</b>	
FY 2015	<b>80%</b>
FY 2016	<b>80.5%</b>
FY 2017	<b>81%</b>
FY 2018	<b>81.5%</b>

FY 2019      **82%**  
 Total         **82%**

**Item 5. Permanency goal for child**

**QA Baseline:        40%**  
**5 Year Goal:        43%**  
**Interim Goals:**

FY 2015        **41%**  
 FY 2016        **41.25%**  
 FY 2017        **41.75%**  
 FY 2018        **42.5%**  
 FY 2019        **43%**  
 Total            **43%**

**Item 6. Achieving Reunification, Guardianship, Adoption or OPPLA**

	<b>Reunification</b>	<b>Adoption</b>	<b>OPPLA</b>
<b>QA Baseline:</b>	<b>35%</b>	<b>30%</b>	<b>63%</b>
<b>5 Year Goal:</b>	<b>38%</b>	<b>33%</b>	<b>65%</b>
<b>Interim Goals:</b>			

FY 2015	<b>35.25%</b>	FY 2015	<b>30.25%</b>	FY 2015	63.5%
FY 2016	<b>35.75%</b>	FY 2016	<b>30.75%</b>	FY 2016	64%
FY 2017	<b>36.5%</b>	FY 2017	<b>31.5%</b>	FY 2017	64.5%
FY 2018	<b>37.5%</b>	FY 2018	<b>32.25%</b>	FY 2018	65%
FY 2019	<b>38%</b>	FY 2019	<b>33%</b>	FY 2019	65%
Total	<b>38%</b>	<b>Total</b>	<b>33%</b>	<b>Total %</b>	<b>65%</b>

**ASSESSMENT – PERMANENCY OUTCOME 1**

<b>STRENGTHS</b>	<b>CHALLENGES</b>
<ol style="list-style-type: none"> <li>1. There has been a decrease in the overall number of children in care.</li> <li>2. There has been a low level of re-entry into care.</li> <li>3. There has been an emphasis and much success in the area of adoptions by current foster parents.</li> <li>4. There have been a number of adoptions involving older youth.</li> <li>5. There has been a decrease in the number of older youth in foster care.</li> <li>6. Four counties from the initial Adoption Pilot included in the 2015-2019 CFSP continue to match and place children from their own county (Tuscaloosa, Marshall, Talladega &amp; St. Clair).</li> <li>7. A monthly adoption report of consultant caseloads has been developed and is used to monitor progress of children in PG with a goal of ANIR in moving toward adoption.</li> <li>8. There has been an increase in the number of older youth completing high school.</li> <li>9. There has been an increase in the number of older youth attending college.</li> <li>10. Children from Alabama’s foster care system, attending colleges are receiving supports from mentors and staff on college campuses through Alabama Reach.</li> <li>11. There has been an increase in the number of permanent connections for older youth in care emancipating from the foster care system.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Department has no trauma assessment tool that can be used at the time of entry or throughout a child/ youth’s time in care.</li> <li>2. According to data on legal orphans provided by the Office of Data Analysis there are 196 youth children in care with TPR and a goal of APPLA.</li> <li>3. We need to decrease the number of youth in care, with TPR that do not consent to adoption. According to the 2013 Child &amp; Family Services Review Data Profile:             <ul style="list-style-type: none"> <li>7.8% live in group homes</li> <li>9.9% live in institutions</li> <li>1.0% live in supervised independent living</li> </ul> </li> <li>4. Foster Families need to be able to better address the special care needs of children/youth in care.</li> <li>5. We need to do a better job matching children/youth in care with appropriate placement resources.</li> <li>6. We need to decrease the use on congregate care facilities for youth in care.</li> <li>7. Foster families need to be trained beyond the current preparation training. Areas of need include: reactive attachment disorder, trauma, and sexual safety in placements.</li> </ol>

- |   |  |
|---|--|
| <p>12. Leadership among youth in care is being strengthened.</p> <p>13. There is a successful partnership in place between Children’s Aid Society, Alabama Reach and the National Social Work Enrichment Project.</p> |  |
|---|--|

Stakeholder input included the following (individual) comments or themes: use of a court liaison has proved helpful; priority of, and efforts toward the timely achievement of permanency are recognized; continue to bring to public awareness the option of adoption of Alabama children; if routine appeals of TPR decisions are occurring, attention will need to be given to the issue; also ranking input from county QA committee chairpersons/coordinators concurred that improved timeliness of achieving TPR was important; it will be important to continue to emphasize the importance of thoroughly assessing relative homes before children are placed, particularly examining to see if alcohol/substance abuse (when it is present in the birth family) is an inter-generational issue.

Additionally, there may be a need to increase the number of foster family homes, as well as service providers for the needs of medically fragile infants. There remain delays that need to be addressed in terms of court continuances/backlogs, consistent attention to concurrent planning, etc.

**Permanency Outcome 2. The continuity of family relationships and connections is preserved**

**Item 7. Placement with siblings**

<b>QA Baseline:</b>	<b>92%</b>
<b>5 Year Goal:</b>	<b>95.5%</b>
<b>Interim Goals:</b>	
FY 2015	<b>92.25%</b>
FY 2016	<b>92.75%</b>
FY 2017	<b>93.25%</b>
FY 2018	<b>94%</b>
FY 2019	<b>95.5%</b>

Total 95.5%

**Item 8. Visiting with Parents and Siblings in Foster Care**

**QA Baseline:** 51%  
**5 Year Goal:** 56%  
**Interim Goals**  
 FY 2015 52%  
 FY 2016 53%  
 FY 2017 54%  
 FY 2018 55%  
 FY 2019 56%  
 Total 56%

**Item 9. Preserving connections**

**QA Baseline:** 77%  
**5 Year Goal:** 82%  
**Interim Goals:**  
 FY 2015 78%  
 FY 2016 79%  
 FY 2017 80%  
 FY 2018 81%  
 FY 2019 82%  
 Total 82%

**Item 10. Relative placement**

**QA Baseline:** 81%  
**5 Year Goal:** 84%  
**Interim Goals:**  
 FY 2015 81.5%  
 FY 2016 82%  
 FY 2017 82.25%  
 FY 2018 83.5%  
 FY 2019 84%  
 Total 84%

**Item 11. Relationship of child in care with parents**

**QA Baseline:** 73%  
**5 Year Goal:** 76%  
**Interim Goals:**  
 FY 2015 73.25%  
 FY 2016 73.75%  
 FY 2017 74.25%  
 FY 2018 75.5%  
 FY 2019 76%  
 Total 76%

**ASSESSMENT – PERMANENCY OUTCOME 2**

STRENGTHS	CHALLENGES
<ol style="list-style-type: none"> <li>Permanency roundtables have been introduced and trained in all 67 counties.</li> <li>Kinship-Guardianship legislation is now in effect. As of May 1, 2014 49 kinship-guardianship providers are receiving GAP for 99 children.</li> <li>Training has been provided at Permanency Conferences, Supervisory Conferences, County Director Forums and the Education/Court/Child Welfare Summit.</li> <li>See data on the chart below that provides data currently available on caseworker visits.</li> </ol>	<ol style="list-style-type: none"> <li>Although the number of caseworker visits with children in the home is within the national standard, we are uncertain of the quality of those visits.</li> <li>We are not currently tracking caseworker visits with parents/family.</li> <li>Permanency round tables for older youth did not include participation on the part of the young person. We need training an opportunities for youth to participate in youth-centered roundtables.</li> <li>Counties are underusing the permanency goal of Kinship-Guardianship.</li> </ol>

<p>5. Of the 47 foster care QSR's completed in FY2013, 43 were applicable for siblings. In 41 of these cases sibling placement was rated a strength.</p> <p>6. When children on the Adoption No Identified Resource (ANIR) waiting list are part of the Wendy's Wonderful Kids or other Child-specific recruitment, and a part of separated sibling groups, the recruiters focus efforts on visits and connections between sibs as an assessment and recruitment strategy.</p> <p>7. When children on the ANIR waiting list are part of a sibling group, adoption planning and placement efforts focus on reuniting these children in adoptive placements. There have been some instances where large sib groups separated in FC placements have been placed together for adoption.</p>	<p>5. When it is in the best interest of siblings to be separated, the agency needs to continually assess the need for on-going separation.</p> <p>6. Services need to be put in place that address the need for the separation</p> <p>7. While FACTS has the capability to track sibling visits, the fields on the FACTS screen are not being consistently documented by users. The Department needs to strengthen, clarify and better monitor FACTS data entry for this area of policy and practice as well as incorporate into county training.</p>
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<b>Caseworker Visits With Child</b>				
	<b>Measure 1 Percentage of Worker to Child Visits</b>		<b>Measure 2 Percentage of Visits Occurring in the Home</b>	
	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
<b>FY2007 Baseline</b>		<b>59%</b>		<b>68%</b>
<b>FY2008</b>		<b>46%</b>		<b>89%</b>
<b>FY2009</b>		<b>58%</b>		<b>88%</b>
<b>FY2010</b>		<b>65%</b>		<b>94%</b>
<b>FY2011</b>	<b>90%</b>	<b>78%</b>	<b>Over 50%</b>	<b>96%</b>
<b>FY2012</b>	<b>90%</b>	<b>95%</b>	<b>Over 50%</b>	<b>97%</b>
<b>FY2013</b>	<b>90%</b>	<b>97%</b>	<b>Over 50%</b>	<b>98%</b>

Additionally, based on the Summary of Findings of Best Practice Indicators\* from QA onsite reviews for the calendar years (CY's) of 2012 and 2013, county agencies have demonstrated progress reflecting permanency outcomes. Among these examples of progress are, but not limited to:

- Placement locations in close proximity was 100% in both CY's 2012-2013
- Maintaining child connections was 100% in CY's 2012-2013

The Agency will continue to improve and support these factors by:

- Family Services staff conducting and coaching effective Individualize Service Plans to address appropriate needs of the families that we serve.

\* This is different from QSR data, and reflects the frequency with which a given Best Practice Indicator (from the 51 indicators) is determined to be a strength in onsite QA reviews.

**Well-Being Outcome 1 Families have enhanced capacity to provide for children's needs**

**Item 12. Needs/services of child, parents and foster parents**

<b>QA Baseline:</b>	<b>21%</b>
<b>5 Year Goal:</b>	<b>24%</b>
<b>Interim Goals:</b>	
FY 2015	<b>21%</b>
FY 2016	<b>21.75%</b>

FY 2017	<b>21.75%</b>
FY 2018	<b>22.25%</b>
FY 2019	<b>24%</b>
Total	<b>24%</b>

<b>Item 13. Child/family involvement in case planning</b>
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**QA Baseline:** 67%  
**5 Year Goal:** 70%  
**Interim Goals:**

FY 2015	<b>67.5%</b>
FY 2016	<b>68%</b>
FY 2017	<b>68.5%</b>
FY 2018	<b>69%</b>
FY 2019	<b>70%</b>
Total	<b>70%</b>

<b>Item 14. Worker visits with child</b>
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**QA Baseline:** 92%  
**5 Year Goal:** 94%  
**Interim Goals:**

FY 2015	<b>92.25%</b>
FY 2016	<b>92.5%</b>
FY 2017	<b>92.75%</b>
FY 2018	<b>93%</b>
FY 2019	<b>94%</b>
Total	<b>94%</b>

<b>Item 15. Worker visits with parents</b>
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**QA Baseline:** 63%  
**5 Year Goal:** 68%  
**Interim Goals:**

FY 2015	<b>63%</b>
FY 2016	<b>64%</b>
FY 2017	<b>65%</b>
FY 2018	<b>66%</b>
FY 2019	<b>68%</b>
Total	<b>68%</b>

**ASSESSMENT – WELL-BEING OUTCOME 1**

Stakeholder input included the following (individual) comments or themes: an example of another service that provides useful supports for birth/foster families is the “Parents as Teachers” program; which is offered through a number of avenues, including the Department of Children’s Affairs. Family Service Centers continue to offer a range of services to families through the state; Fatherhood programs (through DCAP) continue to provide needed services to fathers in a number of locations throughout the state. It will be important to explore giving attention to strengthening the knowledge base of line workers regarding developmental disabilities, as well as their awareness of community resources that are available to assist children and families deal with these issues. Also, it will be useful to continue to explore ways of facilitating and promoting networking among (and between) related/foster care providers and Department staff. There may be an opportunity for further collaboration within SDHR, in terms of services for older youth with severe mental health needs. More internal discussion will occur in this regard.

The ranking input from county QA committee chairpersons/coordinators reflected agreement with the importance of strengthening the timeliness and individualization of the ISP (including thorough assessments), obtaining feedback from relevant family stakeholders and providing the needed services. Feedback from county QA committee surveys indicated some strengths related to timeliness of conducting the ISP; however, there was a theme related to the need to improve on inviting relevant parties to the ISP, and/or including them as active participants in the ISP process.

In terms of caseworker visits, input from completed county QA committee surveys reflect overall timeliness of visits occurring with children. Some consistency issues were noted in regard to how purposeful the visits are, with some feedback reflecting that meaningful visits are occurring and others noting that improvements are needed in this area. In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for ISP, was 4.80 (averages for previous years were as follows: 2013 – 4.69; 2012 – 4.80; 2011 – 4.90; 2009 – 5.03).

Behavior Analysts continue services within the OCWC. Their services show success as documented through their MOTIVATE classes. These classes are provided to all interested counties and for all levels of staff. The Behavior Analysts also provide the Tools of Choice Program for Teens. The OCWC continues the record review process providing feedback with a focus on strengthening the ISP process. They assess all areas of child wellbeing and recommendations are made.

Consultant support continues to be offered to counties on specific cases and training offered to counties as needed and requested. Feedback is provided directly to the county by the use of a review tool being provided to the Management Team of Family Services and the County Director to use to enhance capacity and skills to their staff.

The Office of Child Welfare Intake continues to offer guidance around policy and best practice and to respond to inquiries to the DHR Commissioner’s office, Deputy Commissioner and Director or State Legal. The Behavior Analysts continue to conduct behavioral training that proves effective in improving the skills and performance of foster caregivers and biological parents and family of dependent children during role-play assessments. Through continued analysis of the program we are confident that further use of these analysts will indicate that parents are able to demonstrate use of the new skills from the training as well as skill acquisition associated with improved placement outcomes for their children.

Efforts to strengthen line workers’ knowledge base regarding developmental disabilities continue, and our work to promote awareness of community resources that are available to assist children and families continues to be strengthened. Networking with other agencies and providers continues to prove essential in accessing these important resources and services.

**Well-Being Outcome 2: Children receive services to meet their educational needs**

<b>Item 16. Educational needs of child</b>	
<b>QA Baseline:</b>	<b>80%</b>
<b>5 Year Goal:</b>	<b>84%</b>
<b>Interim Goals:</b>	
FY 2015	<b>80.25%</b>
FY 2016	<b>80.75%</b>
FY 2017	<b>81.25%</b>
FY 2018	<b>82.75%</b>

FY 2019	<b>84%</b>
Total	<b>84%</b>

**ASSESSMENT – WELL-BEING OUTCOME 2**

Stakeholder input included the following (individual) comments or themes: Communication with school personnel appears to have improved; caseworkers and foster parents are involved in IEP’s, and workers are following up with school personnel to provide for, and advocate for meeting a child’s educational needs. At the same time, there was feedback that reflected more should be done to involve school personnel in the ISP process, advocating for educational services/improved worker involvement in the IEP process, etc. Striving for improved consistency will therefore be important. In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Education, was 5.03, compared to 5.01 in 2009 (ratings on Education have not been requested each year).

Assessment of educational needs for children continues through record reviews conducted by OCWC. The random record reviews provide feedback to the county offices on their progress or lack of progress in ensuring children’s educational needs are met. Workers are prompted to know the child’s grade level and reading level children, and to monitor their progress through the ISP. Cases with outstanding examples of advocacy are highlighted such as ISP’ held jointly with IEP’s, holding ISP’s at school to encourage more education participation, communication with teachers through emails and telephone calls.

Additionally, based on the Summary of Findings of Best Practice Indicators\* from QA onsite reviews for the calendar years (CY’s) of 2012 and 2013, county agencies have demonstrated progress reflecting wellbeing outcomes. Among these examples of progress are, but not limited to: :

- Meeting Educational Needs was 88.9% in CY 2012

The Agency will continue to improve and support these factors by:

- Family Services staff conducting and coaching effective Individualize Service Plans to address appropriate needs of the families that we serve.
- Improve participation from the social workers as well as the families with Individualized Educational Plans to meet the ongoing educational needs of our children.

\* This is different from QSR data, and reflects the frequency with which a given Best Practice Indicator (from the 51 indicators) is determined to be a strength in onsite QA reviews.

**Well-Being Outcome 3: Children receive services to meet their physical/mental health needs**

<b>Item 17. Physical Health of Child</b>	
<b>QA Baseline:</b>	<b>98%</b>
<b>5 Year Goal:</b>	<b>99%</b>
<b>Interim Goals:</b>	
FY 2015	<b>98.1%</b>
FY 2016	<b>98.3%</b>
FY 2017	<b>98.5%</b>
FY 2018	<b>98.8%</b>
FY 2019	<b>99%</b>
Total	<b>99%</b>

<b>Item 18. Mental/Behavioral Health of Child</b>
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<b>QA Baseline:</b>	<b>77%</b>
<b>5 Year Goal:</b>	<b>79%</b>
<b>Interim Goals:</b>	
FY 2015	<b>77.25%</b>
FY 2016	<b>77.5%</b>
FY 2017	<b>77.75%</b>
FY 2018	<b>78.25%</b>
FY 2019	<b>79%</b>
Total	<b>79%</b>

### **ASSESSMENT – WELL-BEING OUTCOME 3**

Completed county QA committee surveys generally reflected that children’s emotional/physical needs were being met and that staff were invested in the emotional/physical well-being of children. A comment or two were made related to availability of mental health resources, so continuing to maintain a focus on ensuring an array of resources will be important. In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Physical Well-Being, was 5.5.27, compared to 5.36 in 2009 (ratings on Physical Well-Being have not been requested each year). In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Emotional Well-Being, was 4.93, compared to 5.06 in 2009 (ratings on Emotional Well-Being have not been requested each year). Consultant staff review cases statewide and often access Behavior Analysts who work for our agency and have greatly supported improving the behavioral health of children in our custody and those at risk.

The Behavior Analysts continue to provide significant support to counties in assisting them to meet the mental health needs of our children. OCWC random record reviews continue to provide counties with assessment of progress in meeting the physical and mental health needs of our children and families. Child Welfare Intake continues to provide approval providing overall directions in regard to restrictive placements and out of state placements. OCWC continues to provide support to counties to ensure placement of children in the least restrictive settings.

DHR continues the work with the Behavior Analysts Fellowship Program at Auburn University and the University of South Alabama. The collaboration with these two schools supports our work with the emotional and behaviorally challenged children. Also the Behavior Analysts continue to review management plans upon special assignment on a case by case basis.

Additionally, based on the Summary of Findings of Best Practice Indicators\* from QA onsite reviews for the calendar years (CY’s) of 2012 and 2013, county agencies have demonstrated progress reflecting wellbeing outcomes. Among these examples of progress are, but not limited to:

- Emotional Needs in CY 2012 was 88.9% and in CY 2013, it has risen to 100%
- Meeting Physical Needs in CY’s 2012 and in 2013 was 100%

The Agency will continue to improve and support these factors by:

- Family Services staff conducting and coaching effective Individualize Service Plans to address appropriate needs of the families that we serve.
- One element of support in regard to meeting our children’s emotional needs is an expectation that the counties monitor their medications including, but not limited to, psychotropic medication. This includes the dosage and the effects that these medications produce on our children. Additionally, ISP’s are required to reflect an assessment of the child’s emotional needs and the referral to appropriate mental health or other services if indicated.
- Regarding meeting the physical needs of our children, the county agencies will receive coaching and policy reminders or development around their responsibility to monitor all screening , including EPSPT screenings to ensure that all preventable immunizations have been completed on a timely basis and that any other health concerns are addressed.

\* This is different from QSR data, and reflects the frequency with which a given Best Practice Indicator (from the 51 indicators) is determined to be a strength in onsite QA reviews.

**Systemic Factor: Statewide Information System**

**Item 19. State is operating a statewide information system**

**ASSESSMENT**

**Strengths**

Alabama implemented an automated child welfare information system, known as Family, Adult and Child Tracking System (FACTS) statewide in January 2009 with the capability to comply with federal reporting requirements. Federal submission from FACTS include: yearly NCANDS submissions and Federal Caseworker Visits Reports, bi-annual AFCARS and NYTD submissions. FACTS captures and reports all AFCARS required foster care and adoption data elements. An AFCARS review in April 2011 resulted in an AFCARS Improvement Plan that continues. Management and statistical reports are produced for all program areas and are available to all FACTS users. AD HOC capability allows the production of specific FACTS queries on demand. For example, a monthly query is produced to monitor our AFCARS foster care population and children who achieved a finalized adoption. "Waiting Children" are tracked through the adoption process. A permanency

achievement query provides valuable information used in the case review system. Specific safety and permanency queries are produced for evaluation of program and staff effectiveness. Some examples of FACTS functionality are provided in the charts below. Two independent ACCESS data bases are maintained. The Child Death Database captures all child deaths reported per policy to the state office. The Quality Assurance Database captures all county and state quality service review data. Queries from this system provide qualitative data measures.

**Stakeholders**

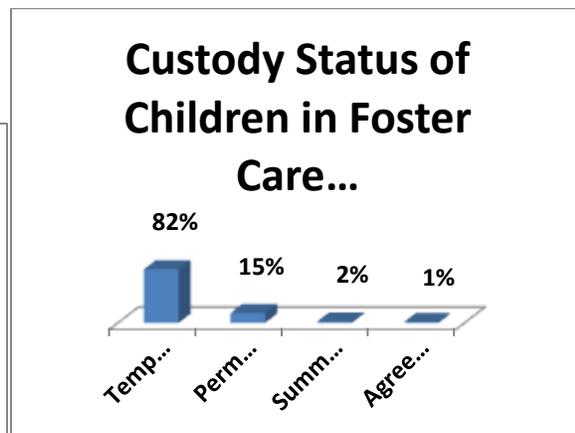
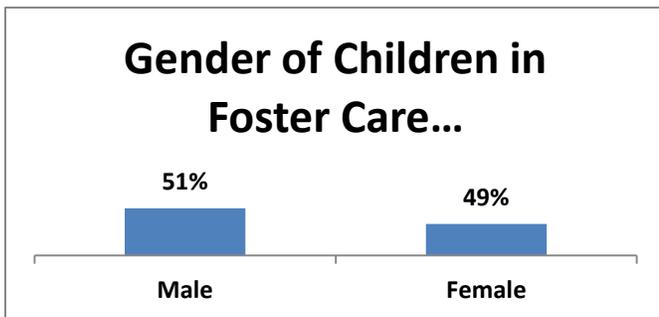
CQI survey reflected input from state office and county staff and FACTS users, State QA Committee, County QA Chairpersons, Administrative Office of Courts, Tribe, and Alabama Child Welfare Collaborative Initiative members. Those surveyed were asked to rate their knowledge in two areas: 1. How informed are you of the kind of data (quantitative and qualitative ) that is available and distributed through FACTS, State Quality Assurance, or any other means used by Family Services/State DHR; and 2. How useful are the data management reports that are distributed to state/county staff, in terms of enabling county/state leadership to more effectively manage work, respond to agency directive and assess/guide practice.

The majority of responding stakeholders are aware of data captured and it availability and are somewhat to extremely informed. Responding Stakeholders are utilizing available data and the majority find the data to be somewhat to extremely useful.

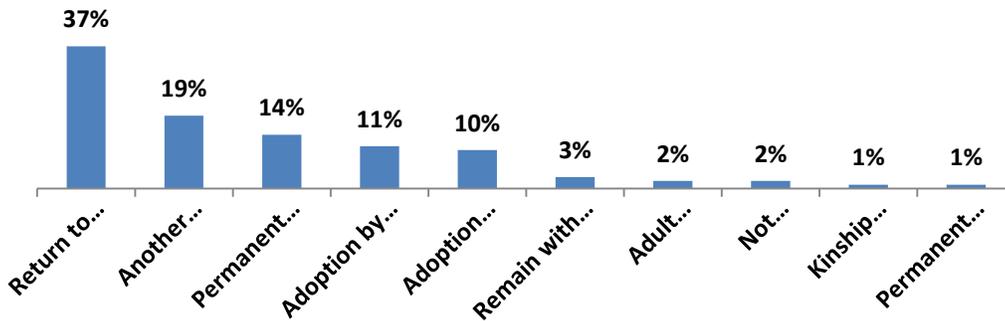
**Challenges**

A major concern is the improvement of data quality to accurately reflect the quality of practice and outcomes for children and families and key data elements. Strategies for improvement include:

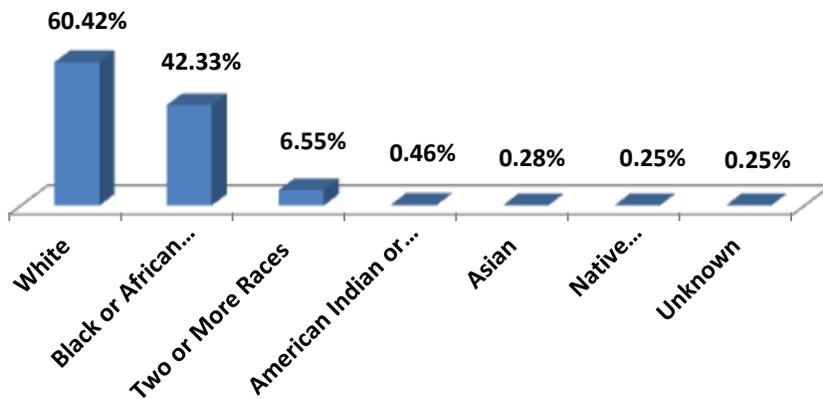
- Complete implementation of the AFCARS Improvement Plan through enhancements to FACTS, extraction program updates and data quality improvement steps.
- NCANDS Mapping Work Group will assess and improve data quality for all 154 data elements.
- Continue FACTS system enhancements identified in the SACWIS Assessment Review.
- Regional Training for FACTS users with emphases on data quality.
- Prioritize and improve key management statistical reports for enhancement.



## Permanency Goals for Children in Foster Care as of 9/30/2014

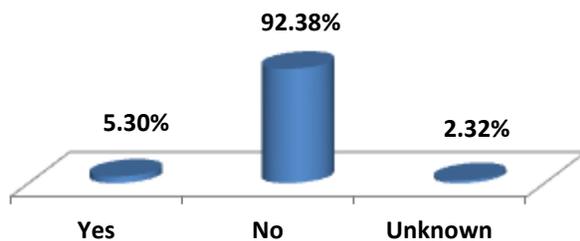


## Race of Children in Foster Care as of 9/30/2014



Total exceeds 100% due to number of children who identify with more than one race

## Hispanic Ethnicity of Children in Foster Care as of 9/30/2014



## **Systemic Factor: Case Review System**

### **ASSESSMENT**

Cases are methodically reviewed as a result of Quality Assurance site visits. These are conducted throughout the year according to a detailed schedule. However, other cases are reviewed through the course of work in the Office of Child Welfare Consultation in particular. These Consultants work in assigned counties, often with the task of 100% review of child welfare cases. Last year, OCWC and other staff worked in 10 targeted counties, reading, interviewing workers and supervisors, and checking SACWIS documentation for hundreds of cases. Reports regarding those targeted counties are produced, and feedback/instructions for next steps, best practice, and planning is provided for each individual case reviewed. This information is shared with county leadership, supervisors, and line workers.

For the past two years, Permanency Roundtables have been conducted in all 67 counties. These called for a methodical, scheduled opportunity for each county to present for review and assessment cases that may need other perspectives or ideas from a larger group. Transitional Living and Safety Roundtables will be next and will create a systematic review schedule for that set of cases as well.

One component ensuring that successful/timely case reviews occur is the presence of and compliance with existing policies as highlighted below. Best practice and legal mandates are supported by Family Services Policy.

#### **Item 20. Process ensuring written case plan is developed jointly with child's parents**

Policy reference demonstrating this as a requirement is "Individualized Service Plan" Policy. See data chart example of "Permanency Goals for Children in Foster Care", which is located under the Systemic Factor of **Statewide Information System**.

#### **Item 21. Periodic administrative / judicial review**

Our agency's policies ensuring periodic reviews are found in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning"

#### **Item 22. Process ensuring permanency hearings**

Our requirements around timely permanency hearings are addressed in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning"

#### **Item 23. Process ensuring TPR proceedings**

Policy addresses TPR hearings in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning". Policy includes cases requiring TPR, exceptions, and compelling reasons.

#### **Item 24. Process ensuring notification of / right to be heard in legal proceedings**

This process is addressed in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning" and "Code of Alabama 12-15-307". The completion of local (county) protocols was a R2 PIP step that was completed in Q-10 of the R2 PIP. See EOC, CC, AS 6.4, Updated.

## **Systemic Factor: Quality Assurance System/Continuous Quality Improvement**

### **Item 25. Statewide operation of a quality assurance system**

The QA system monitors, evaluates and provides feedback to the Department on the performance of the overall system of care and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. In addition to examining and assessing the Department's Best Practice Indicators, the QA system identifies areas of need and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved.

#### **ASSESSMENT UPDATE: Alabama's Continuous Quality Improvement Components**

##### **Please Note:**

The recommendations enumerated in this document are not designed to all be completed in FY 2014. It may be that a prioritization plan will need to be developed, that could be influenced by a number of factors. Further, recommendations may be revised, removed, added, etc. based on any number of developments, system refinements, etc. A primary consideration in developing such a plan would be the distribution to states (from the Children's Bureau) of more detailed information on the scope and timing of Round 3 of the Child and Family Services Review (CFSR) process.

#### **I. Foundational Administrative Structure**

**It is important for States to have strong administrative oversight to ensure that their CQI system is functioning effectively and consistently, and is adhering to the process established by the agency's leadership. A functioning CQI system will ensure that:**

- The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
- There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.
- There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.
- There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

#### **Identify those aspects of the foundational administrative structure that are perceived as STRENGTHS:**

- There is a formalized state QA structure in place in the form of veteran, state QA staff (Program Manager and six Consultant staff) and a State QA Committee.
- All counties have an assigned state QA Consultant.
- The Child Welfare CQI process is implemented across the state by a single agency.
- There are written procedural and practice guides in place in the form of a *QA Guide, Forty-Nine (49) Best Practice Indicators* and a *QSR Protocol Instrument*. The Best Practice Indicators were revised in November 2013 to 51 indicators. Additional revisions to the Best Practice Indicators are being considered to promote additional strengthening of case practice. Any additional revisions would be incorporated into onsite reviews as well as county biannual reports beginning in 2015.
- There is an established Office of Data Analysis.
- There is a well-established county QA structure in place across all counties in the state in the form of County QA Committees and a staff person in the position of County QA coordinator.
- The county/state QA structure is long-standing and sustainable.
- Process in place whereby SDHR Leadership can receive feedback on practice/system performance as assessed by the state QA process.

#### **Identify those aspects of the foundational administrative structure that can be STRENGTHENED:**

- Standardized statewide training plans / meeting schedule for county QA coordinators and county QA committee chairpersons. A statewide meeting for county QA coordinators and QA committee chairpersons as well as State QA

Committee members was planned for May 2014. Plans are for there to be a minimum of annual statewide meetings with continued assessment of the possibility for additional regional meetings over the next five years.

- Written guidelines as to what activities will comprise state QA onsite county reviews across all counties. The best practice indicators were revised in November 2013 to better reflect current practice expectations. This resulted in a revision of the reporting format and revisions of some forms utilized in the onsite review process. An additional review component was added to the onsite review process. This component is for the review of two-four cases for which QSRs had been completed by county QA committees during the year prior to the onsite review. A state QA staff member performs that review and rates the case based on the information available at the time of the county committee review. The changes in the best practice indicators, the components of onsite reviews, and the three year schedule of reviews were provided to county directors by email on November 1, 2013. These changes are being incorporated into QA Guide which is currently being revised.
- Consistent and complete accountability for, and implementation / monitoring of, the County Improvement Plan process. One required subject of biannual QA reports is county improvement plans. Counties report on the status of their county improvement plan in each biannual report with review and feedback by state QA staff. The assigned district administrative specialist is included on the in the feedback provided on biannual reports. Continued improvement of the County Improvement Plan process is a priority for 2014. One planned revision for the QA Guide is to include county quality assurance committees in the planning process for County Improvement Plans.
- Providing mechanisms and opportunities for input from county staff on all CQI foundational components. A CQI survey was provided to county and state child welfare staff, county and state QA committee members and other external stakeholders in November and December 2013.

#### **Recommendations:**

1. Implement a way(s) in which county DHR staff / county QA committees can provide input for the CQI Assessment.
2. Review the County Improvement Plan process and make decisions regarding the use/improvement of the process.
3. Examine the current guidelines for the county QA review process, and implement any needed improvements.
4. Evaluate the training plans and meeting schedule for county QA coordinators and county QA committee chairpersons and make any necessary enhancements.

## **II. Quality Data Collection**

**Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered —qualityll it must be accurate, complete, timely, and consistent in definition and usage across the entire State. It is important for States to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. States that meet the quality data collection component will be able to demonstrate the ability to input, collect, and extract quality data from various sources, including the Statewide Automated Child Welfare Information System (SACWIS) or other information management systems, case reviews, and other sources of data. States will also be able to ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others. A functioning CQI system will ensure that:**

- The State's case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.
- There is a clear process that the State uses to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed.
- There is a clear process that the State uses to identify and resolve data quality issues and informs CB as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into the State's information system; evaluate if data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).
- There is a process in the State for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.
- The State monitors existing federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:
- The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to

correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.

- The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
- The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.
- NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

**Identify those aspects of quality data collection that are perceived as STRENGTHS:**

- State does monitor existing federal data requirements through the use of appropriate data quality utilities and tools.
- Regular monitoring of PIP-related data is in-place.
- The state met the National Standards associated with the Round 2 CFSR.
- State has evidenced the priority of reporting data quality issues to the Children’s Bureau.
- NYTD data has met reporting requirements established by the Children’s Bureau.
- NCANDS data is close to meeting established reporting requirements.
- Some processes exist for collecting/extracting data and resolving data quality issues, and yet they vary among individual staff and units.

**Identify those aspects of quality data collection that can be STRENGTHENED:**

- Consistent distribution within FSD/other SDHR Divisions of the Summary and Findings of State QA Reviews. [The Summary of Findings of State QA reviews](#) is provided to the Deputy Commissioners for Field Administration and Child and Family Services, the Director of Family Services, and the two Deputy Directors.
- Continued attention to improving accuracy of, and clarification about, FACTS data (e.g. what constitutes the permanency hearing date). Specific details can be located in the FACTS Work Plan in the SACWIS Advance Planning Document (APD) update, which also addresses SACWIS Assessment Review (SAR) findings. The state continues to address the AFCARS Review findings through the AFCARS Improvement Plan Update (AIPU).
- Attention to promoting consistency in applying the QSR protocol ratings across all reviewers. Each QSR is debriefed onsite with the lead and co-lead for each onsite review as well as with the other case reviewers. Also present in the debriefing is the county director and county QA coordinator. Debriefings are utilized to promote consistency across reviewers.
- Process by which the collection/distribution of qualitative and quantitative information “informs” key systemic issues such as training (of staff/resource parents), policy development, adequacy of service array, etc.

**Recommendations:**

1. Examine the current distribution and utilization of the Summary and Findings of State QA Reviews, and make any needed adjustments.
2. Implement ways in which the feedback loop for quantitative and qualitative data can be improved/enhanced.
3. Assess the process for the qualifying of, and promoting consistency among (QSR) reviewers currently in use via training, onsite QA of the review instrument/findings, etc. and implement any needed improvements. Adjunct reviewer training is planned for July 2014 to qualify additional adjunct reviewers to participate in the review process. One of the training components is on the review tool to promote consistency among reviewers. Plans are to provide adjunct reviewer training annually over the next five years. Adjunct reviewers are additionally required to shadow a QA consultant prior to serving in that role in an onsite review.

**III. Case Record Review Data and Process**

**In addition to collecting and analyzing quantitative data, it is also critical that State CQI systems have an *ongoing* case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. A CQI system will ensure that:**

- The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served by the State. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).
- The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.

- The State conducts case reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.
- Case reviews collect specific case-level data that provides context and addresses agency performance.
- Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
- Case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.
- The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
- Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.
- Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.
- There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

**Identify those aspects of quality data collection that are perceived as STRENGTHS:**

- There is a QA review process that is operable at both the county and state level that includes the conducting of QSR's, whereby individual interviews are conducted with relevant stakeholders involved in the case, including the identified child/youth and family.
- At the state level a stratified sampling process is utilized for the identification of cases to be reviewed and the state QA review schedule includes varying geographic areas of the state, including the largest metropolitan area.
- The state QA review process is designed to prevent reviewer conflict-of-interest and the QSR protocol (review instrument) contains rating guide information that is designed to assist the reviewer in making rating determinations and guided appraisals.
- The state QA review process includes several components that are designed to strengthen the practice assessment and better inform the resulting findings and recommendations. These include a review of a sample of resource records, as well as a safety assessment and permanency assessment, that are distinct from the QSRs that are also conducted.
- There is a means by which State QA staff review and provide feedback on the QSR write-ups and ratings of practice/systemic items that are conducted by county QA committee reviewers.
- There is a data base maintained in Family Services, whereby QSR rating information conducted by county and state reviewers is entered.
- There is an ability to conduct ad hoc/special studies at both the county and state level.
- The state QA review process includes an assessment of the status of services to children and families, the effectiveness of monitoring, and the progress toward effective family functioning.

**Identify those aspects of quality data collection that can be STRENGTHENED:**

- While at the state level there are ways of giving attention to rating consistency, the process for ensuring inter-rater reliability can be strengthened. State QA staff continue to train county QA committee members on the use of the rating instrument. County QA committees are encouraged to debrief cases during committee members to promote rating reliability. State QA staff will continue to train county QA committee members in the use of the rating instrument.
- A process is currently being used to train state reviewers; however, having a uniform and consistent training process that qualifies reviewers to serve in that role could be strengthened. See Item II, Quality Data Collection, recommendation #3.

**Recommendation:**

- See Item II, Quality Data Collection, recommendation #3.

**IV. Analysis and Dissemination of Quality Data**

**Although most States have the ability to collect data from a variety of sources, States have varying capacities to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:**

- The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate) .
- The State has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.
- The State aggregates Statewide and local data and makes it available to stakeholders for analysis.
- Agency decision makers, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
- The State translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.

**Identify those aspects of the analysis and dissemination of data that are perceived as STRENGTHS:**

- There are numerous data sets in operation across various program units and there is agency capacity to provide information on many data elements.
- All management/statistical (MS) reports available through BOE are scheduled to run on a regular basis.
- Tracking of data related to NYTD, AFCARS and NCANDS are operative (see also data collection).
- Qualitative data is maintained via a QA database, which serves as a repository for state and county QSR ratings.
- There is a process for analyzing and commenting upon qualitative data in the form of QSR write-ups which are provided to county workers and supervisors.
- Some informal means of aggregating results related to the Best Practice Indicators has been utilized.
- There is some evidence for dissemination of data through website posting and provision of data reports to staff.
- Data profiles are developed/used for onsite (state) QA reviews.

**Identify those aspects of the analysis and dissemination of data that can be STRENGTHENED:**

- Emphasis / training on and monitoring of, effective use of data as a child welfare management tool related to impacting outcomes of safety, permanency and well-being. One of the best practice indicators was developed to assess and make recommendations on the county utilization of data to assess, plan and monitor their child welfare program. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice.
- Tracking / distribution of (qualitative/quantitative) data across regions of the state, child demographics, etc.
- Emphasis / training on and monitoring of, complete, accurate, and timely data entry by county staff. One of the best practice indicators was developed to assess and make recommendations on the timely and correct entry of data. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice.
- Consistent provision of information as to where to look for data outside of FACTS.
- Determining ways in which CFSR outcome data can be explained/distributed (once the R3 data sets are established).
- Consistently involving other SDHR Divisions and external stakeholders (partner agencies/groups) in meaningful discussion, analysis, and dissemination of quantitative and qualitative data.

**Recommendation:**

1. Develop a comprehensive plan for quantitative/qualitative data analysis and dissemination that includes consistent internal/external stakeholder involvement/feedback/input related to trends and findings, as well as a focus on monitoring, training, and use of data in managing for best practice outcomes and improved collaboration/system performance. The resulting plan may require incremental implementation.

**V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process**

**Collecting information and analyzing results are important steps in CQI; however, *how* States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:**

- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.

- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

**Identify those aspects of quality data collection that are perceived as STRENGTHS:**

- By design, there is an expectation that the bi-annual county QA report is to be shared with the county QA committee, and signed by the county QA committee chairperson.
- Of the 49 Best Practice Indicators, there are items that address data collection and planning. The Best Practice Indicators were revised in November 2103 to 51 indicators. Two of the indicators directly address data.
- On a monthly basis data related to child protective services, child abuse and neglect reporting, and permanency, are provided to the District Administrative Specialists (DAS), who are to reference/use the data in their work across all 67 counties.
- For each state QA review that is conducted, the Office of Data Analysis provides a data profile to the state QA team on the county that is being reviewed.

**Identify those aspects of quality data collection that can be STRENGTHENED:**

- Ensuring consistency between the data provided to counties and that provided to the state QA review team.
- Assessment/provision of data needs/request from the state QA review team and the Family Services Management team.
- Distribution of both quantitative and qualitative data trends, comparisons, findings, results and recommendations (from various sources) to key external and internal stakeholders in order to better inform collaboration, system performance and ongoing practice monitoring. Data on some safety and permanency indicators (e.g., CAN and Prevention assessments received and disposed, reports pending over 90 days, children in foster care, open CPS cases, etc.) is regularly provided to the State QA Committee at their quarterly meetings. The State QA Committee will continue to be afforded the opportunity to provide comment and recommendations on data information.

**Recommendations:**

- See IV, Analysis and Dissemination of Quality Data, recommendation #1.

**Systemic Factor: Training      See also: 2015 - 2019 Alabama Training Plan**

**Item 26. Initial staff development and training program for staff**

**Item 27. Ongoing staff development and training program for staff**

**Item 28. Foster / adoptive parent / facility staff training program**

**ASSESSMENT**

Alabama Child Welfare Training (ACT I) is the initial staff development and training program for staff. Generally, the majority of new staff completes ACT I training no later than 3-6 months upon employment. In the past five years there have been approximately 620 staff who have completed ACT I. In the current fiscal year, the Office of Child Welfare Training (OCWT) has scheduled five sessions. For the next fiscal year, 5-6 ACT I sessions will be (tentatively) scheduled. Two sessions that are a part of ongoing staff development and training for staff are Concurrent Permanency Planning (CPP) and Supervisors training. The importance of all staff to complete CPP and all supervisors completing Supervisors Training has been significantly emphasized by the Office of Child Welfare Training. In the past five years there have been approximately 125 supervisors who have completed Supervisors training and approximately 280 staff who have completed CPP training. In the current fiscal year, OCWT has scheduled 4 CPP sessions and 4 Supervisors sessions. For the next fiscal year, approximately 5 sessions of both will be (tentatively) scheduled. GPS Co-Leader Certification training is the foster/adoptive/facility staff training program that is offered by OCWT. In the past five years, approximately 500 staff and foster/adoptive parents have completed GPS. In the current fiscal year, the Office of Child Welfare Training (OCWT) has scheduled three sessions. For the next fiscal year, 3-5 GPS sessions will be (tentatively) scheduled.

**Alabama Child Welfare Training (ACT I)**

**Strengths**

- Previous backlog of participants needing ACT I training was cleared.
- More staff attend ACT I without a (full) caseload.
- Participant evaluations reflect an overall satisfaction of ACT I.
- Parts of the training (prerequisite work) is online.
- Participants are able to enroll for ACT I via the Department's Learning Management System.
- Every ACT I participant completes a Professional Development Plan during the session.

**Alabama Child Welfare Training (ACT I)**

**Challenges**

1. Children are exposed to or experience domestic violence in many ways. They may hear one parent/caregiver threaten the other, observe a parent who is out of control or reckless with anger, see one parent assault the other, or live with the aftermath of a violent assault. Many children are affected by hearing threats to the safety of their caregiver, regardless of whether it results in physical injury. Children who live with domestic violence are also at increased risk to become direct victims of child abuse. In short, domestic violence poses a serious threat to children's emotional, psychological, and physical well-being, particularly if the violence is chronic. With that being said, the Office of Child Welfare Training will explore ways to include more pertinent information in ACT I training that pertains to domestic violence and its effects on children. As part of this objective, OCWT plans to coordinate efforts with the Office of CPS and the Alabama Coalition Against Domestic Violence.
2. Child welfare workers are the front line of defense, helping the children and their families who are struggling with a variety of social issues, such as poverty, drug abuse, mental illness, domestic violence, and homelessness. Their prime directive is to insure the health and well-being of the children, protecting them when necessary, and providing services that help the families. One way to assist in ensuring that child welfare workers develop an understanding of the available services and their providers is to explore the possibility of developing a panel that includes representatives from the courts, the medical community, law enforcement, mental health, etc. The purpose of the panel would be to provide new workers the opportunity to ask questions regarding the roles and responsibilities of the members of the panel and how they help the population served, as well as how they all can work together.
3. Throughout the first module of ACT I, participants view several videotapes that demonstrate the use of interpersonal helping skills when working with family members. They are one of the many tools used in training to reinforce learning points, as well as to afford individuals the opportunity to visualize the usage of skills needed as child welfare workers. Videos are very effective method to use for training. Most people are visual learners, and they will not be able to connect the dots until they see the process laid out for them with their own two eyes.

The videotapes, previously recorded by the Child Welfare Institute, were made during the years, 1986-1992. Although the content provides useful information to training participants, the overall quality of the videotapes has become substandard including, but not limited to grainy video and insufficient audio. One major impediment is the fact that ACT I participants are typically new employees, and the median age range (for the most part) is between 24 and 35 years of age. In fact, some participants were not even born at the time the videotapes were created. This reality has been conveyed on training evaluations completed by participants. It has been stated on several occasions that trainees feel the videotapes are antiquated and not realistic in today's times.

Because of this, the Office of Child Welfare Training will explore creative options on updating the video content for ACT I training.

**Ongoing Staff Development and Training Programs for Staff:**

**Concurrent Permanency Planning (CPP) and Supervisors Training Strengths**

- In CPP training, participants are provided tools and techniques to: 1) promote safety, permanency, and well-being of children/youth; 2) achieve timely permanency; 3) reduce the number of moves for children and youth; and 4) continue significant relationships.
- Supervisors Training provides the foundation for supervisory practice in Child Welfare. It describes the roles and responsibilities of the Child Welfare supervisor, and provides practice-oriented demonstrations of how to carry out supervisory responsibilities.
- Participant evaluations reflect an overall satisfaction of both sessions.
- Participants are able to enroll for both sessions via the Department's Learning Management System.
- Staff, other than foster care, has enrolled in, and completed CPP training.
- Some County Directors have enrolled in, and completed Supervisors training.

**Ongoing Staff Development and Training Programs Challenges**

- The involvement of fathers and paternal family members is critical to a child's growth and development. Historically, child welfare agencies have not been effective in involving fathers in the family work that is needed to achieve safety, permanency, and well-being. The Office of Child Welfare Training plans to enhance CPP training to include more in depth information on engaging and involving fathers and paternal family members that will create greater opportunities for them to be connected in ways that would benefit their children.
- An important quality of successful supervision is the ability to be an effective leader. Every leader can be a supervisor, but every supervisor cannot be a leader. Methods and tools will be explored to provide more information regarding leadership in Supervisors training. The possibility of utilizing various on-line forums will be explored as well.

**GPS Co-Leader Certification Training Strengths**

- The Department requires successful completion of a pre-service curriculum for foster/adoptive applicants. This same curriculum is utilized by county departments and agencies with whom we contract for tradition and therapeutic foster care as well as adoptive resource homes.
- The Department requires continuing education hours for both traditional and therapeutic foster families. This training requirement is intended to improve the skills necessary to parent children victimized by abuse and/or neglect.
- Resource Record Reviews are now a component of on-site reviews conducted by State QA.
- The Department has a contract with AFAPA that provides supports and services to foster/adoptive parents statewide including training.
- CAS/APAC (post-adoption service provider) provides on-site and webinar-based training at no-cost to foster and adoptive parents.
- Participant evaluations reflect an overall satisfaction of the GPS Co-Leader Certification training
- OCWT/Department staff coordinates and partners with the various contract providers who need the training for their staff.
- Staff and foster parents attend the training together and build positive relationships.
- Participants are provided the basic tenets and principles of foster care and adoption as a privilege in the state of Alabama.
- Participants develop an understanding of the skills required for successful application of the 12 core skills needed for approval and mutual selection process for foster and adoptive parents.
- Participants learn a variety of training and facilitation skills to enhance, empower and engage prospective foster and adoptive parents' experience and appreciation for their role in the lives of children who have experienced abuse, abandonment and neglect.

**GPS Co-Leader Certification Training Challenges**

- During the resource record reviews conducted during on-site State QA reviews indicate that counties do not have a consistent method for tracking completion of on-going training hours.
- During the resource record reviews conducted during on-site State QA reviews it is not noted that the material for which families are given credit does not always agree with the intent of continuing education training requirement (i.e., credit is sometimes given for reading material that is of a fictional nature, etc.)
- Not all counties consistently have trained foster/adoptive parent co-leaders for GPS.
- Counties are placing newer, inexperienced workers in resource worker positions. Therefore, workers are dependent on the curriculum and not real-life experience and observations for delivering information to foster/adoptive parent applicants.
- Although the current Learning Management System has the capability to register county staff for GPS Co-Leader Certification training, in its current state, it is unable to register foster/adoptive parents and contract providers, nor give them credit upon completion of the training.
- OCWT constantly has to maintain certified trainers to train the GPS Co-Leader Certification Training. There are several steps involved to become a certified trainer and the process takes about 1-2 years from beginning step to certification. As certified trainers are lost, OCWT has to be sure to fill the gaps, in order to maintain capacity within OCWT.

**Systemic Factor: Service Array**

**Item 29. Service array**

**Item 30. Individualization of services**

**ASSESSMENT OF PROGRESS (See also Section IV – Services)**

The service array was determined to be a strength in the Round 2 CF SR and an enumeration of a number of services is provided below and in SECTION IV (Services).

Some of the below information consists of collective data and collaborations with State Resource Management and the Office of Child Welfare Consultation. In addition to family foster homes, our agency has an array of residential services/options to be used relative to the recommendations/findings of the ISP Team. Those services include:

- 1046 Therapeutic Foster Care Homes
- 37 Child Care Institutions,
- 29 Group Homes
- Six Shelters
- 31 Child placing Agencies

These facilities are licensed and appropriately able to provide and/or access appropriate services for the children with greater needs than can be met in a foster family home setting. Thus selected information below reflects the strengths and needs of these Providers, which are vital in achieving best outcomes for the children we serve.

<b>Strengths</b>	<b>Needs</b>
<ul style="list-style-type: none"> <li>• The Department has a contract for post adoption services that includes               <ul style="list-style-type: none"> <li>a. Information &amp; Referral</li> <li>b. Library &amp; training services available to both families and professionals</li> <li>c. Nationally known speakers on issues such as attachment and trauma have provided day-long seminars in various locations throughout the state through the Trained Therapist Network.</li> <li>d. Adoptive Family Groups</li> <li>e. Camp for children/youth who have experienced adoption</li> <li>f. Adoption-competent professionals who provide counseling services.</li> </ul> </li> <li>• The Department has access to consultative services from Dr. Brent Wilson in the area of psychotropic medication usage by children in foster care. Dr. Wilson has also been available to consult with foster parents of behaviorally-challenged children to provide support and technical assistance.</li> <li>• A resource directory of adoption-competent/trained mental health professionals is being developed.</li> <li>• Supports keeping our particularly troubled children close to home or at least within the State.</li> <li>• Providers adapt their programs/services to the child's emotional, behavioral, and educational level.</li> <li>• Programs are monitored for the length of stay and providers are required to share a child's barriers to progress with the counties and the State office.</li> <li>• Excellent participation in children's Individualized Service Planning process.</li> <li>• Therapeutic foster care providers are currently recruiting for homes that will accept teens with behavioral issues.</li> <li>• When discharge notices are received, we gather the information on why the placement has disrupted. We</li> </ul>	<ul style="list-style-type: none"> <li>• Intensive crisis intervention for families post-adoption is typically accessed through services outside of the department (i.e., mental health, hospitals, other services funded by Medicaid and/or private insurance.</li> <li>• Although the trained-therapist network provides training, the state would like to have more adoption-competent mental health providers.</li> <li>• Develop and/or obtain a trauma-informed (infused) training curriculum for our staff and our resource families.</li> <li>• More resource families who can parent children with significant behavioral issues, in an effort to               <ul style="list-style-type: none"> <li>a. Lessen our dependence on congregate care facilities</li> <li>b. Achieve permanency for these children through adoption.</li> </ul> </li> <li>• Autism services have been identified by our counties and the State Office Consultants and Resource Management Staff.</li> <li>• We have needs for service development to assist with treatment of our youth aged 17-20 who have challenges with mental illness.</li> <li>• Greater partnership with the Department of Mental Health to develop programs with our providers to assist in transitioning the ILP population to, for example, Mental Health Group Homes, as they exit the system.</li> <li>• The Division of Resource Management monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc). Current gaps that are seen are services for youth 17-20 that are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ over 70 and have behavioral challenges in</li> </ul>

<p>then use the feedback to recruit homes to handle those behaviors.</p> <ul style="list-style-type: none"> <li>• Services for children/youth are individualized by : The ISP, (Individualized Service Plan) team determines the needs of the child and the family.</li> <li>• The ISP Team led by the County Agency, contacts providers and determines which providers can best meet the child, (family), needs, especially when focusing on Out of Home care.</li> <li>• The Multi-Dimensional Assessment, (MAT), is completed on children whom the County Agency is referring to our therapeutic foster care providers and moderate providers. The County Agency provides information to the assigned assessor. This information consists of: a current psychological with the DSM IV, Axis 1 diagnosis, and a review of their current behaviors, along with a case summarization of their needs.</li> <li>• The Certificate of Need from a physician and concurrence from the ISP team, along with the Office of Child Welfare Consultation is needed to ensure appropriate intensive placement for a child/youth.</li> </ul>	<p>the home, as well in the community.</p>
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**Title IV-B 2, Promoting Safe and Stable Families** - Provide the following services using PSSF funds:

**FAMILY PRESERVATION**

Family Outcome-centered Unification Services (FOCUS) contracts; Family Service Center contracts

**FAMILY SUPPORT** - Family Service Center contracts

**FAMILY REUNIFICATION** - Family Outcome-centered Unification Services (FOCUS) contracts

**Title IV-B (2) fund expenditures for 2010-2014** - The following services will be offered under each category in IV-B, subpart 2.

**Family Preservation:** Family therapy; family group decision-making; in-home support; parenting classes; intensive family intervention services; legal services; parenting time; in-home respite; drug testing; and stabilizing the family environment.

**Family Support:** Intensive family intervention services; high-risk infant; health education; legal services; transportation and visitation; mental health services; foster family respite; family group decision-making; foster parent training; foster parent support; youth companion; parent education; crisis intervention; and drug testing.

**Family Reunification:** Supervised visitation; transportation; mental health services; legal services; family and individual counseling; respite; anger management evaluation and treatment; parenting time and parent education; interpreter services and intensive family services.

**Adoption Support and Promotion**

Adoption Promotion and Support Funds are used to support two staff positions assigned to provide consultation to counties. Adoption Support and Promotion funds are also used to fund post-adoption services currently provided through contract with Children’s Aid Society for the APAC (Alabama Pre & Post Adoption Connections). These services include adult support groups with parent facilitators and a therapist for the child groups that meet at the same time the adults meet. The contract also includes a post-adoption camp, information & referral and a variety of training components. The Department participates in PEP (Public Education Program) with the Alabama Broadcaster’s Association. Through PEP member radio television stations statewide air public service announcements highlighting the need for more adoptive and foster families.

**Systemic Factor: Agency Responsiveness to the Community**

## **Item 31. Ongoing engagement and consultation with community stakeholders**

## **Item 32. Coordination of CFSP services with other Federal programs**

### **DATA**

The Recruitment Response Team entered contact with 1,752 families into the RRT database\* during FY 2012-2013. From October 1, 2013 – May 30, 2014 the team has entered contact with 1,193 families in the RRT database\*.

During FY 2012-13 Heart Gallery responded to 3209 inquiries and from 10/1/13 through the end of May 2014 they have responded to 1921.

*\*Source of information AdoptUsKids RRT Intake Report.*

### **ASSESSMENT**

### **See also Sections V (Collaboration with The Tribe) and VI (CFCIP)**

In the area of recruitment and retention of foster family/adoptive resource homes, we feel that timeliness of response is a key component to retaining families. Families who contact the recruitment response team reach the team either by calling our toll free recruitment hotline (1-866-4AL-Kids – 1-866-425-5437) or by submitting an inquiry form through the DHR web site ([www.dhr.alabama.gov](http://www.dhr.alabama.gov)). It is our expectation that a member of the Recruitment Response Team will respond to the family asking for general information about fostering/adopting within five business days. The RRT is part of a contract with Children's Aid Society for pre-adoption services. If the primary responder is out on leave for an extended period of time, other staff at CAS/APAC are trained to respond.

The Recruitment unit within the Office of Adoption/Permanency has a recruitment specialist who has the responsibility for responding to child-specific inquiries on the following sites: [www.dhr.alabama.gov](http://www.dhr.alabama.gov) (partner page with AdoptUsKids); [www.adoptuskids.org](http://www.adoptuskids.org) and [www.adoption.com](http://www.adoption.com). The tasks statements in the specialist job description require that she respond to child-specific inquiries within two weeks.

Our partnership with Heart Gallery Alabama has been very beneficial in raising overall awareness of the need for more adoptive families but more specifically in providing another avenue for families to submit child-specific inquiries for children featured on this site. Heart Gallery utilizes donated time and talent from photographers around the state to capture the likeness of children waiting for forever families; they also raise funds from a variety of sources (grants, fund raising, etc.) to fund the service they provide to Alabama DHR. For three years now, Alabama DHR has had a contract with Heart Gallery Alabama that primarily funds staff to provide timely response and accurate information to families who inquire about children on their web sites or featured in on-site exhibits.

## **Collaboration with stakeholders includes a variety of agencies, teams, and partners:**

### **Court Collaboration**

The Family Services Division staff has a strong relationship with staff of the Administrative Office of Courts (AOC), especially with the staff of the Court Improvement Program, designed to improve the processing of dependency and termination of parental rights cases so that abused and neglected children may be placed in safe and permanent homes as quickly as possible. DHR representation is common on committees, work groups, and court-sponsored projects. Likewise, staff at AOC frequently partner with State DHR staff to train, develop policies and procedures, or devise long-range plans for implementation of state and federal child welfare legislation.

The relationship between State DHR and AOC has been vital to successful training and operationalizing of best practice in Alabama. Collaboration took place on developing a strategic plan to strengthen issuance of timely and legally sufficient, Title IV-E compliant orders. Cross training (involving both offices) to familiarize court staff with the importance of permanency issues has continued. Key staff from DHR have participated in, and/or presented at, workshops organized and sponsored by the staff of the Court Improvement Program to address the revised Alabama Juvenile Justice Act of 2008, ways to improve the caseload of dependency and termination of parental rights cases and helping children achieve permanency more quickly and other topic areas impacting permanency. DHR staff continues to be represented on a Probate/Juvenile Subcommittee of the Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. Staff from both offices also have attended National Summits relating to addressing the educational needs of foster children, and Alabama Educational Summits were held on November 8, 2010, and in fall, 2013 to develop strategies that will remove organizational barriers to the successful education of children in foster care. This collaboration continues with DHR partnering in training for juvenile court judges regarding activities in the PIP and the emphasis on achieving timely permanency for children. A "Legal Aspects of Adoption

Conference” is scheduled for May 2015. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend. Additionally, a signed agreement (effective dates of 12/01/13 – 09/30/16) is in effect for the purpose of “. . . exchanging data each entity possesses for the purpose of improving the child welfare process in the State of Alabama”.

### **Adoption Recruitment Partners**

The success in recruitment, matching and placement of children in permanent custody and a goal of Adoption No Identified Resource (ANIR) is greatly due to the level of cooperation and collaboration among the recruitment partners that help us promote the need for more adoptive families. Quarterly a “partners” meeting is held that includes staff with recruitment responsibilities from the Office of Permanency’s Adoption Unit, Heart Gallery Alabama, Children’s Aid Society/APAC’s pre-adoption program, and volunteers from the Alabama Foster & Adoptive Parent Association. During these meetings each agency/organization represented gives an update on the recruitment opportunities they have held over the past quarter and together these same agencies plan/coordinate date and locations for upcoming recruitment events. If one reviews the updated information on Heart Gallery Alabama in the Department’s 2015-2019 Final Report you will see a lengthy list of on-site exhibits. You will note that a number of these exhibits are held with the help of county DHR offices, State DHR Permanency & Supervisor’s conference coordinators, and state/local chapters of AFAPA.

The program supervisor responsible for overseeing recruitment and post-adoption services also participates in a Peer-to-Peer network with several other states including, but not limited to: New Jersey, Virginia, Rhode Island, Arizona and Nevada. Two consultants from the NRC for Diligent Recruitment at AdoptUsKids facilitate these calls and provide detailed notes and follow-up examples that are helpful to us in utilizing the market segmentation research completed in 2009-2010.

### **Recruitment and Retention of Resource Families Collaboration**

Since completion of the market segmentation research work several years ago, the program supervisor responsible for overseeing recruitment and post-adoption services has shared county-specific information with several counties (upon request from the counties). Many counties have included foster and adoptive parents and other stakeholders in these working sessions alongside county staff that have resource development/resource worker responsibilities. Stakeholder participation has appeared to be more significant in smaller counties. For instance, in December 2013 the program supervisor met with the staff and stakeholders in Hale County, Alabama to develop a targeted recruitment plan for that county. Stakeholders that attended and participated in the work included several local pastors, two officers with the Greensboro police department, the sheriff and a deputy with the Hale County Sheriff’s Department and two local judges (one was the probate judge).

Following the Round 2 CFSR the Department was responsible for developing a program improvement plan (PIP). The portions of the PIP addressing recruitment & retention of foster/adoptive resource families was developed by a recruitment and retention task force. Many of the staff and foster parents that were involved in that task force are no longer in their positions or have retired. However, the recommendations in their plan are still used in shaping the interventions and strategies for recruiting and retaining foster/adoptive parents.

Part of the PIP provided for development of a Foster Parent Mentor program. The strategies that were not completed prior to the end of the PIP were carried over to the 2015-2019 CFSP and the outcome as of May 30, 2014 was included in the final report on this plan. It is our intention to collaborate with the staff, foster parent mentors and the participants in the three pilot sites, where participants will make recommendations to the Department’s leadership regarding how to revise and/or move forward with the Foster Parent Mentoring Program.

The Out of Home Care Policies & Procedures Manual includes a section on Supports to Foster Parents. A process for dealing with conflicts that may occur between foster parents and the Department is outlined in this policy. The state Conflict Resolution Team (CRT) is comprised of staff and foster/adoptive parent representatives. Thorough review of cases that are referred to the CRT are conducted; case-specific and systemic recommendations are sometimes made. This feedback will shape the retention work included in our CFSP over the next five years.

### **Collaboration with Foster Parents**

Since January, 2014, the State Conflict Resolution Team has heard five complaints that either could not be resolved at the local county level or were complaints regarding the closure of a foster home. Foster Parent Advocates are available regionally to help foster parents at the time they file a complaint with their county office. Due to the advocates’ involvement in the local process, several complaints have been resolved locally rather than referred to the State Team. The Alabama Foster Adoptive Parent Association is available to provide county social workers and foster parents training on the Conflict Resolution Process and Alabama’s “Foster Parent Bill of Rights”.

**Foster Parent Mentor Program:** Two of the three counties who implemented the program in 2013 have had second mentor sessions with new foster parents in 2014. These two counties have reported that the meetings have been very positive and well received. One county reported a need to train new/additional mentors, as current mentors also participate in their GPS preparation program for new foster and adoptive parents. The third county participating in the program in 2013 has been unable to offer the mentor program in 2014 as they only have one couple who co-lead the GPS preparation and also serve as mentors. There are plans to identify new counties to implement the mentoring program. At the point the counties are identified, training will be offered to new mentors and assistance to the counties to implement the mentor program

#### **Alabama Child Welfare Collaborative Initiative (ACWCI)**

The Alabama Child Welfare Collaborative Initiative (ACWCI) is a team of department and other agency staff that typically meet on a quarterly basis. In addition to Family Services staff and staff from other divisions with SDHR, partner agencies that are represented in the membership include the Department of Child Abuse/Neglect Prevention (includes CBCAP); the Department of Rehabilitation Services; the Alabama Foster and Adoptive Parent Association; the Alabama Network of Children's Advocacy Centers; the Poarch Band of Creek Indians and the Department of Youth Services. A useful outcome has been sharing across agencies information regarding current activities, upcoming training sessions, etc. This group also is a stakeholder group from which input has been sought for the APSR and current CFSP.

#### **Consultation with Community Stakeholders through Quality Assurance**

The Alabama Department of Human Resources has continued with its process for community consultation through its quality assurance operations. Each county Department of Human Resources has an independently functioning county quality assurance committee with Jefferson County having an additional committee for their Bessemer region. Committee membership is encouraged to be reflective of the county population and generally consists of representatives of service providers, other public and private agencies, allied professionals, the courts, and community stakeholders.

#### **The State Quality Assurance Committee**

The State Quality Assurance Committee (SQAC) is an independent body of statewide representatives of the child and family service delivery system whose functions include monitoring outcomes and agency performance from a statewide perspective; serving as a link between the community and the State Department of Human Resources; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and issuing reports as a part of its Citizen Review Panel responsibilities or for any other purpose. The SQAC is also a stakeholder group from which input has been sought for the APSR and current CFSP.

#### **County QA Committee Input**

Over much of the time frame of the 2010-2014 CFSP, and planned for upcoming years, surveys have been distributed to county offices to forward to the local QA committee. Typically input will be sought on the outcome areas and the ISP process and some years feedback on other areas is sought as well. For the 2014 Final Report, results from approximately 122 completed surveys are noted. Additionally, a meeting of county QA coordinators and county QA committee chairpersons (from across the state) took place in May 2014. The input of this group was sought in ranking potential CFSP goals; they also provided feedback as to the functioning of the local QA committees.

#### **Older Youth Input**

Youth Development is the most integral part of the success of the Independent Living Program. It is our goal that our youth are sufficiently trained and prepared to deliver the message that all children in foster care want, need and deserve all the best the Child Welfare system can offer them with regard to permanency options, education, health care services and placement stability. Youth involvement in the development of policies and practices is viewed as key to addressing the needs of this population. Therefore, State level participation in the State Youth Advisory Committee (D.R.E.A.M. Council) is being designed to provide updates and gain input from the youth around key issues impacting permanency planning for older youth and ILP services. As a result the youth have organized a Youth Speakers Bureau to be available to speak to various key stakeholder groups to provide insight into how youth experience the system and provide suggestions to improve practice in engaging the youth population in permanency planning. This has involved speaking to Judges, County Administrators, Foster and Adoptive provider groups along with facilitating workshops at State conferences. The State has hired two Youth Consultants who are Foster Care Alumni through a contract with Children's Aid Society. These young people act as liaisons to the youth in foster care. Current and alumni youth have been engaged to provide presentations locally, Statewide and Nationally on the issues identified in the PIP specific to strengthening the engagement of youth, identifying the needs of youth, and strategies to support positive outcomes for youth. Eighteen youth identified as DREAM Council Leaders participated in a three-day DREAM Council Leadership Training in July 2012. These young people have received additional trainings in goal setting, public speaking, developing agendas, engaging speakers and community leaders to join in partnership to improve services and outcomes to all youth in foster care. The DREAM Council Leaders

have conducted monthly meeting in Montgomery, Madison, Dallas, Jefferson and Cullman counties. They have participated on Foster Care panels and presented to the statewide County Director's Association meetings. These young people have set a goal to provide 300 hours of community service and increase involvement in the DREAM Council with a goal of recruiting 300 members by the end of 2014. These young people assisted in the development of the NYTD brochure which is used as a training aid as they travel across the state.

Additionally a panel of older youth were involved in the May 2014 meeting county QA coordinators and county QA committee chairpersons. The panel addressed questions including those related to quality caseworker visits.

See also CFCIP section on further collaborative endeavors.

**Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention**

In the CF SR Round 2 Final Report, issues that were cited included the following: the need to improve efforts to expand the racial/ethnic/cultural makeup of the foster families and adoptive approved by the agency to reflect the ethnic and racial diversity of the foster care population; and, the quality of some current homes was cited as a concern.

- Item 33. Application of standards to all approved homes / institutions**
- Item 34. Compliance with Federal requirements for criminal background clearance**
- Item 35. Process for ensuring diligent recruitment of potential foster/adoptive homes**
- Item 36. Process in place for effective use of cross jurisdictional resources**

**DATA**

MONTH	Dec. 2010	Jan. 2011	Feb. 2011	Mar. 2011	Apr. 2011	Apr. 2012	March 2013
<b>TOTAL HISPANIC</b>	21	19	18	20	21	22	20
<b>TOTAL # FFH</b>	3,695	3,636	3,633	3,693	3,664	3,654	3537
<b>% OF TOTAL FFH POPULATION</b>	.57	.52	.50	.54	.57	.60	.57

REASON	FY 2009 (BASELINE)	FY2010	FY2011	FY2012	FY2013 As of 3/2013
Provider Request Adoption	465	425	431	408	203
Family Circumstances	34	58	37	56	26
Approval/Licensure Permi Issue	36	45	57	38	20
	100	125	110	105	63
<b>TOTAL ALL REASONS</b>	645	653	635	607	312

TYPE	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013 As of 4/30/2013	FY 2014
Boarding	2562 / 79	2,535/90	2,573/76	2,549/44	2529/44	
Related	216 / 8	174/21	171/17	94/3	92/8	
Free	17 / 1	13/0	16/1	10/0	11/0	
Therapeutic	1015 / 11	925/0	833/3	856/0	858/2	
<b>TOTAL</b>	*3810 / 99	3,647/90	3,593/97	3,509/47	3490/54	

\*Approved/Provisional

**ASSESSMENT**

STRENGTHS	CHALLENGES
<ol style="list-style-type: none"> <li>1. The state plans to maintain the Minimum Standards for Foster Family Homes which apply to all foster family homes. There are guides for TFC and other types of residential services.</li> <li>2. The State QA Process now includes a resource record review component that reviews documentation in foster family/adoptive resource home records to ensure compliance with the Minimum Standards for Foster Family Homes. Records are chosen randomly (percentage based on total number of FFH/AR) and reviewed for compliance</li> <li>3. The Department maintains an Office of Criminal History Check that ensures compliance with applicable Federal Regulations in this area. Criminal History Check</li> </ol>	<ol style="list-style-type: none"> <li>1. Recruitment and Independent Living Services need to partner in a campaign focused at increasing the number of families willing/able to foster and adopt older youth in care.</li> <li>2. We are not currently able to track the number of applications received or new families approved in a given period with existing BOE reports.</li> <li>3. The Department needs more resource families of Hispanic ethnicity or with Spanish language skills.</li> <li>4. Counties are not correctly capturing the reasons foster family homes decide to discontinue caring for our children.</li> <li>5. If data as currently being entered is correct, we need to reduce the number of foster family homes that</li> </ol>

<p>(Letters of Suitability) are on the Resource Record Review checklist referred to in #2.</p> <ol style="list-style-type: none"> <li>4. The foster parent mentor pilot was completed in three (3) sites.</li> <li>5. The Department's Administration expects counties to regularly deliver a message about the need for more foster/adoptive parents.</li> <li>6. Annually in February, each county is expected to develop and implement a foster parent recruitment plan.</li> <li>7. Many counties implement recruitment activities year round. The majority of the county recruitment plans include delivering a message to communities of faith, social and civic organizations and to other groups based on the market segmentation lifestyle grouping data we have on existing successful foster families.</li> <li>8. The Department has executed a contract for recruitment of families interested in adopting children that meet the special needs definition. This vendor has coordinated recruitment efforts in communities of faith that include large churches in urban areas of the state as well as smaller rural congregations in the area of the Black belt area of the state.</li> <li>9. Alabama has two Wendy's Wonderful Kids Child-Focused Recruitment Projects.</li> <li>10. The Department along with our post-adoption services program were recognized at a national meeting for linking pre-adoption (recruitment) and post-adoption services (hosted by NRC/AdoptUsKids &amp; NACAC)</li> <li>11. Heart Gallery Alabama partnership and the services they provide continue to grow. They continue to photograph and video waiting children and allow use of these photographs and videos in other recruitment venues throughout the state.</li> <li>12. The Kids to Love Foundation continues to partner with Alabama in increasing the awareness of the needs of foster and adoptive children through the medium of television.</li> <li>13. The staff in the adoption unit in the Office of Permanency are well-versed in the use of ICPC for cross-jurisdictional adoptive placements. Children with TPR and a goal of ANIR are featured on four different web-based photo-listings. Therefore, families from all of the country can see photos, videos and written bios on our waiting children. Home studies from out-of-state families are received and processed on a regular basis. Once received, we acknowledge receipt back to the agency that sent them and then the studies are forwarded on to placement staff for review and consideration as potential matches for our children. Adoption team considers out-of-state</li> </ol>	<p>close for the reason "provider request".</p> <ol style="list-style-type: none"> <li>6. We need to increase the number of foster families willing/able to parent older youth in care.</li> <li>7. We need to increase the number of foster families willing/able to parent children with special health care needs</li> <li>8. We need to increase the number of foster families willing/able to parent sibling groups of three or more.</li> </ol>
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families on a regular basis and when children are matched with potential families living out-of-state ICPC packets are submitted. The adoption placement staff have developed good working relationships with number of home study agencies in other states. Our Wendy's Wonderful Kids recruiters routinely submit profile on children in their caseloads to paper match sessions held by out-of-state agencies.

14. The Department has a policy in place for releasing courtesy copies of home studies on families approved as a potential adoptive resource through DHR to other states.

### III. PLAN FOR IMPROVEMENT

The (baseline/5 year/interim) data measurements listed for the following objectives may be modified, and objectives which have no current measures will be provided with some, based on any combination of factors, including: further internal discussion, queries, data review, Children’s Bureau release of Round 3 CFSSR data measures, etc., if another measure is believed to provide a more accurate assessment of practice. This could involve keeping a given means of measurement, but adjusting an interim and/or 5 year goal, as well as using a different data measure entirely, which would entail identifying a new set of measures.

**GOAL 1: Children and families are engaged, assessed and treated with respect as individuals with their own unique strengths, needs and cultural identity.**

**Selection of GOAL**

Excellence in practice leading to successful outcomes for families has been an issue of inconsistency as evidenced by Quality Assurance Reviews; OCWC reviews, formal SACWIS documentation, and anecdotal information received in Family Services. Individualized Service Planning is the core of our practice model, and begins with genuine engagement with families, highlighting their strengths and serving as advocates for them. This fundamental skill of engagement we believe is a logical and strong place to focus, as it is the starting point toward safety, permanency, and well-being.

**What outcome and/or systemic factor will be improved**

- As children and caregivers are treated with respect, it is believed that will promote effective engagement, which will hopefully contribute toward the willingness of family members to participate in all phases of assessment.
- As respect, engagement and thorough assessments take place it will enable more accurate safety decisions to be made, facilitate permanency planning and contribute to progress being made relative to well-being outcomes.

**Data/analysis that supports selection of the goal**

- The QSR ratings (in state QA reviews) continue to show a need for improvement.

**Objective 1: Staff will continuously and thoroughly assess and address present and impending danger threats to children in their (present/anticipated) living situations.**

**What outcome and/or systemic factor will be improved**

As improvements occur in this practice area, the outcome area of child safety will be supported/maintained.

**Data/analysis that supports selection of the objective**

Child safety ratings in QSRs (conducted by state QA review teams) showed improvement over the last five years. For this to be sustained, the effective/accurate assessing/addressing of present/impending dangers needs to be maintained.

<b>Measurement:</b>	<b>QSR Rating on CHILD SAFETY</b>	
<b>QA Baseline:</b>	<b>92%</b>	
<b>5 Year Goal:</b>	<b>93.25%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>92.25%</b>
	FY 2016	<b>92.5%</b>
	FY 2017	<b>92.75%</b>
	FY 2018	<b>93%</b>
	FY 2019	<b>93.25%</b>

<b>Measurement</b>	<b>QSR Rating on ASSESSMENT</b>	
<b>QA Baseline:</b>	<b>22%</b>	
<b>5 Year Goal:</b>	<b>26%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>22.5%</b>
	FY 2016	<b>23.5%</b>
	FY 2017	<b>24.5%</b>
	FY 2018	<b>25.5%</b>
	FY 2019	<b>26%</b>

**Objective 2: The ability of families and caregivers to create safe, stable and nurturing environments will be supported, enhanced and promoted.**

**What outcome and/or systemic factor will be improved**

Safe, stable and nurturing environments will promote the improvement/enhancement of all three outcome areas of safety, permanency and well-being.

**Data/analysis that supports selection of the objective**

The data on Family Preservation and Engagement reflects the need to enhance the work being done, which would help support families/caregivers in gaining/maintaining the needed environments.

<b>Measurement:</b>	<b>QSR Rating on FAMILY PRESERVATION</b>	
<b>QA Baseline:</b>	<b>73%</b>	
<b>5 Year Goal:</b>	<b>75.5%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>73.5%</b>
	FY 2016	<b>74%</b>
	FY 2017	<b>74.5%</b>
	FY 2018	<b>75%</b>
	FY 2019	<b>75.5%</b>

<b>Measurement:</b>	<b>QSR Rating on ENGAGEMENT</b>	
<b>QA Baseline:</b>	<b>67%</b>	
<b>5 Year Goal:</b>	<b>68.25%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>67.25%</b>
	FY 2016	<b>67.5%</b>
	FY 2017	<b>67.75%</b>
	FY 2018	<b>68%</b>
	FY 2019	<b>68.25%</b>

**Objective 3: Caseworker visits with children and families (birth, foster, adoptive) will occur within policy time frames, and focus on safety, permanency, and well-being.**

**What outcome and/or systemic factor will be improved**

Timely caseworker visits that focus on thorough discussion of / planning about the ISP goals and steps related to safety, permanency and well-being will support ongoing engagement and assessment, thereby promoting improved results related to these outcome areas.

**Data/analysis that supports selection of the objective**

- While caseworker visits with child show promise when reviewing the QSR results, it will be important to maintain positive outcomes.
- Caseworker visits with parents shows a greater need for improvement and remains a critical component of experiencing successful outcomes relative to all three outcome areas.

<b>Measurement:</b>	<b>QSR Rating on CW Visit w/ Child</b>	
<b>QA Baseline:</b>	<b>92%</b>	
<b>5 Year Goal:</b>	<b>93.25%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>92.25%</b>
	FY 2016	<b>92.5%</b>
	FY 2017	<b>92.75%</b>
	FY 2018	<b>93%</b>
	FY 2019	<b>93.25%</b>

<b>Measurement:</b>	<b>QSR Rating on CW Visit w/ Birth Parent</b>	
<b>QA Baseline:</b>	<b>63%</b>	
<b>5 Year Goal:</b>	<b>65%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>63.5%</b>
	FY 2016	<b>64%</b>
	FY 2017	<b>64.5%</b>
	FY 2018	<b>64.75%</b>
	FY 2019	<b>65%</b>

**GOAL 1: Implementation Supports**

1. Provide Training through webinars (LETS) and on-site to workers regarding quality caseworker visits.
2. Provide training through webinars (LETS) and on-site to supervisors so that they may support their workers in the quality of visits and not just their frequency.
3. Develop a method for tracking caseworker visits with parents/family members of children in care.
4. Explore adding caseworker visit content to the ACT I curriculum.
5. Present workshops at Supervisory Conferences and Permanency Conference focusing on the need for caseworker visits, the impact of regular visitation on successful outcomes, and federal policy requirements/funding streams related to visits.
6. Refresh focus from state reviewers on assessing visits while they review cases, making sure that this is captured in feedback given by Family Services staff.

**GOAL 2: Children and youth in foster care will experience stability in foster care, achieve permanency in a timely manner, and transition successfully into adulthood.**

**Selection of GOAL**

- The need to improve the timeliness with which permanency is achieved for children was identified in both round 1 and round 2 of the CFSR. It continues to be an important area on which to focus.
- Older youth was one of the principle themes of the round 2 PIP and addressing successful transition to adulthood continues to be a point of need/emphasis.
- Our agency has had a significant focus on achieving permanency through adoption for the past several years. Having this focus -which has achieved noted successful outcomes -sets the stage for more adoptions and stronger monitoring.

**What outcome and/or systemic factor will be improved**

As this goal is realized, it will result in improved outcomes in both permanency and well-being.

**Data/analysis that supports selection of the goal**

Data that supports the selection of this goal is given below with the applicable objectives.

**Objective 1: Children will live in their own home or with relatives, when available, while in foster care.**

**What outcome and/or systemic factor will be improved**

As children live with their own families, with relatives, or in relative foster care, the outcome area of permanency will be strengthened.

**Data/analysis that supports selection of the objective**

The data reflects a need to make improvements in this area.

**Measurement: FACTS Data: As of 3/31/2014 - 15.4% (15%) of foster children lived in their own home, with relatives or in relative foster homes**

<b>Baseline:</b>	<b>15.4%</b>	
<b>5 Year Goal:</b>	<b>18%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>16%</b>
	FY 2016	<b>16.5%</b>
	FY 2017	<b>17%</b>
	FY 2018	<b>17.5%</b>
	FY 2019	<b>18%</b>

**Objective 2: Children experience placement stability while in foster care**

**What outcome and/or systemic factor will be improved**

The outcome area of permanency should be positively impacted as placement stability shows improvement.

**Data/analysis that supports selection of the objective**

The data seems to reflect the importance of maintaining a focus on placement stability.

<b>Measurement:</b>	<b>QSR Rating on STABILITY</b>	
<b>QA Baseline:</b>	<b>79%</b>	
<b>5 Year Goal:</b>	<b>82%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>80%</b>
	FY 2016	<b>80.5%</b>
	FY 2017	<b>81%</b>
	FY 2018	<b>81.5%</b>
	FY 2019	<b>82%</b>

**Objective 3: Reliance on placements in congregate care settings will be reduced.**

**NOTE: Further data examination of data will occur, as well as review of CFSR, Round 3 data measures, once they are released. To be updated with the 2015 APSR.**

**What outcome and/or systemic factor will be improved**

If further analysis reflects needs in this area, it is believed that improvements would be made in the outcome area of permanency as dependence on congregate care settings is decreased.

**Data/analysis that supports selection of the objective**

Further analysis will occur based on the practice principle that placement setting/structure are of critical importance to stability and timely permanency achievement.

<b>Measurement:</b>	<b>AFCARS Data</b>	
<b>Baseline:</b>	<b>17.7%</b>	
<b>5 Year Goal:</b>	<b>15.25%</b>	
<b><u>Interim Goals:</u></b>	FY 2015	<b>17.25%</b>
	FY 2016	<b>16.75%</b>
	FY 2017	<b>16.25%</b>
	FY 2018	<b>15.75%</b>
	FY 2019	<b>15.25%</b>

**Objective 4: Improve the timeliness of achieving permanency.**

**What outcome and/or systemic factor will be improved**

- Children will not remain in foster care any longer than is absolutely necessary
- Children will return to their own home or will be placed with relatives rather than living with non-related providers.

**Data/analysis that supports selection of the objective**

While the data seems to indicate that important progress has been made, it reflects the continuing importance of maintaining a strong focus on the timely achievement of permanency (see below).

<b>Measurement:</b>	<b>QSR Rating on PERMANENCE</b>		
	<b>Reunification</b>	<b>Adoption</b>	<b>OPPLA</b>
<b>Baseline:</b>	<b>35%</b>	<b>30%</b>	<b>63%</b>
<b>5 Year Goal:</b>	<b>38%</b>	<b>33%</b>	<b>65%</b>
<b><u>Interim Goals:</u></b>			
	FY 2015	<b>35.25%</b>	<b>63.5%</b>
	FY 2016	<b>35.75%</b>	<b>64%</b>
	FY 2017	<b>36.5%</b>	<b>64.5%</b>
	FY 2018	<b>37.5%</b>	<b>65%</b>
	FY 2019	<b>38%</b>	<b>65%</b>

**GOAL 2: Implementation Supports**

- Continue to work with judges/court personnel to secure bench orders for parents to provide names and contact information for relatives at the time children enter care.
- Provide training on the importance of timely placement with relatives, thorough relative search (to always include paternal relatives). Emphasize the benefits of kinship guardianship to relative resources at the time children enter care.
- Continue to provide training and technical assistance to county staff around use of kinship guardianship and Guardianship Assistance Payments (GAP).
- Develop and implement a trauma assessment tool to be used at the time of placement.
- Provide training to resource staff and supervisors to help them recruit and train foster families willing and able to address the special care needs of youth in care, therefore, providing better matches of foster youth to providers. (Also included in Recruitment Plan).
- Develop a program through which foster family/adoptive resource families will be better prepared to care for children and youth in care by requiring them to complete educational training on trauma, reactive attachment disorder and sexual safety in placements.
- Develop additional training and targeted supports to foster families interested in fostering older teens.
- ILP Unit to work more closely with congregate care providers offering Achieving Permanency through Roundtables.
- Working with county staff and congregate care providers to strongly encourage parental visitation, develop visiting resources for young people increasing their chances at positive permanency.
- Collaborate with the Administrative Office of Courts on training for professionals in the court system in an effort to achieve permanency through timely TPR and permanency through adoption.
- Implement/continue special recruitment projects focused at recruiting families willing/able to adopt children that meet the Department's Special Needs Definition.
- Provide training to staff on youth-centered round tables.
- Provide opportunities for youth to conduct/participate in youth-centered round tables.
- Develop and implement a process by which we identify children, age 14 and older, with TPR and a goal of APPLA and have adoption workers and recruiters work with these children to:
  1. Identify reasons youth do not want to be adopted
  2. Provide information to youth about what it means when they choose not to consent to adoption.
  3. Secure youth's consent to recruit for potential adoptive parents.

**GOAL 3: Workers will strengthen the Individualized Service Planning (ISP) process through the inclusion of birth/foster/adoptive families and other formal/informal stakeholders, ensuring agency involvement that supports the family in the most normalized environment.**

**Selection of GOAL:**

A strong ISP process is central to supporting improved outcomes across safety, permanency and well-being, and maintaining a focus on it remains important for the work being done with children and families.

**What outcome and/or systemic factor will be improved**

The ISP process is significant to achieving positive results in all three outcome areas (safety, permanency, and well-being).

**Data/analysis that supports selection of the goal**

See below.

**Objective 1: Families will experience functional ISPs**

**What outcome and/or systemic factor will be improved**

A functional ISP process is vital and relevant to improved outcomes in safety, permanency, and well-being.

**Data/analysis that supports selection of the objective**

See below.

**Measurement: QSR Rating on ISP in state QA reviews**

**QA Baseline: 21%**

**5 Year Goal: 22.25%**

<b><u>Interim Goals:</u></b>	FY 2015	<b>21.25%</b>
	FY 2016	<b>21.5%</b>
	FY 2017	<b>21.75%</b>
	FY 2018	<b>22%</b>
	FY 2019	<b>22.25%</b>

**Objective 2: Families will experience timely ISPs**

**What outcome and/or systemic factor will be improved**

Timely completion of the ISP is an important component of a functional ISP process, and is thus germane to improved outcomes in safety, permanency, and well-being.

**Data/analysis that supports selection of the objective**

In reviewing the data (see below) it would appear that maintaining an emphasis on conducting timely reviews will be important (while also sustaining the timeliness of holding the initial ISP).

**Measurement: FACTS Data**

**QA Baseline (FY13) Initial: 96.45%      Reviews: 85.54%**

**5 Year Goal: Initial: 97.5%      Reviews: 88%**

<b><u>Interim Goals:</u></b>	FY 2015	96.50%	<b>85.75%</b>
	FY 2016	96.65%	<b>86%</b>
	FY 2017	97%	<b>86.5%</b>
	FY 2018	97.25%	<b>87.25%</b>
	FY 2019	97.5%	<b>88%</b>

**GOAL 3: Implementation Supports**

- Development of regional ISP Trainings Being Considered
- ISP Training being provided to judges at Fall Judicial Conference
- Supervisor Conferences will contain workshop/training opportunities specific to ISP's
- Coaching and feedback around ISP's will occur based on Family Services onsite support and review of practice and outcomes
- OCWC continues to focus on strengthening the ISP process through record reviews. Feedback is provided to County Director and Management of Family Services to recommend strategies to increase skills around the ISP planning and team meetings. There is emphasis on planning to ensure inclusion of birth families, foster and adoptive families and providers and other pertinent stakeholders. Workers are encouraged to build positive working relationship with stakeholders through engagement in the process so that they feel empowered to develop and achieve goals with and for the children and families. Statewide telephone consultation and coaching are provided daily from Family Services on specific cases, which helps counties develop skills and confidence in their ability to manage their cases through the ISP process.
- OCWC also provides training opportunities to teach important skills to staff and guide them in assessment of families and in developing the most appropriate ISP plans to fit individual needs of families and children. Through the strengths and needs assessment, workers learn how to use them to

craft the best ISP plan for each individual child and family. OCWC also offers opportunities to coach and model for county workers by attending specific ISP's as requested or recommended. They monitor the process in specific identified cases to assist in teaching skills of facilitation by coaching and modeling. They are also sometimes present to observe ISP's and provide constructive feedback on the county's ability to work through the process. OCWC provides guidance and examples of ways to engage with other agencies and providers as well as informal resources to aid the family in working toward their goals. Counties are encouraged to help families and children identify informal supports that will continue to provide support when DHR is no longer involved.

#### **IV. SERVICES - SEE ALSO STRENGTHS/NEEDS LISTING UNDER THE SYSTEMIC FACTOR: SERVICE ARRAY**

- **Child & Family Services Continuum**

The Continuum of Care Service provides a range of services from moderate care to intensive in-home services to 15 counties. The services focus on achieving the outcome of successful permanency for children in a family setting. These programs have the flexibility to design individualized services that are family driven and youth/child focused. All services are customized for delivery in the least restrictive manner. When a family is referred to a continuum, the program will provide the majority of the services that are needed to achieve a permanency outcome.

Family Service Center sites are located in areas of a targeted county/community where there is a high concentration of families needing services to address their safety and stability issues. Family Service Center sites provide a broad range of home and center-based services on a continuum from prevention services to intensive intervention. Core services provided by family service centers include the following: assessing and service planning, case management; services which support families and parents, such as preventive, educational, or respite services (for example, parents might receive in-home services to coach and teach anger management or conflict resolutions skills, or parents might attend workshops which support their self-sufficiency, etc; services which address families' survival needs, including clothing, food, housing and transportation, among others; family focused counseling, treatment and therapy to address family functioning. The goal of such services is to strengthen and empower families so they can meet their needs which led to the occurrence of child maltreatment. The Family Service Centers not only serve our families, but also any families in their designated areas. The total unduplicated count of all families they currently serve is 16,727. Their Information, Intake and Referral services have been recorded as 29,149 instances last year.

The CARES program is part of a SAMSHA grant which designed to help children overcome the trauma they have experienced through child abuse/neglect, family violence or sexual assault. The CARES team uses Trauma Focused-Cognitive Behavior, an evidence based treatment approach to address the unique needs of children ages 3-18 who are experiencing distress, depression, behavior problems and/or difficulties related to traumatic experiences. As part of a four year grant the goals focus on the reduction of trauma reactions in children and training the community in trauma informed/focused services.

The Deputy Commissioner for Children and Family Services and a Deputy Director for Family Services represent the Department as stakeholders/partners.

### **Residential Services**

TFC and TFC with Enhanced Services: These providers continue to work with our counties in placing our children in need of therapeutic foster care in the most appropriate settings. We currently have over 500 children in therapeutic foster care; that includes 69 children in TFC with Enhanced Services. These services are tailored to each child's needs which may include, but not limited to:

- Frequent transportation to clinics, hospitals, or other providers
- Behavioral analytical assessments and hands-on services from experts in Behavioral Analysis.
- Frequent visits by the provider to the classroom and provision/support/maintenance of any special equipment a child may need.
- Participation in the child and family's Individualized Service Planning process

Our residential providers continue to work with the counties to place our children in the most appropriate and least restrictive placements. We have an average number of 194 children with 17 "Basic" providers, 181 children with 13 providers in "Moderate", and 54 children with nine providers in "Transitional Living Placements", 60 children with nine providers who are receiving "Independent Living" services. We have 513 children with 13 providers in "Intensive" and 29 children with four providers in the "Mothers and Infants" Program.

The "Rise Program" serves an average of 24-26 consumers. These youth are typically 14-18 years of age and present with challenging behaviors and mental illness diagnosis.

The Crisis Intervention Placement services are provided in a congregate setting and provide a basic array of services in a temporary setting. This service is used in rare circumstances when more permanent planned placement services are not feasible due to extenuating circumstances such as unknown family history, or late hour coming into care or have had a disruption in care. Services for these children include scheduling psychological evaluations, obtaining supporting documentation for the subsequent placement and obtaining a Multi-dimensional assessment to assist in determining the most appropriate placement.

The Basic Residential Services are provided in a congregate care setting and the program provides an array of services for a child with mild and/or occasional emotional and/or behavioral management problems that interfere

with the child's ability to function in the family, school and/or community setting in other than a residential environment. This type placement is limited to children whose needs cannot be met in their own home, traditional foster home, or children who have reached their treatment goals in a more restrictive setting and are ready to "step down". Children in this type program usually have behavior that is under control, and do not require constant adult supervision, have peer relations that are generally positive and respond favorably to nurturing, structured programs.

The Transitional and Independent Living Programs provide foster youth (ages 16-21) with opportunities to practice independent living skills in a variety of congregate settings with decreasing degrees of care and supervision. Services for Transitional Living may be offered in a foster home or congregate setting. The Independent Living Programs are offered in an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or a group home setting. This type of living arrangement allows the youth the opportunity to continue the decreased care and supervision needed so that the youth will ultimately be responsible for their care and be prepared to live on their own in the same location when they leave the Department of Resources care.

The Mother and Infant Programs are provided in a group living arrangement to pregnant teens or in a specialized foster home, which allows the young mother and her infant to remain in the placement after the birth of her child. The programs must assist with care for the infant during the hours that the young mother is developing her skills in parenting and preparing for independent living.

The Moderate Residential Care Programs are provided in a congregate setting for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function at home, school or in the community. The children placed in a moderate level setting require 24-hour awake staff for proper supervision to prevent/respond to the inappropriate behaviors such as inability to sleep and wandering around, fighting, attempted runaway behaviors. These children require a DSM diagnosis to enter into this level of care. Children at this level of care have a need of: 1) clinical treatment to be able to function in school, home or community because of multiple problems; 2) or have not responded successfully to less intensive treatment and/or have been denied admission or discharged from various less restrictive placements.

The Intensive Residential Programs are for children with a DSM Diagnosis requiring active treatment which means implementation of a professionally developed and supervised individual plan of care for individuals who have been prior approved and certified by an independent team (CON) as meeting medical necessity for this level of care. Children eligible for this program must have problems that pose a severe level of impairment to overall functioning in multiple areas. These children have been unwilling or unable to commit to a healthier lifestyle and who need intensive support and/or interventions to cultivate new, more appropriate methods of coping and behaving.

The Sexual Rehabilitation Services for Youth (formally Services for Youth Exhibiting Predatory Sexual Behaviors) Programs treat youth who pose a threat of harm to themselves or others due to problems in controlling sexual behaviors. The program treats varying degrees of sexual behaviors, including sexual predatory activity, mutual agreeable but harmful sexual activity and sexually reactive behaviors. The youth are placed in single occupancy rooms in a congregate setting, and younger children who are experiencing sexual reactive behaviors are placed in a specialized treatment foster home. Admission into this program must have the approval from the independent team (CON) as meeting medical necessity for this level of care.

The Rehab Intervention Service Enrichment (RISE) is for children with a DSM Diagnosis and identified by a mental health professional as having serious emotional, mental illness and behavioral problems and treatment from other programs were not successful due to the severity of the behaviors. These youth are in need of a highly individualized level of care due to struggling with a wide range of difficulties. They need a comprehensive treatment environment in which they can overcome the full spectrum of personal obstacles and, in time, can become whole again. The RISE Program provides a safe environment that facilitates behavioral stabilization, positive relationship building, and new learning experiences so children can be reunited with their families or moved to a less restrictive setting.

## **1. Services to support reunification**

The Family Outcome-Centered Unification Services (FOCUS) Programs deliver intensive family preservation services and re-unification services across the state. FOCUS programs provide short-term intensive in-home interventions to help alleviate situations and conditions within families where removal of children from the home is imminent or the child is returning home after placement. The goal of the program is to preserve and reunify families, while ensuring the safety of children and helping families learn new skills to stay together successfully. The FOCUS workers work with four (4) to six (6) families at one time. They are available to the families on a 24-

hour a day, 7-day a week basis. This type of schedule enables the workers to be available to the families when the families are available and/or when the families are experiencing difficulty. The total of families served in Focus Preservation is 432 and Reunification is 645. The Continuums have served 286 families.

## **2. Services to support family preservation**

FOCUS Staff respond immediately to family crisis. Workers generally see families within 24 hours of referral. They meet with families in the home which allows for a more thorough assessment of safety in the home and opportunities for effective intervention. At the time of the referral, the referring worker will identify the factors placing the child (ren) at risk of removal. FOCUS Staff request for the DHR to rate safety at the beginning and end of the intervention. During the first few days of the intervention, the FOCUS staff will also assess risk/safety factors and will develop a service plan with the family, which will be individualized to meet the needs of each specific family member and is in conjunction with the family's Individualized Service Plan. The treatment plan will address the factors placing the child (ren) at risk of removal from the family strengths, the goals of the intervention and how progress toward the goals will be measured. FOCUS staff also participates in developing a safety plan as needed. FOCUS Staff provide weekly consultation with DHR and immediate response in the event of health or safety issues that poses a threat to the child. FOCUS staff conduct two or more (as needed) in-home face to face contacts per week, for hours at a time in order to provide a quick response to emergencies and to teach skills during a crisis when families are most willing to learn new behaviors. Workers are available 24/7 and carry only a few cases at a time, and work a flexible schedule to be available to families when they are experiencing difficulty. FOCUS training, supervision, and ongoing monitoring and quality assurance provide additional measures to ensure the safety of families/children.

The Family Service Centers are administered by the Family Preservation and Support Services (FP/SS) Programs, funded by Title IV-B, Subpart 2, "Promoting Safe and Stable Families". Service interventions are based on a set of beliefs about children and their families that: 1) children belong with their families if they can safely live at home; 2) most parents love and want their children; 3) most maltreatment is an expression of an underlying, unmet need; 4) most people can change; 5) all children need to experience permanency in their lives; 6) and when children cannot continue to live at home, they still need family and community connections.

DHR has two (3) specialty programs in Jefferson and Shelby counties. Both counties have a Wraparound Services program that is designed to meet the unique needs of individual children and their families and to empower families to cope with daily challenges without external agency involvement. The services from these programs consist of an array of comprehensive, intensive in-home services to children and families identified through the case load of the respected counties. Service delivery occurs primarily in the family home setting or other locations based on the identified needs. The programs are required to design their programs around the intensity, prevention, and re-unification services. The third specialty program is in Jefferson County and is a Short Term Assessment and Respite (STAR) program which accesses the use of trained therapeutic foster homes. The staff and foster parents are trained to assess the children within 45 days. The provider uses their capacity to provide appropriate services to the child and family by obtaining appropriate referrals and interventions services as deemed necessary. At the end of the 45 days, the provider gives Jefferson County a complete assessment including a psychological, behavioral assessments, educational assessments and recommendations for achieving permanency.

## **3. Services to support Adoption**

APAC is a collaborative effort between the Alabama DHR/Family Services Division (Adoption Unit within the Office of Permanency) and Children's Aid Society to promote adoption. Its specific post adoption mission is to support, strengthen, and empower adoptive families. APAC post-adoption services continue to grow in visibility and use by adoptive families. The Pre-Adoption service component was added in 2008, and has increasingly provided adoptive family resources for waiting children. The State's contract for services was last renewed in 2012 to provide additional support for both adoptive families and the professionals working with them.

The pre-adoption services contract provides funds for recruitment, training and completing home studies for families interested in adopting children that meet the special needs definition.

The post-adoption services contract provides for the following services to be provided:

- Information & Referral (includes lending library of print and video materials.
- On-site, webinar, and other training – for parents and professionals
- Adoptive Family Groups (AFG's) and Adoptive Family Mentoring

- Counseling (includes a crisis hotline)
- Trained therapist network – available to adoption professionals and families
- Annual Summer Camp for children/youth that have been adopted.

#### **4. Services to support Kinship Care**

With the passage of Kinship Guardianship legislation a few years ago, the Department now provides Guardianship Assistance Payments (GAP) to families who are awarded kinship guardianship of children in foster care. To be eligible for GAP, the family must become a licensed related foster family home and the children must be IV-E eligible. The Out of Home Care policies and procedures manual was revised to include policies on the permanency goal of kinship guardianship and outlines the legal and payment assistance processes.

Several years ago the Alabama Foster and Adoptive Parent Association decided to include relative caregivers (including those with Kinship Guardianship) as members of the association. This allows them to get the same services and supports through the Association as do foster and adoptive parents.

#### **5. Services to support OPPLA (APPLA)**

Another Planned Permanent Living Arrangement is typically used as a permanency plan for youth who are older than fourteen, who cannot be safely returned to their biological families and do not want to be adopted. The primary goal for this group of young people is to develop systems of support and improve skills to ensure successful transitions. Continued support regarding the education of this population of young people regarding the ongoing need to have true permanent connections. The support of their educational and vocational goals which will equip them to provide for themselves financially, education and support regarding their mental health needs and housing services and physical health services. These young people receive group and individualized supportive services in placement settings which vary from their own apartments to traditional foster homes. Emphasis is placed on the monitoring and support of the individual goals of these youth. Some services and supports for APPLA Youth are: Some services and supports for APPLA Youth are Permanency Roundtables which help to identified permanent connections. Annual Independent Living Conferences which provide ILP training and education around ETV, NYTD, basic living skills, healthcare, Medicaid, preparing for college and leadership. Monthly DREAM Council meetings held in a different county each month providing peer training to youth across the state. Local ILP meeting held in each county which provide trainings based on the needs of the youth from and placed in the counties. Those services also include field trips to local health department, college tours and Participation in the Annual Daniel Memorial conferences gives APPLA youth an opportunity to receive training from national recognized experts and meet and network with like-minded youth. The Alabama Reach Program provides services and supports to youth in college and the University of Alabama, Shelton State Community College and Stillman College in the form of monthly meetings, service projects, assistance with housing, food and gas. The students also receive support regarding their educational goals and access to host families. The National Social Work Enrichment Program offers rising juniors and seniors in high school an opportunity to have a six-week, on-campus college experience. Children's Aid Society employs two former foster youth to design and provide trainings across the state to youth, staff, community providers and community stakeholders.

- **Service Coordination – See also Strengths/Needs Listing under the Systemic Factor of Service Array**

APAC's services also include a counseling component. With the initial contract between the Department and APAC, counseling was provided after a referral was received from the county worker, state adoption worker or self-referral by the parent. Over time, the counseling component has become more flexible. There have been instances, where state adoption workers have referred families potentially match with waiting children to counselors at APAC to review the child/sib group's non-identifying background summary to help the potential family better understand the needs of the children and to discuss potential parenting strategies, etc.

APAC's AFG's (referred to above) are offered throughout most of the state of Alabama. They meet in locations and at times that are most accessible to those families that participate. During the last two years of our contract APAC has added an adoptive-parent mentoring program to allow adoptive families in smaller, rural communities without AFG's to access support of families that have adopted.

As a part of the post-adoption services contract for 2013-2014 with APAC a community resources directory is being developed. The directory will provide information supplied by counselors, therapists, mental health professionals, etc. as they have attended training sessions through the "Trained Therapist Network" which is also a part of the post-adoption services contract.

As a part of the matching process, State adoption staff work with families (prior to placement) to make sure they are aware of programs/services that can meet the children they are adopting. These include post-adoption services provided by CAS/APAC, but also community resources and programs. Depending on the needs of the family, this would include the crisis hotline provided through APAC, how/when to call or seek treatment at local emergency rooms or even call local law enforcement.

The post-adoption services provided in Alabama are provided through contract with Children's Aid Society through a program known as, Alabama Post Adoption Connection. Through APAC, Adoptive Family Groups are offered throughout the state. The AFG's include activities focused at parents as well as a children's component for the adoptee and/or siblings.

Additionally, APAC provides an adoption camp annually in the summer. The camp not only allows participation on the part of children/youth that have been adopted but also any foster sibs that may be in the home, or biological children of their adoptive parents.

Services for children/youth are recommended through the ISP (Individualized Service Plan). The ISP team determines the needs of any child and family. The ISP team is led by the county DHR department, and , in partnership with others from the community, determines which providers can best meet the child, (family), needs, especially when focusing on out-of-Home care. The Multi-Dimensional Assessment, (MAT), is completed on children whom the County Agency is referring to our therapeutic foster care providers and moderate providers. The County Agency provides information to the assessor. This information consists of: a current psychological with the DSM IV, Axis 1 diagnosis, and a review of their current behaviors, along with a case summarization of their needs. The Certificate of Need from a physician and concurrence from the ISP team, along with the Office of Child Welfare Consultation, is needed to ensure appropriate intensive placement for a child/youth. The Division of Resource Management monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc.). Current gaps that are seen are services for youth 17-20 who are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ over 70 and have behavioral challenges in the home, as well in the community.

- **Service Description See also Strengths/Needs Listing under the Systemic Factor of Service Array**

Adoption Promotion and Support Funds are used primarily to support two staff positions, in the Family Services Division (Adoption Unit of the Office of Permanency) assigned to provide consultation to counties. These staff are also responsible for adoption planning and placement of children with TPR and a goal of Adoption No Identified Resource (ANIR). The contract with Children's Aid Society for the APAC (post-adoption) program has traditionally been funded from Adoption Promotion and Support Services. This has been the case for FY 2013-2014. This includes an annual permanency conference which provides an opportunity for front-line workers with foster care and adoption responsibilities statewide to improve their capacity around assessing families and children and providing supports needed to achieve permanency in a timely manner. This post-adoption services contract provides counseling, adoptive family groups, an annual summer camp for children/youth that have been adopted and other post-adoption services and support to families. Beginning in FY 2013-2014, a statewide public awareness campaign coordinated in partnership with the Alabama Broadcaster's Association is also funded from the adoption promotion portion of these funds. Family Service Center sites are located in areas of certain targeted counties/communities where there is a high concentration of families needing services to address their safety and stability issues. Family Service Center sites provide a broad range of home and center-based services on a continuum from prevention services to intensive intervention. Core services provided by family service centers include the following: assessing and service planning, case management; services which support families and parents, such as preventive, educational, or respite services (for example, parents might receive in-home services to coach and teach anger management or conflict resolutions skills, or parents might attend workshops which support their self-sufficiency, etc.); services which address families' survival needs, including clothing, food, housing and transportation, among others; family focused counseling, treatment and therapy to address family functioning. The Continuum of Care Service provides a range of services from moderate care to intensive in-home services to 15 counties. The services focus on achieving the outcome of successful permanency for children in a family setting. These programs have the flexibility to design individualized services that are family driven and youth/child focused. All services are customized for delivery in the least restrictive manner. When a family is referred to a continuum, the program will provide the majority of the services that are needed to achieve a permanency outcome.

- **Service Decision-Making Process for Family Support Services**

The Request for Proposal (RFP) is utilized. The RFP process includes a review of each proposal submitted by the

potential providers, and grading of each proposal by select county and state office staff. The scores are submitted to the Office of Procurement and a selection process is used to determine the awarded contracts. The sites are located where there is a high concentration of families needing services to address their safety and stability issues.

- **Populations at Greatest Risk of Maltreatment**

Targeted Services for at-risk children in Alabama are accessible both within the organization and through partners across the state. Through the Department's Individual Service Planning process, services to address family needs are identified and referrals made accordingly to programs and opportunities provided by DHR. Internal targeted services and strategies to serve at risk children include:

- ISP; Flex Funds; Information and Referral to other agencies/entities; Maintain Central Registry
- Family Services provide Case consultation services; FOCUS

The Department will continue to work with the Child Welfare Collaboration Initiative (CWCI) to identify populations at the Greatest Risk of Maltreatment. Listed below are some of our partners who have provided the Department with information regarding this group of children: 1.) Quarterly meetings with Early Intervention; 2.) Participation with Perinatal Substance Council; 3.) The Children's Trust Fund; 4.) State Child Death Review Committee; 5.) Development of Training Curriculum on Family Violence Assessment and Intervention in Child Protective Services to provide information for Community Partners; 6.) Each county also has created their own network of local providers in identifying children in this age group; 7.) Domestic Violence Coalition; 8.) One Place Family Justice Center; 9.) Public & Private Schools.

**Definition of Children at Greatest Risk of Maltreatment**

At this time, Alabama has policy in place describing vulnerable/at-risk children. Policy is intended to address those children who are in such situations that there is a possibility they may experience serious harm unless DHR intervention occurs. Policy is featured as follows. Children at greatest risk of maltreatment, are those children identified in the CA/N report as allegedly abused or neglected, for whom intake information indicates serious harm will likely occur within twenty four (24) hours. Vulnerable children are more likely to be at risk of serious harm than those who are able to protect themselves (refer to definition of "vulnerability" below). Factors that can make children vulnerable (at-risk) include, but are not limited to:

- Age six (6) years or younger; Disability (e.g., physical, mental, developmental); Health; and
- Limited, unknown, or no access to individuals who can provide protection.

Factors that suggest children may be at risk of serious harm within twenty four (24) hours and require an immediate response include, but are not limited to:

- Child death report is received with alleged abuse/neglect as the cause, and there are other vulnerable children in the home;
- Child is under age six (6) years and the alleged abuse/neglect is attributed to the parents' or primary caregivers' substance abuse, mental illness, Mental Retardation, or family violence;
- 1.) Child is being hit, beaten, severely deprived **now**; 2.) Child is unsupervised or alone **now**; 3.) Child is in life threatening living arrangements **now**; 4.) Serious allegations have been reported and a child is accessible to the person allegedly responsible for abuse/neglect or accessibility to the person is unknown; 5.) Serious allegations have been reported and the child/family situation may or will change quickly; 6.) Allegations involve failure to thrive; 7.) Allegations involve medical neglect of handicapped infants; 8.) Parents/primary caregivers are failing to seek medical care for a health problem which, if left untreated, could cause serious harm; 9.) Parents/primary caregivers have been reported as being under the influence of substances **now**; 10.) Parents'/primary caregivers' whereabouts are unknown; and, 11.) There is a history of CA/N reports which suggest the children may be at risk of serious harm **now**.

**\*EXCERPT FROM GLOSSARY: VULNERABILITY**

Refers to (a) a child's capacity for self-protection; (b) the type and extent of access a child has to individuals who are able and willing to provide protection; and (c) the child's susceptibility to experience severe consequences based on age, health, size, mobility, or social/emotional state.

- **Services to Children < Age 5 – Reducing LOS in FC and Services to this Population**

Policy very specific to the under-age five population does not exist, but focus and attention to these children's needs have been demonstrated through written documents and training settings with staff. Current recruitment practice for the under-age five population gives priority to matching/placing children under five if/when they are placed on a waiting list when adoption is not possible by current foster parent. Currently, Data Analysis is reviewing AFCARS data to monitor length of time of the under-age five group. A baseline is being considered from data tracked in 2010 to note any indications of reduction.

**Goals for 2015-2019 (Children Under the Age of Five)**

- Implement policy for the age group under five to specifically address the timeliness of permanency and the resources available to assist this population.
- Continue to assess with the Office of Child Welfare Training, training needs for new/current staff and/or resource parents in working with the under age five population.
- Beginning with FY 2015, analyze data from (FACTS, QSR, AFCARS) quarterly to seek information on and develop/implement improvement plans for the five year and under age group so comparisons by race, length of time in care and timeliness of permanency can be evaluated to note differences when compared to overall foster care youth.
- Identify one or more state level partner(s), that works closely with the children under age five population to form a partnership so adequate feedback can be obtained and an adequate list of resources or referrals can be developed and utilized.
- As of 5/21/14, there are a total of **1354** foster care children < age five; please review the charts that follow.

Race/Length of time in care Children in Foster Care under the age of 5 as of May 2014	Number	Average Length of Time in Care by Months
Black or African American	484	14.6
White	862	11.8
American Indian/Alaskan Native	2	20.0
Asian	4	20.0
Incapacitated / Unable to Communicate	1	7.0

**Children under the age as of 5/21/14  
Permanency Status**

Goals	Number of Children	Percentage
Adoption by Current Foster Parent	213	15.7%
Adoption with No Identified Resource	103	7.6%
Adult Custodial Care	1	0.1%
Kinship Guardianship	17	1.3%
Permanent Relative Placement with DHR Retaining Custody	6	0.4%
Permanent Relative Placement with Transfer of Custody to the Relative	201	14.8%
Remain with Parent	49	3.6%
Return to Parent(s)	734	54.2%
Not Yet Established	30	2.2%
<b>Total</b>	<b>1354</b>	
<b>Custody Status</b>		
Agreement for Foster Care	10	0.7%
Summary Removal	55	4.1%
Temporary – County	1193	88.1%
Permanent – State	96	7.1%
<b>Total</b>	<b>1354</b>	

- **Services for Children Adopted from Other Countries (see also, “Services to support Adoption”**  
**Inter-jurisdictional placements** are made across county lines within the state as well as inter-jurisdictional placements through Interstate Compact on the Placement of Children (ICPC). Adoption studies on out-of-state families continue to be received for families who see our children on [www.AdoptUSKids.org](http://www.AdoptUSKids.org), [www.heartgalleryalabama.com](http://www.heartgalleryalabama.com), [www.adoption.com](http://www.adoption.com) and [www.dhr.alabama.gov](http://www.dhr.alabama.gov) sites resulting in many out-of-state placements. Inter-jurisdictional placements require a great amount of consultant time due to the level of

preparation, pre-placement, placement and supervision arrangements. With increased recruitment efforts and matching to Alabama families, a higher percentage of placements are being made in the state. When a child is potentially matched with an out-of-state family, placements are made through the public or private adoption agency working with the family. When a resource is identified, in an effort to have a successful placement, the consultant and the child's planning team determine the number of pre-placement visits necessary for the child and the out of state resource to feel comfortable in making the transition. If the visits go well, a placement date is scheduled in which the consultant will travel with the child in making the placement. The Office of Permanency, therefore, has increased efforts to identify and develop in-state resources for placement of waiting children to assist in expediting permanency for these children. In terms of **inter-country adoptions**, the Department tracks and reports only those children adopted from other countries that enter state custody. Alabama has two private licensed child placing agencies that have received Hague accreditation status. These agencies provide adoption services in Inter-country adoption cases involving the United States and Hague convention countries. See 5.3/5.6. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000. Five children from a Ukraine adoption placement disrupted. Children's Aid society completed the home studies for this adoption. The children came into care due to alleged physical and emotional abuse and bizarre discipline. The permanency plan is return to parents pending completion of the investigation. APAC's post-adoption services, including counseling and Adoptive Family Groups (AFG's) are open to all adoptive families. This includes families who have adopted from the foster care system as well as families that have adopted through private means. Families that have adopted domestically and internationally can receive services from APAC. The only restriction on APAC's services is related to the post-adoption camp. Families who adopted children from private means may only participate in camp once the applications (and waiting list) for children adopted through DHR have been served.

## **V. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES**

### **The Department's goals in regards to work with the Poarch Band of Creek Indian Tribe (PBCI) and other federally recognized tribes located outside the state (Indian Child Welfare Act):**

As of June 2014, the one federally recognized tribe in Alabama is the Poarch Band of Creek Indians, whose office is in Atmore, Alabama (Escambia County). Alabama's Indian Child Welfare Policy and Procedures has been in effect since September, 2007. This is a substantive policy that provides counties with a knowledge base for working with Native Americans. While counties continue to contact the Office of Child Welfare Policy and the Office of Child Welfare Consultation, they do have policy that directs their work with Indian children and families. At the initial involvement with a child and family, the issue of whether the child has any Native American ancestry is addressed. To facilitate this, a "notification of involvement" should be sent to the Poarch Band of Creek Indians in Alabama during a child abuse/neglect investigation or prevention assessment. The "notification of involvement" process is used to consult with the PBCI Tribe and allows relevant information to be obtained from the Tribe and provides an opportunity for the Tribe to be involved in the case planning process early in the investigation. It is considered best practice to notify the PBCI Tribe of Departmental involvement with an Indian child and family and seek Tribal involvement in case planning. Specifically, Martha Gookin, the Director of the Family Services Department of PBCI is notified. The "notification of involvement" is not the formal notification to a child's Tribe required by the Act itself. When county departments are working with a child and family who fall under the ICWA requirements, Indian parents, Indian custodians and Tribes must be notified. In 2008, a revision was made to the Department's Out-of-Home Policies and Procedures to require child welfare workers to address, in removal situations, relative resources and identify whether children and families are members or eligible to become members of certain Indian tribes, as well as identifying such tribes. Native American ancestry should have been established and formal notice given to the child's tribe before removal of an Indian child from their home. The only exception to this occurs when an Indian child is removed to prevent physical damage or harm to an Indian child. Child welfare staff shall provide protection and meet the immediate safety needs of Indian/Alaskan native children when emergency situations occur. In April 2010, work was completed that allowed FACTS to generate the required notices to Indian parents, Indian custodians and Indian Tribes. When the system captures that a child is a member or eligible for membership in an identified federally recognized tribe, child welfare workers are prompted that notification procedures are necessary. As of April 2014, PBCI now has a multi-systems complex where families can have medical, dental, mental health, financial, and other typical needs met in one convenient location.

### **2015 – 2019 CFSP: Collaboration / Coordination between the State and the Tribe**

#### **I. Process for gathering input for the 2015-2019 CFSP**

- The Director of Family Service for the Tribe is a member of the CWCI Team, which also provides ongoing opportunities for exchange of information, collaboration, etc., with both the Department and other agencies represented on the team.

- The Director of Family Services for the Tribe participated in the 2014 Joint Planning Conference, conducted with staff from the Children’s Bureau Regional Office in April 2014, which additionally prompted follow-up communication on exploring the possibility of having a older youth panel provide a presentation for Tribal staff and/or youth.
- A Meeting with the Poarch Band of Creek Indians (PBCI) was held on April 25, 2014 at the PBCI Office. Due to unavoidable conflicts, several staff who traditionally attend from DHR were unable to attend. Those attending from DHR were Deputy Director Freida Baker and Program Supervisor Jeanette Davis from the Family Services IV-E unit. Further, PBCI staff were scheduled to attend, but only Martha Gookin, Director of Family Services with PBCI, and the Child and Family Welfare Coordinator, Michealine Deese were available. As of April 2014, PBCI now has a multi-systems complex where families can have medical, dental, mental health, financial, and other typical needs met in one convenient location. See also items II-VIII below.

## **II. State’s Plan for Ongoing Coordination and Collaboration with PBCI and Compliance with ICWA**

- The ethnicity of children is captured on FACTS, Alabama’s SACWIS system. FACTS captures thirteen ICWA requirements reported in AFCARS. Ethnicity is a required element in FACTS and if the ethnicity of American Indian/Alaskan Native is selected for a child, then other required elements must also be addressed. FACTS is operating statewide. The goal of mutual collaboration will continue in effect over the next 5 years.
- The Department must formally and in writing notify the Indian child’s parents or Indian custodian and the child’s tribe of pending legal proceedings involving foster care or termination of parental rights. Notification is by registered mail with return receipt requested. The goal of mutual collaboration will continue in effect over the next 5 years.
- DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. Tribes may decline jurisdictional transfer, but retain the right to request updates and participate in planning activities for development of the Tribal/Department plan for the child. The goal of mutual collaboration will continue in effect over the next 5 years.
- There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child’s extended family; foster homes which are licensed, approved or specified by the child’s tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children which are approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child’s extended family; other members of the Indian child’s tribe; or other Indian families. The goal of mutual collaboration will continue in effect over the next 5 years.
- Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as “making active attempts to assist in alleviating the problem that causes the need for removal.” Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered. The goal of mutual collaboration will continue in effect over the next 5 years.
- The Tribal Court for the Poarch Band of Creek Indians (PBCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PBCI Tribal court or any other tribal court of an Indian child not living or domiciled on the tribal reservation has a right to intervene at any point in the state court proceedings for both foster care placements and termination of parental rights proceedings. State courts are responsible for transferring jurisdiction to the Tribal Court, absent good cause or absent the objection of either parent. The goal of mutual collaboration will continue in effect over the next 5 years.

## **III. Description of Responsible Party for Providing Child Welfare Services and Protections for Tribal Children (e.g. preplacement prevention services, services to facilitate reunification (or, if not possible, adoption, legal guardianship, or APPLA), and Obtaining Credit Reports for Tribal children Age 16 and Older.**

- PCI, the only federally recognized tribe in Alabama, maintains records on children and families to whom the Tribe provides services. Reports of child abuse/neglect that occur on the Reservation are investigated by the Tribal caseworker. The Tribe maintains a case review system for those children for whom the Tribe has custody. PCI has established a Child Protection Team to review cases. Additionally, PCI has an annual review

performed by the Bureau of Indian Affairs. There are some cases in which the county Department and the Tribe work jointly with a child and family, e.g., an incident occurred off the reservation, but the child resides on the reservation. In these cases, both the Tribe and the county Department maintain records and the Department is required to do an ISP on any open case. The Department's efforts to involve the PCI in developing policies affecting the Tribe and efforts to join with the Tribe in providing services is positive for Indian children living in Alabama. The goal of mutual collaboration will continue in effect over the next 5 years.

- The Department and the Tribe will explore the possibility of a IV-E Agreement with the Tribe or whether the Tribe will apply directly to the Secretary for IV-E funds. Related to this goal is the determination of whether a IV-E agreement or direct IV-E funding to the Tribe is necessary to access CFCIP and ETV funds for Indian youth. Update 2014: Discussion around IV-E determinations was held, but clarity around these funds is still needed. Family Services staff agreed to get back with PBCI for more details around what questions or concerns remain and some further discussions have occurred on this issue. In September, 2013, counties were notified that certain information relative to an Indian child's IV-E eligibility is required to be provided to a Tribe Title IV-E agency or a Tribe with a IV-E agreement with the state Title IV-E agency in which the Tribe is located. Federal Law 45 CFR 1356.67 provided procedures for the transfer of such information.
- The Department will explore in conjunction with the Tribe a method for the Medicaid reimbursement for services provided by the Tribe for Indian children who are eligible for Medicaid. Update 2010: The issue here is targeted case management services reimbursed by Medicaid. Foster care children only can receive this and at this writing the Tribe does not have sufficient foster care population to pursue this. This will be continued should changes occur. Update 2014: This was not discussed at the April 2014 meeting. A plan was made to discuss with Deputy Director and Targeted Case Management Program Manager to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014.
- The Department, in collaboration with the Tribe, the Department of Child Abuse Prevention and the Regional ACF Office, will explore access to CAPTA funding from the Department of Child Abuse Prevention (Children's Trust Fund). Update 2014: This was not discussed at the April 2014 meeting. There is a plan to discuss with CPS Program Manager to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014.

#### **IV. Identify Sources of Data to Assess State's Ongoing Compliance with ICWA**

- See content regarding FACTS, under II above and FACTS query under V, below.

#### **V. Description of Steps State will take to Improve/Maintain Compliance with ICWA**

- The Department, in collaboration with the Tribe and the Regional ACF Office, will review supplemental instruments to evaluate ICWA compliance, for use in the next CFSR that occurs in Alabama.
- The Children's Bureau has begun to share information/expectations around the next round of the CFSR process. Alabama is scheduled for review in 2018. There was not a significant discussion of this issue.
- The Department is developing a query that will identify all parents and children in FACTS with a race of American Indian/Alaskan Native. The query results will include additional demographic, legal status, and foster care information as well as tribal affiliation and dates of ICWA-required notifications. This information will provide the basis for SDHR staff to conduct a special case study to determine the level of compliance with ICWA requirements. Collaboration with the Tribe will occur and any subsequent activities conducted will be reported on/summarized in the State's 2015 APSR.

#### **VI. Information Related to the CFCIP as it Relates to Tribal Children**

- The Department considers all children as "Alabama's Children" without regard to race or culture. The Alabama Medicaid Agency has approved PCI to contract individually with residential facilities when a youth needs residential treatment services. The Department will continue to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program (CFCIP). Indian youth are to have access to the benefits and services under the CFCIP on the same basis as any other child. Efforts will continue to be made to ensure that Indian youth have access to CFCIP and Education Training Vouchers. See Section of APSR on CFCFP/ETV.
- Indian families and the Tribe are to be included in ISPs for the child/family when the Department is working with Indian children and youth living off the reservation. The goal of mutual collaboration will continue in effect over the next 5 years.

- The Tribe continued to be interested in funding discussions, e.g. ILP. Family Services will be responding to the Tribe's ILP questions/issues by September 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014, though this will be an ongoing topic of discussion.
- Update 2013: Any ILP-eligible Indian youth in the state's foster care system will have access to CFCIP and ETV funds as any other youth in foster care. Additionally, Indian youth that have a high school diploma or GED, have access to Tribal monies (through the Tribal Trust Fund) to assist in paying for college expenses. Finally, SDHR and PBCI staff agreed that if a specific Indian youth in the state's foster care system was in need of particular services, collaboration would occur around assessing/addressing those needs, as they would for any other (non-Indian) youth in foster care. The goal of mutual collaboration will continue in effect over the next 5 years.

#### **VII. Exchange of Copies of the 2015-2019 CFSP and Subsequent APSR's**

- FSD and PBCI have exchanged their respective 2013 APSR's.
- Upon approval of the 2014 Final Report and 2015-2019 CFSP, the same exchange will occur.

#### **VIII. Other:**

- **Resource Listing**

In 2013, it was agreed that the two agencies will provide to each other a resource listing as follows: 1.) SDHR will provide information to PBCI on substance abuse treatment centers in the state, though the names of Hillcrest (Birmingham) and The Bridge (Gadsden) were given to PBCI staff on 5/28/13. Prior to June 30, 2013, SDHR will arrange for a call to take place between PBCI and selected SDHR staff in other Divisions, to discuss these/other treatment centers; 2.) PBCI will provide to SDHR information for possible distribution to all county DHR offices, the available Tribal resources for individuals enrolled (eligible for enrollment) in the Tribe, as well as those individuals of 1<sup>st</sup> Generation descent. Update 2014: This was not discussed at the April 2014 meeting. Plan to discuss with the Division of Resource Management to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014.

- **Interagency Agreement (IA)**

2014 Update - Attorneys for both PBCI and SDHR have communicated on the completing of a new IA. A goal remains for the finalizing, implementing and monitoring of a signed IA. The completion of the IA will remain a goal, and upon completion, periodic review and monitoring will continue to occur.

#### **VI. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

##### **Program Design and Delivery**

Alabama's Independent Living Program is a state-administered, county-managed program. The Program is managed at the state level by the State Independent Living Program Supervisor assisted by two State Independent Living Program Specialists. The role of the State team is to provide services, supports, training and consultation to the counties, assisting them in the development of group and individual services and supports to Youth in foster care. We partner closely with Children's Aid Society, who have employed two of our former foster Youth. Those Youth act as Independent Living Youth Coordinators serving youth, foster parents, congregate care providers and community stakeholders statewide. Our supports and services are enhanced through directed services and trainings provided monthly by our Youth Leaders and annually at the State and national conferences for our youth age 14-21 and county and state staff - See also system factor, "Agency Responsiveness to the Community", Older Youth Input.

Strategic planning is a key component to the successful delivery of services to our youth in care. Each year the state staff, county staff, former foster youth, community care providers, foster parents and community stakeholders convene to share successes and challenges and develop networks of support to ensure that our young people receive appropriate services related to their health, education, employment opportunities, financial management, housing and mental health so that they may become self-sufficient, interdependent adults with strong and supportive ties to their communities. The development of the current service plan was in collaboration with current and former foster youth, community providers, congregate care providers and county and state staff from both the foster care and independent living programs. Youth have an active voice in program planning. They are also an integral part of our training model, providing training to their peers, judges, community members, Quality Assurance Committees, foster care training classes, Tribal members and others.

The information received from The National Youth in Transition Database (NYTD) has been important to our understanding of the lives and well-being of Youth after leaving our care. The data has been shared with providers and community stakeholders, staff, Tribal partners and our young people since the results' initial collection in 2010 were released in 2011. The NYTD information was shared in a series of trainings, consultations and presentations. Alabama did reach the

benchmarks set, but we remain concerned about the outcomes for youth who have exited the system of care and the reluctance of our foster care alumni to participate in the survey. We have developed a 20 year old survey in hopes that completing it will keep our young people engaged and assist us in developing and supporting services which will ensure positive transitions. All staff providing services to ILP youth were required to complete online training. The second baseline is in process. The ILP consultants provide their assigned counties with the names of youth who are to be surveyed within 45 days of their birthdates. The Consultants monitor the completion dates and complete follow-up with the counties when issues regarding timely completion are noted. The collection of the data is essential to future planning and will require additional attention as to two set of participants' transition through our system of care. We are planning to pursue additional staff in this program to ensure that the data is properly collected and utilized to improve services and supports to older youth in foster care.

### **Serving Youth across the State**

All youth in our system of care are considered Alabama's children. In an effort to ensure that all young people receive the same level of support and services, the Program has gone to great lengths to provide training directly to youth provided by DREAM Council Youth and community providers in the counties all over the state. We are currently strengthening our partnership with the Poarch Creek Band of Indians to provide training directly to their Youth leaders. This training will occur yearly. All available services and supports are offered to all foster youth in Alabama. Youth and their caregivers and social workers can access information regarding ILP policy, services, job opportunities, health services, Medicaid and trainings at our website, [www.ilconnect.org](http://www.ilconnect.org). Services to our foster youth and those youth being served in their homes are individualized to meet each youth's unique needs. Smaller counties often struggle with placing youth in their home counties, as there are a limited number of resources in our rural counties. We are working with our Resources Management Division and Foster Care Recruitment and Retention to develop and train foster homes specifically designed to provide care to this population.

### **Serving Youth of Various Ages and Stages of Achieving Independence**

The focus of our Independent Living Program is to provide services and supports to promote healthy interdependence. Our young people enter care at various stages and levels of maturity. Because of the unique nature of their circumstance, proper assessment and youth engagement is key when serving this age group. Our ILP Partner, Children's Aid Society, is developing two transition toolkits based on levels of maturity and competence identified by the Individualized Service Planning (ISP) team. We will continue to focus on and provide training to staff regarding the appropriate use of the Daniel Memorial Assessment in the development and delivery of identified needed services and supports. More importantly our focus will be on identifying and facilitating authentic permanent connections. The provision of service is key, but without familial support our young people will continue to struggle post foster care. Breaking down the myths regarding the needs of older foster youth, addressing their unique mental health needs related to trauma, abandonment and loss and empowering them to develop and foster lifelong relationships will be our key to breaking down the barriers that often lead to homelessness, mental health facilities and jail. We began a partnership with the Alabama Department of Public Health in 2012. They have provided several of our young people across the state with relationship training focusing on abstinence, safe relationship, safer sex practice and pregnancy and sexually transmitted disease prevention. We will continue to offer this support to our young people.

Youth under 14 to 21 are able to participate in all Independent Living activities provided by the counties and state. There are no age restrictions. Youth have participated in trainings geared toward their specific age group annually in summer or fall conferences/camps. Those youth aged 14-16 participate in a camp which provides introductory training regarding what they are eligible for as a foster youth, how to effectively participate in their in ISP's, basic NYTD, social media safety, money management, preparing for college by successfully completing high school, sex education and human trafficking. The older youth aged 17 to 21 participate in more detailed trainings focused on college, technical and trade school success, credit reporting, household management, permanency pact, sexual safety, NYTD, internet safety, health and fitness, and Medicaid to 26. All youth in the system of care can participate in state and county trainings. There are no incentives offered to non-foster care youth for participating. . Since Alabama allows youth to remain in foster care until they reach age 21, there are no supports specific to those young people who we anticipate will remain in care until age 18.

Providing personal and emotional supports to young people aging out of foster care through mentors and promoting positive interactions continues to be a focus. True permanent connections developed through safe interactions an potential reunification with biological families, the use of the Permanency Pact, the development of host families through our partnership with Alabama Reach and the development and enhancement of foster and adoptive homes to serve older youth are strategies we will continue to employ to ensure that our older youth have the best possible opportunities to achieve legal permanency. Encouraging our youth to develop natural networks of support and to allow themselves to be open to familial relationships has been supported through the Permanency Roundtable Process, as well. We will continue to develop and enhance these efforts through the continued use of the Permanency Roundtable process and the expansion to the Youth Centered Roundtable process.

Our Children's Aid partners are working on toolkits geared toward the varying stages to be completed in FY2015. The toolkits will be distributed to all youth participating in the Independent Living Program and will be used in concert with their Individualized Service Plans to more closely support and monitor concrete and thoughtful transition planning.

Our Finance Division ensures, through monthly monitoring, that no more than 30 percent of our allotted federal CFCIP funds are expended for room and board for youth who have left foster care after 18 and have not yet attained 21 years of age. Young people are made aware at the time of discharge that they are still eligible for services and supports post-foster care.

Alabama offered foster care to youth up to age 21 prior to the title IV-E foster care extension. There are provisions regarding school attendance or work in our current policy in order to access title IV-E funding. Young people may remain in foster care continuously past their 18<sup>th</sup> birthday without signing themselves back into foster care. They remain eligible for all services and supports until they reach age 21. Youth who, after attaining 16 years of age, have left foster care will continue to be eligible for and participate in our adoption subsidy and kinship guardianship supports.

Young people reside in all levels and types of foster care placements post 18, ranging from traditional foster homes to independent living apartments and college dorms. We are working diligently to offer services and supports and foster home placements for young people so that they can remain in foster care in their home counties as needed. There are programs, supports, services and placements available to support all special needs populations to include, substance using youth, pregnant and parenting young people, and those with mental health needs. We are working with a community provider to develop a facility or facilities to address the special placement needs of those young people who have been victims of sex trafficking. We have a partnership with our Adult Services and Mental Health communities to ensure that our young people with developmental disabilities receive the services needed as they transition to adulthood.

A good education is the great equalizer for our young people. We have developed strong partnerships with the National Social Work Enrichment Program, NSORO, and the Alabama Reach Program to promote post-secondary education. Because of these partnerships, we have more young people graduating high school and receiving GEDs and more attending two and four year colleges and universities, technical and training schools. We will continue to work with these community partners and work to expand our partnerships with Job Corps and the high school systems, the United States Armed Forces and the Department of Youth Services to promote graduation and dual enrollment programs that are being offered in high schools across the state.

There is no clear definition of room and board in our policy. Information regarding board payment is as follows: Counties often need to know how the board payments are to be used to meet a child's needs. Board payments vary according to the age of a child and the core rate does not include difficulty-of-care payments. The maximum monthly core board payment should be used according to the following breakdown:

- Room and Board 85.0%
- Clothing 7.5%
- Medicine Chest Supplies 2.0%
- Incidentals 5.5%

These percentages are used as a guide and may vary according to a child's specific needs. **Note:** Incidentals include purchases for a child such as school supplies, movie tickets, etc.

In terms of data on youth over 18, per the 4/1 data 32% of our young people have chosen to remain in foster care. As stated in the current CFSP, they reside in every type of placement from traditional foster home to college dorm rooms and apartments. There are no specified supports for them with regard to employment. All young people are eligible to receive training and employment support. Young people all over the state have access to local employment services, receive training regarding resume writing and interview techniques. All youth exiting foster care receive the \$1000 aftercare payment and services and supports three months post their exit from foster care to ensure smooth transitions. There are two counties, Montgomery and Madison county, who have specific staff designated to provide intensive ILP services to youth who are 20 years old and other youth per the workers' requests.

Per the information received our 18 to 21 year old youth reside in every type of placement setting available ranging from traditional foster home to their own apartments. Thirty-three percent of our young people over 18 reside in traditional and therapeutic foster care settings, twenty-eight percent reside in congregate care settings. Young people, without regard to age, receive the placement setting services deemed most appropriate by their ISP teams.

<b>Placement Types</b>	<b># of Foster Youth</b>
Adoptive Home	1
DYS Operated or Licensed Facility	1
Group Home	30
Independent Living	56
Child Care Institution	79
Other	17
MH Operated or Licensed Facility	48
Own Home	15
Therapeutic Foster Care	73
Foster Family Home	111
Nursing Home	6
Out of State Residential Treatment Facility	5
Transitional Living	27
Related Home	15
Residential Treatment Facility	14
Runaway Status	48
Unrelated Home Court Ordered	2
<b>Total</b>	<b>548</b>

### **Credit Reports and Health Care Proxies**

Credit reports are requested by county staff each year upon each youth's 16<sup>th</sup> birthday. The results are shared with the young person and documentation of the results is recorded in their files. Youth are also provided training regarding the importance of maintaining good credit and responsible fiscal management.

Health care proxies are a new area of focus for the Department. They are encouraged with youth who have not identified permanency resources to speak on their behalf, should they become incapacitated. Individualized consultation regarding this matter will continue to be provided to staff.

### **Collaboration with other Private and Public Agencies**

There have been several initiatives related to private and public agencies which will continue. The Independent Living Program works closely with Children's Aid Society to provide services and supports to older youth in foster care. We have developed great collaborations with Alabama Adoptive and Foster Parent Association, Alabama Department of Education, Alabama Reach, the Alabama Medicaid Agency, Alabama Department of Youth Services, the Child Welfare Collaborative Initiative, the National Social Work Enrichment Program, Foster Care to Success, Alabama Department of Public Health, Casey Family Program and NSORO. These collaborations have yielded improved outcomes with regard to older youth adoptions, improved educational outcomes, college retention and matriculation, an improved knowledge of psychotropic medication use and trauma informed practice, and a focus on ensuring that older youth re-enroll in the Medicaid program. We have had the opportunity to coordinate services to Department of Youth Services crossover youth, provide training and education to our Tribal partners and Court Improvement Program staff regarding older youth issues. We have also had an opportunity to utilize a new permanency consultation model and prepare our young people for academic life beyond high

school. We will be working to develop more comprehensive collaborations with Job Corps, the United States Armed Forces, the Department of Mental Health and the Alabama Department of Labor. A stronger and more defined partnership with Alabama Department of Mental Health regarding smooth transition would improve outcomes for our youth with serious mental health issues, reducing the numbers needing to be hospitalized and possibly becoming homeless as adults. Our work with the Armed Forces, Job Corps and the Department of Labor is meant to improve and provide improved options to a population of youth who may struggle with transitions post foster care. We will also work to develop a partnership with Housing and Urban Development to decrease the number of homeless youth. Focus in this area would target those teens who participate in our traditional independent living apartment settings and youth needing to move out independently to better maintain stable housing by taking advantage of opportunities and programs offered by HUD. This collaboration will focus on the access to and availability of funding needed for this unique population of young people.

We have worked closely with our Medicaid Agency to ensure that young people who are eligible for the extension of Medicaid coverage to age 26 are made aware of this opportunity. The information regarding the expansion was provided to all Department staff and they were advised to share that information to all eligible youth. We have coordinated training for our staff and youth making them aware of their eligibility and directing them to Alabama's Medicaid website to re-enroll for insurance coverage. Training has been provided to case workers and youth, and will be presented to county supervisors at upcoming conferences. The information and link to the website is also on our Independent living website.

County Staff, young people, community partners and foster parents have received training regarding sex trafficking. We will continue to provide this training to all stakeholders to combat this issue. We are working with a local agency to develop a possible treatment/placement facility for young people in the states who have been identified as victims of human trafficking.

#### **Determining Eligibility of Benefits**

All youth aged 14 to 21 in the foster care system or receiving services through our Protective Service Program are eligible to receive services. Foster youth age 14-21 are eligible for all benefits and services. There are no restrictions for the use of CFCIP funding for foster youth residing outside of the state.

#### **Participation in National Evaluations**

The State of Alabama's Independent Living Program will cooperate and participate in any and all national evaluations required regarding the effect of the programs in achieving the purposes of CFCIP.

#### **Education and Training Vouchers Program**

Our young people are supported with CFCIP monies allotted for Education and Training Vouchers through our partnership with Foster Care to Success. The Department works in partnership with Foster Care to Success to ensure that the total amount of educational assistance to youth does not exceed the total cost of school attendance. Foster Care to Success maintains a web portal which our young people and their caregivers, university officials and state office staff can access 24 hours a day seven days a week. The young people apply online, the information is verified by our office, they submit all required documentation related to their institution and are awarded ETV funds based on their need. Foster Care to Success provides comprehensive support to include care packages, school supplies, and equipment. Our young people are required to check in with an identified staff member once monthly to report their progress or lack thereof. There are 179 young people participating in FY2014, each young person receives an average of \$3100 per year.

The data collected by Foster Care to Success assists us in improving the provision of services to our young people. Current data shows that college and technical school graduation is an area of needed concern and focus. Our number of freshman enrolling far outnumbers our seniors near completion. We will work with our partners at the State the Department of Education, the National Social Work Enrichment Program, Alabama Reach, Casey Family Programs and NSORO to improve our college completion success rate through better preparation for college and additional supportive services while participating in post-secondary education. The focus moving forward will be improved permanent connections and support and increased financial support through tuition waiver.

Alabama Reach, Foster Care to Success, Casey Family Programs and the National Social Work Enrichment Program and other community stakeholders will work to develop a collaborative taskforce to bring tuition waiver to the state. Our young people are grateful to participate in the ETV Program, but as college costs increase, their ability to remain in college, technical, and training programs is seriously challenged. Our young people often lack the credit required to acquire private college loans and often leave college because of the mounting costs and lack of financial support. We will work with our Governor and Legislature to ensure that the lack of funding for higher education tuition is no longer a barrier to successful college completion.

Alabama Reach will be working with the Department to expand their programs to other colleges and universities in the State. The Reach Program is currently housed at the University of Alabama with support from the University and Casey

Family Programs. Alabama Reach provides group sessions, access to host families, year round dorm access, financial support, training, and volunteer opportunities for any youth identifying themselves as current or former foster youth. The program supports all foster care youth at the University of Alabama and at Shelton State in Tuscaloosa. We have conducted preliminary program meetings with Alabama State University in Montgomery. It is their goal to serve all foster youth in the seven of the two and four year colleges and technical and training schools in the area.

### **Consultation with Tribes**

We consult on a quarterly and twice yearly basis with our nationally recognized Tribe, the Poarch Creek Band of Indians. It is our goal to expand this partnership by planning an annual convening of our youth leaders and tribal youth leaders. The Tribe is an active partner in our Child Welfare Collaborative Initiative with full access to all information regarding services and supports available to young people. There are no restrictions with regard to the Tribal members accessing any benefits or services available to all other youth in the state. All young people in the state are considered Alabama's children and have access to all services and benefits, as such.

### **CFCIP Program Improvement Efforts**

Our plan will continue to involve youth. Our Youth Leaders meet once monthly during the school year and participate in camps, leadership trainings and state and local conferences annually. They set and develop goals based on information received from youth during their monthly meetings which occur in a different county each month. They develop strategies related to their goals and consult with ILP staff and our Children's Aid Society partners to effect the change that they would like to see. Our focus on the youth voice will continue and will be enhanced by more leadership and training opportunities related to working with the Legislature and effective youth advocacy.

### **CFCIP Training**

We will continue to provide comprehensive, innovative and relevant training to our youth, providers, county and state staff, foster parents, judges and interested community stakeholders. We will conduct annual networking opportunities for ILP staff, providers and community stakeholders. We will continue to provide regional trainings to the county related to independent living policy and procedures and NYTD. We will provide online trainings as deemed appropriate using our LETS training system. We will improve our capacity to provide training upon request to counties and community stakeholders if staff can be added to our Program. Youth will be provided annual leadership and ILP training. Youth will participate in national conferences annually and in monthly trainings around the state. Youth, county staff and stakeholders will participate in training focused on successful transitions supported through the Youth Centered Roundtable permanency process.

## **FIVE-YEAR PLAN: 2015 – 2019, OBJECTIVES**

**GOAL: Independent living services will be provided to all youth ages 14-21 the means by which to successfully transition into adulthood with appropriate supports and services. All Youth, who are currently in the planning responsibility of the Public Child Welfare system, will receive the services and supports need to become successful interdependent adults.**

### **1. OBJECTIVE**

**The Independent Living Program will conduct, coordinate, and provide consultation and training for all county social workers with ILP responsibilities, community providers, transitional and independent living providers, congregate care providers, foster parents and federally recognized Tribes and community stakeholders to develop programs to promote successful outcomes for youth.**

The Office of Permanency, Independent Living Program will work to expand support to counties in building capacity to understand and serve older youth needs through funds available through Chafee. There are currently two State office staff members serving as consultants for our Program. Having only two positions serving 67 counties is a challenge to serving counties adequately. We will seek to expand the program to include at least four Consultants. Adding additional staff will enhance our ability to serve the counties, provide a dedicated Consultant to focus on our NYTD Data Collection, and enhance our ability to assist those youth who are exiting our system of care due to their age.

We will continue to provide annual trainings and regional consultations for state office and county staff, Tribal staff, foster parents and community stakeholders. In order to enhance our capacity to properly consult and train around permanency and transition goals, IL Consultants will complete one site visit per quarter to assess current practices and programs provided to older youth served by the transitional and independent living programs and congregate care facilities. We will use the feedback provided to the county site to include recommendations and strategies to improve outcomes through the IL program.

### **2. OBJECTIVE**

## **Safely reduce the number of Youth who have APPLA as a permanency goal.**

Improved policy regarding positive permanency, focused transition planning, placement stability, a focus on positive permanency through family, sibling and community connections are the keys to reducing the numbers of Young People who have a permanency goal of Another Permanent Planned Living Arrangement. We partner with community stakeholders and our ILP Youth and Alumni, develop a Transition Toolkit that not only addresses the global needs related to safety, health, transportation, education and the financial competency of our Youth, but one that focuses on individual goals of Youth with emphasis placed on their input to the overall transition plan. This will also be a focus on quarterly monitoring of transition plans for older youth.

Improving placement stability through the use of appropriate matching and assessment tools is essential. We will work with our Foster Parent Association to deliver additional training to those parents who are interested in serving older Youth. We will emphasize the use of the permanency tools delivered in the Achieving Permanency through Roundtable, formerly Permanency Roundtables consultation model supported by our partnership with Casey Family Programs. That training was successfully delivered to all 67 counties. We will also focus on tools to support older Youth in their current placement, reducing placement moves and enhancing their ability to manage and mitigate crisis. We will partner with our member agencies, Office of Adoption, AFAPA, CAS, the Poarch Creek Band of Indians and our DREAM Council to develop additional training for all stakeholders serving our Youth in an effort to improve placement stability with an emphasis on the changes and development typical to teens based on current research. Focus on increasing responsibility and accountability balancing safety, crisis stabilization and increased autonomy regarding foster parent decision making and permissions will be essential. We will train Youth regarding the importance of permanency at our monthly and annual Youth trainings. We will also employ the Youth Centered Roundtable process to improve positive permanency outcomes.

### **3. OBJECTIVE**

**ILP teens will have access to information about policies and program development along with activities and opportunities that will be supportive as youth transition to adulthood. Youth Leadership will be promoted and enhanced.**

The DREAM Council will receive and provide leadership training to their peers on a monthly and annual basis. The State ILP staff will assist our Children's Aid Society, (ILP partners) with providing relevant and appropriate content for our [www.ILConnect.org](http://www.ILConnect.org). This website will provide pertinent information and helpful tips for teens regarding foster care policy, educational and vocational information, scholarship opportunities, peer achievements, information regarding camps and conferences, NYTD portal, policy relevant to foster parents, independent living and transitional living providers, congregate care providers and the community at large.

### **4. OBJECTIVE**

**Improve educational outcomes for ILP Youth partnering with our education systems to provide additional supports and services.**

The Independent Living Program will seek to enhance the educational services provided to our Youth. The Program will explore the possibility of issuing a request for proposal for an Education Specialist to act as a liaison to consult with our state and county staff to review educational needs of our young people and offer individualized consultation. The Educational Liaison would serve to provide training to staff and interested stakeholder regarding assisting our Young People as they navigate the education system. This program will provide services to assist foster youth with transitioning into adulthood prior to and after leaving the foster care system for a period of six months from exit of care. Chaffee funding will be accessed to provide services that will aid youth as they transition out of care.

The Program will continue to provide opportunities for our Young People to have real life higher education experiences through our continued partnership with Alabama Reach, NSORO Foundation, Casey Family Programs, and the National Social Work Enrichment Program. We will work to enhance that partnership in our efforts to institute tuition waiver for older foster Youth in the State. We will work to engage our Children's Aid Society, Foster Care to Success, Alabama Reach, Alabama Foster and Adoptive Parents Association, State Quality Assurance and the National Social Work Enrichment Program in developing policy and promoting legislation to secure tuition waiver for Alabama's current and former older foster Youth.

The Program will enhance services to Youth in college through the expansion of the Alabama Reach Program and the supportive services they offer to other colleges and universities across the State. Our Young People also struggle financially and we will seek to alleviate that barrier. The Independent Living Program, in partnership with Alabama Reach, the National Social Work Enrichment Program, Alabama Foster and Adoptive Parents Association, with support from Casey Family Programs will also lobby for tuition waiver for all foster care youth exiting the foster system after their 16<sup>th</sup> birthday.

**5. OBJECTIVE**

The Department will enhance its system to track youth exiting care due to age from the system of care in order to meet National Youth in Transition Data requirements to monitor outcomes for youth transitioning out of care. Enhanced aftercare services will be available to all teens eligible and served for participating in the ILP Program.

The Independent Living Program is currently developing a plan to continue to support around activities and monitoring of NYTD requirements. There is a need to have at least one staff member dedicated to this project. The additional position would support the monitoring of NYTD across the State to help assure implementation of IL services and implementation of NYTD so that youth have permanent connections upon leaving the child welfare system. NYTD information gathered will be used to develop needed services and to craft more intensive aftercare services based on recent studies regarding the full maturation of young adults occurring at age 26. The department will continue to monitor trends in youth who request or need aftercare services beyond our monitoring period and work to develop resources in communities and connect youth to available supports.

**6. OBJECTIVE**

The Department considers all children as “Alabama’s Children” without regard to race or culture.

The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. See also under Item 38.2, “The Department’s goals in regards to work with the Poarch Band of Creek Indian Tribe and other federally recognized tribes located out side the state”, which is located in the report section of the APSR.

**VII MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS**

It should be noted that Alabama calculates caseworker visit data on month by month basis vs. federal, i.e. calculating all 12 months of a fiscal year. The Department captures caseworker visits using FACTS. Workers are required to register their contacts with children in out-of-home care every month. The information captured on FACTS relative to children in out-of-home care is used to report information to HHS/ACF in the AFCARS report. The data are as follows:\*

Caseworker Visits With Child				
	Measure 1 Percentage of Worker to Child Visits		Measure 2 Percentage of Visits Occurring in the Home	
	Target	Actual	Target	Actual
FY2007 Baseline		59%		68%
FY2008		46%		89%
FY2009		58%		88%
FY2010		65%		94%

<b>FY2011</b>	<b>90%</b>	<b>78%</b>	<b>Over 50%</b>	<b>96%</b>
<b>FY2012</b>	<b>90%</b>	<b>95%</b>	<b>Over 50%</b>	<b>97%</b>
<b>FY2013</b>	<b>90%</b>	<b>97%</b>	<b>Over 50%</b>	<b>98%</b>

\* Alabama continues to report caseworker visits data based on sample data provided by the Children’s Bureau taken from the fiscal year AFCRS submissions. The total aggregate number of children under age 18 who was in foster care for one full month between October 1, 2012 and September 30, 2013 was 6,548.

Alabama standards for Meaningful Caseworker Visits include children in foster care, homes of relatives, emergency shelters, residential facilities, childcare institutions and pre-adoptive homes as well as children in ICPC placements. Quality Caseworker Visits continue to be consistently made each month and planned through the ISP process to include scheduled and unannounced visits to the child’s living environment. Visits include exploration of goals and examination of any changes. Workers are supportive and prepared to deal with any changes or challenges through individualized assessment and skill building so that the child and family feel prepared and safe to explore both known and new opportunities. Visits are carefully documented with plans for follow up and continuing ongoing assessment of strengths and needs.

Caseworkers continue to contact children and families through telephone calls. Visits to children in other settings may occur to provide opportunities for private discussions. Visits to parents and caretakers may also occur in other settings for the same reason however these types of visits in no way take the place of the required face to face in home monthly visits. When the goal is reunification the workers continue to visit parents and caretakers monthly where they live. Caseworkers are able to assess strengths and needs on an ongoing basis and they are able to identify these through the ISP process to support the child and family in meeting their goals. Workers visit foster homes, related homes, pre-adoptive homes and other providers on a monthly basis at their location or residence. These visits are scheduled or unannounced and may occur when visits to the child are made.

Documentation in the record includes narrative that reflects the substance and quality of casework. It includes monitoring of child’s safety and wellbeing, engagement of birth and foster parents in development and involvement of the ISP, assessment, of permanency options on an ongoing basis, monitoring progress and helping children to perceive their wellbeing is a priority to the caseworker.

**Use of Caseworker Visit (CW) Funds**

In the State’s Training Plan, which has been submitted, three initiatives have identified plans to use CW visit funds (Tools of Choice Parenting Program, Supervisor Conferences, MOTIVATE, and MAT Training – see descriptions below). As further plans are developed for the use of these funds, they will be described in the State’s Amended Training Plan (which Alabama has been approved to submit), and/or duly submitted for approval later in the fiscal year.

**Tools of Choice Parenting Program**

The Tools of Choice Parenting Program is designed to help strengthen the parent-child relationship in order to preserve or

reunify families or help the child to be accepted into a permanent living situation. The program is offered in five areas of the state. One area is served through a Memorandum of Agreement with Auburn University. Three areas are served by employees of the department and one area is jointly served by the Auburn employee and a state employee. This program has been so successful that it has been replicated through a Memorandum of Agreement with the University of South Alabama. All classes are taught by behavior analysts. There are five, three hour classes in each session. Biological, foster and adoptive parents and other caregivers are taught behavior management tools. Classes are also provided for DHR staff. The parents/ caregivers/staff learn how to focus on the child's desirable behaviors by modeling the behaviors they would like to see more often and motivating the child to do those by reinforcing the desirable behaviors. After the parents/caregivers learn the tools, they are then observed using the skills in their homes. There are three to five in-home sessions for each family. The Behavior Analysts work very closely with each parent/caregiver so that the skills are mastered while using them with their own children. The outcomes have been published and demonstrated as contributing to increased safety, permanency and case closure. The program is regularly offered to caseworkers to directly support the families they serve and refer to the program as well as improve case practice decision making.

### **Motivate**

MOTIVATE is a curriculum created and presented by the Behavior Analyst staff/interns to DHR service line staff. The goal is to improve the Caseworkers' communication, to improve visits with the child and family and to improve all contacts related to the child and family. There are 6 modules that make up the training. The training is usually presented in two 1/2 day sessions.

### **Supervisor Conferences**

The Supervisor Conferences will address permanency issues such as permanency planning, family-centered practice, culturally competent practice and outcome-based supervision/practice. In addition, policies around (at least) monthly visitation are featured in discussions focusing on good practice.

### **MAT Training**

The department will continue to train/recertify for the Multi-Dimensional Assessment Tool (MAT). Training is now completed on a website, canstraining.com. The department received permission to rename the MAT due to having an acronym for CANS. The Child Adolescent Needs and Strengths Assessment Tool was developed by Dr. John Lyons and a large group of professionals. The CANS/MAT is an open domain tool that is free for anyone to use. The Praed Foundation only requires that the persons using the CANS/MAT be trained and recertified each year. With training, one with a bachelor's degree can learn to complete the tool reliably.

## **VIII. ADOPTION INCENTIVE FUNDS**

The 2013 Adoption Incentive grant, which can be spent through 9/30/2015, is \$1,540,000. As of May 30, 2014, the Department has not received notification of our 2014 award. The Adoption Incentive Funds are used to provide training & supports to foster and adoptive families, as well as kin caregivers, through a contract with the Alabama Foster & Adoptive Parent Association. A portion of the Adoption Incentive Funds is also allocated to each of the 67 county Departments to utilize for recruitment, training and supports and services designed to eliminate barriers to permanency. A second contract with Children's Aid Society/APAC for pre-adoption services is funded through Adoption Incentive Funds. Through this contract APAC recruits, trains and home studies families interested in adopting children that meet the Department's definition for special needs.

## **IX. TARGETED PLANS**

As per the Program Instructions for the 2015-2019 CFSP, the following plans are (separately) attached to the e-mail that transmits Alabama's 2015-2019 CFSP:

- Alabama Foster and Adoptive Parent Diligent Recruitment Plan
- Alabama Training Plan
- Alabama Health Care Oversight and Coordination Plan
- Alabama Disaster Plan

## **X. ASSURANCES**

**The Title IV-B, subpart 1 and subpart 2 Assurances, as signed by SDHR Commissioner, Ms. Nancy T. Buckner, along with the Title IV-E, Section 477 CFCIP and ETV Certifications, as signed by Alabama Governor, Honorable Robert Bentley, are all included in a separate attachment to the e-mail that transmits the Alabama 2015-2019 Child and Family Services Plan.**

## **XI. APPENDICES**

## **APPENDIX 1**

# **FINANCIAL REPORT CFS 101**

The SDHR Division of Finance submits the financial documents to the Regional Office via the ACF Online Data Collection (OLDC) system. Finance information documents are also included as attachments to the e-mail that transmits the CFSP to the Children's Bureau.

## APPENDIX 2

### 2015 – 2019 CFSP Stakeholder Participants\*

#### **Stakeholders – State Department of Human Resources (SDHR)**

1. Nancy T. Buckner, Commissioner – State Department of Human Resources
2. Carolyn B. Lapsley, Deputy Commissioner – Children and Family Services
3. Mandy Andrews, Field Administration
4. Felicia Brooks, SDHR Legal
5. Beth Dykes, SDHR Finance
6. Melody Griffin, Field Administration
7. Elizabeth King, Resource Management Division
8. Brian Kolander, SDHR Finance

9. Craig Nelson, SDHR Finance
10. Nancy Schlich, SDHR Finance

**State Department of Human Resources – Family Services Division**

11. Paul Butler, Director, Family Services Division (FSD)
12. Freida Baker, Deputy Director, FSD
13. John James, Deputy Director, FSD
14. Tonya Allen, Program Specialist – Office of Child Welfare Consultation (OCWC)
15. Sue Ash, Program Manager – Office of Child Protective Services
16. Connie Byrne, Program Supervisor - OCWC
17. Kanoschu Campbell, Program Supervisor – Office of Permanency
18. Deborah Carter, Program Supervisor – Office of Financial Resource Management
19. Linda Cassity, Program Supervisor – Office of Data Analysis
20. Vicki Cooper-Robinson, Program Supervisor – Office of Permanency
21. Valencia Curry, Program Specialist - OCWC
22. Jeanette Wallace, Program Supervisor – Office of Child Welfare Eligibility
23. Larry Dean, Program Manager – CFSR Coordinator
24. Lisa Diaz, Program Supervisor – Office of QA
25. Veronica Elder, OCWT
26. Brian Etheredge, Office of Permanency
27. Tracie Faison, Program Specialist – Office of Permanency
28. Jeff Fowler, Program Specialist – Office of QA
29. Paula Freeman, OCWT
30. Tammy Fuller, Office of Permanency (ILP)
31. Nikki Gann, Program Specialist – office of QA
32. Renee Garrett, Program Specialist – OCWT
33. Debbie Green, Program Specialist – Office of Policy
34. Leslie Kelly Program Specialist - OCWC
35. Mason Hobbie, Program Specialist – Office of QA
36. Madgelyon Johnson, Program Manager – Office of Child Welfare Eligibility
37. Deborah Langham, Program Manager - FACTS
38. Cassandra Lee, Program Specialist - OCWC
39. Kem Leonard-Jamar, Program Specialist – OCWT
40. Jennifer Lindsay, Program Specialist – Office of QA
41. Mike Lucas, OCWT
42. Melanie Manzella, Program Specialist – Office of Permanency
43. Phyllis Matthews, Program Manager – Office of Interstate Compact on Placement of Children
44. Alice May, Program Manager – Office of Financial Resource Management
45. Cris Moody, Program Manager - OCWT
46. Cindy Perry, Program Supervisor – OCWC
47. Pete Reese, Office of Policy
48. Connie Rogers, Program Supervisor – Office of Permanency
49. Beth Schaffer, Program Supervisor - OCWC
50. Hope Skelton, Program Manager - Office of QA
51. Andrea Smith, Program Specialist – Office of QA
52. Medridget Smith, Program Specialist - OCWT
53. Donna Spear, Program Supervisor – OCWT
54. Lori Wade, Program Specialist – Office of QA
55. Cathy Walker, Program Specialist - OCWC
56. Sandra Ward, Program Specialist – OCWC
57. Mark Williams, Program Specialist - OCWC
58. Faye Wilson, Program Supervisor – Office of Permanency
59. Janet Winningham, Program Manager– Office of Data Analysis

**State Quality Assurance Committee**

60. Sue Adams, Retired, State Department of Education
61. Gloria Boyd, Alabama Department of Public Health / CHIP
62. Johnna Breland, Foster/Adoptive Parent
63. Powell Brewton, Houston County QA Committee
64. Richard Burleson, Director, Alabama Child Death Review System / Alabama Department of Public Health

65. Angie Burke, School of Social Work – Auburn University
66. Debra Finley, Program Director - Alabama Post Adoption Connections
67. Gina Harris, Jefferson County QA Committee
68. Buddy Hooper, President – Alabama Foster and Adoptive Parent Association and Adoptive Parent
69. Monica Grammer, Children’s Rehab Services
70. Jessica Jackson, Department of Child Abuse Prevention, CBCAP
71. Sallye Longshore, Director – Department of Child Abuse Prevention
72. Mark Lee, Department of Mental Health/Mental Retardation – Children’s Services
73. Melissa McNeil, Alabama Coalition Against Domestic Violence – Chair, State QA Committee
74. Honorable Alice Martin, Calhoun County District Judge
75. Christy Mehaffey, Children’s First Foundation
76. Andrea Mixon , Alabama Disabilities Advocacy Program (ADAP)
77. Gina South, Director of Operations – Alabama Network of Child Advocacy Centers, Inc.
78. Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
79. Helen Rivas, Alabama/Guatemala Partners of Americas
80. Mollie Rowe, QA Coordinator – Greene County DHR
81. Misty Samya, West Alabama Mental Health
82. Mary Smith – Foster Parent
83. Sarah Ellen Thompson, Director – Alabama Family Ties
84. James Tucker, (ADAP)
85. Gayle Watts, Executive Director Children’s Aid Society
86. Charlotte Webb, QA Coordinator – Marengo County DHR

**Other External Stakeholders**

87. Martha Gookin, Family Services Director, Poarch Band of Creek Indians
88. Michealine Deese, Child/Family Welfare Coordinator Poarch Band of Creek Indians
89. Bob Maddox, Legal Advisor, Family Court Division – AOC
90. Karen Trussell, Family Court Division - AOC

**Alabama CWCI Team**

**Casey Family Programs (Permanency Roundtables)**

**Surveys (results are selectively incorporated into the body of the report)**

- County QA Committee (approximate # of surveys):

@122 surveys

**See also CFCIP Section Regarding Youth Involvement**

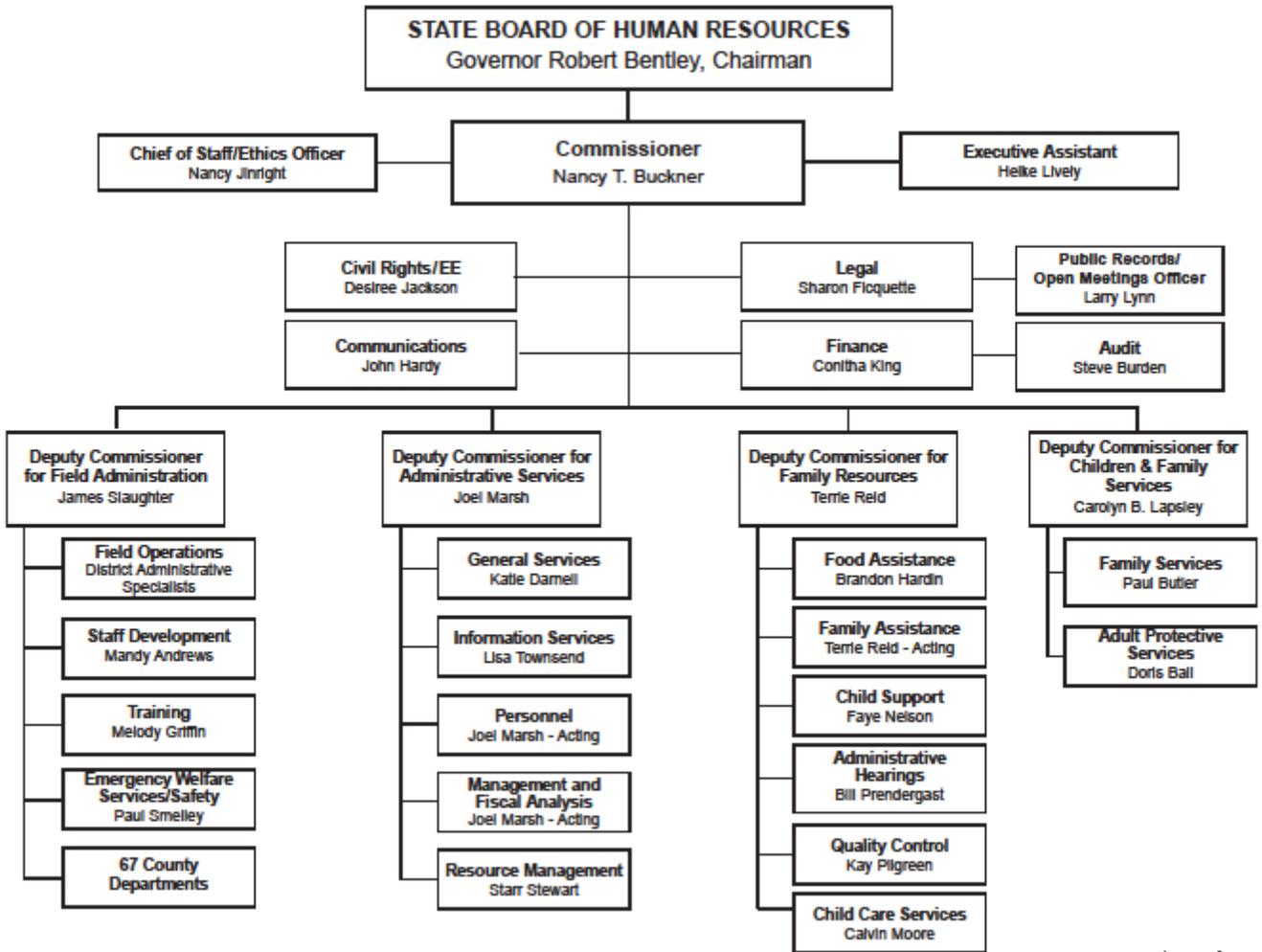
\* Individuals listed above are included by virtue of one or more of the following actions: 1.) being provided with an opportunity for selected content review of and/or input to the CFSP/Final Report; 2.) the provision of input for the CFSP/Final Report; 3.) survey completion 4.) involvement (since 2013 APSR submission) in activities related to the PIP Carry-Over Action Steps, and/or PIP measurements. Involvement in one or more activities discussed/described in the CFSP/Final Report (e.g. permanency roundtable process, training, etc. Members of the state QA committee while possibly included in the above categories are automatically listed – this group serves as the Citizen Review Panel for Alabama.

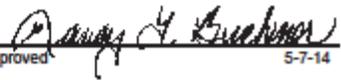
## **APPENDIX 3**

### **ORGANIZATIONAL CHARTS**

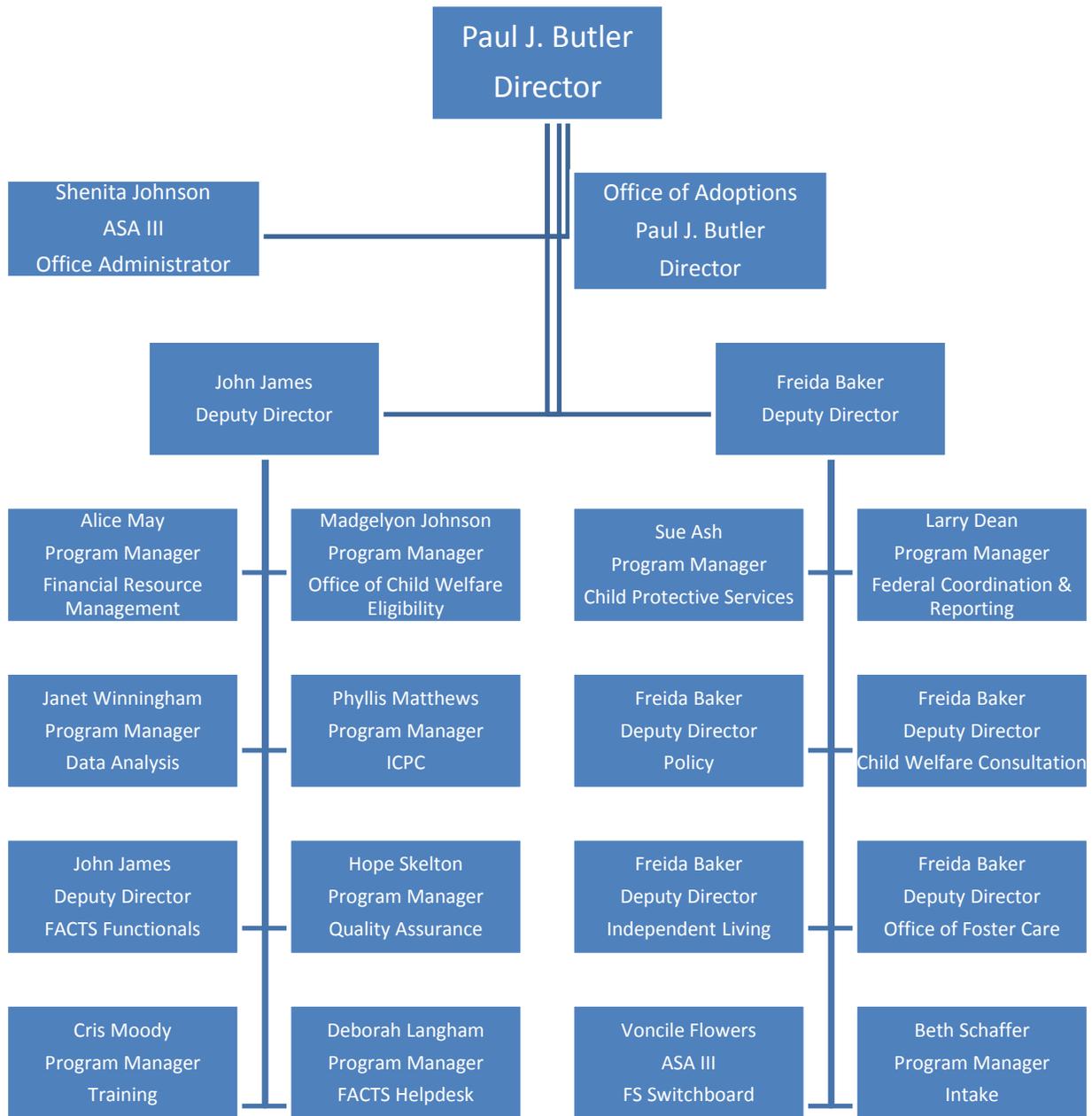
- **Alabama Department of Human Resources**
- **Family Services Division**

# ALABAMA DEPARTMENT OF HUMAN RESOURCES



  
 Approved \_\_\_\_\_ 5-7-14

# FAMILY SERVICES DIVISION



Family Services Division Organizational Chart  
July 28, 2014



ROBERT BENTLEY  
Governor

State of Alabama  
Department of Human Resources

S. Gordon Persons Building  
50 Ripley Street  
P. O. Box 304000  
Montgomery, Alabama 36130-4000  
(334) 242-1310  
[www.dhr.alabama.gov](http://www.dhr.alabama.gov)



Nancy T. Buckner  
Commissioner

July 9, 2014

Mr. Paul Kirisitz, Acting Region IV Program Manager  
Administration for Children and Families  
Department of Health and Human Services  
Portals Building  
8th Floor, Suite 8110 West  
1250 Maryland Avenue  
Washington, DC 20224

Dear Mr. Kirisitz:

Attached please find Alabama's **2015-2019 Child and Family Services Report (CFSP)**.

If there are any questions and/or if further information/clarification is needed, please contact Paul Butler, Director, Family Services Division, and/or Larry Dean, in Family Services. They can both be reached at (334) 242-9500.

We appreciate the assistance and support that you and your staff have again provided this year in the compiling of this report.

Respectfully Yours,

Nancy T. Buckner  
Commissioner

NTB:fb

Cc: Donna Dummett  
Carolyn B. Lapsley  
Paul J. Butler  
Freida S. Baker  
John James  
Larry W. Dean

An Affirmative Action/Equal Opportunity Employer

# **Health Care Services Plan**

## **2015 – 2019 CFSP**

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## HEALTH CARE SERVICES PLAN

### **I. Introduction**

Recent policy updates have been incorporated including updates on Psychotropic Medications and sharing of medical information electronic health record.

The Department of Human Resources has required for many years that children coming into care receive health care services when they enter care and during their stay in care. To achieve this, the Individualized Service Plan process was developed to assure that health care needs and/or strengths are addressed for each child in care. Through this process, county departments ensure health care needs are assessed and identified and that health services are received when needed. Quality Assurance efforts in each county may bring health care professionals together in order to enhance the health care services for children in care.

In developing a Health Care Services Plan Committee, the Department asked the Alabama Academy of Pediatrics for volunteers of pediatricians who have an interest in foster care children's health care. Most if not all of the pediatricians provide medical care at the community level for our foster care children. There is a willingness and support from the pediatricians to forge positive changes in health care for children in foster care. A request was made to the Alabama Department of Public Health's Assistant State Health Officer for Personal and Community Health to provide a volunteer to represent the ADPH on health issues for children in foster care. Alabama Medicaid Agency (AMA) is represented by the agency's Director of Transformation Initiatives and a representative from the AMA EPSDT program. The Department of Mental Health is represented on the committee and provided input in developing the Health Services Plan. Foster care providers are represented by an approved foster parent who is also a registered nurse. The foster parent is able to provide insight into issues surrounding children with severe medical conditions.

### **II. Importance of a Medical Home**

Alabama's health care community recognizes the great importance and benefit to children of a having "medical home" in providing optimal health care for children and recommend that whenever possible a foster care child continue to be cared for by his/her established physician. The physician who has been caring for the child previously is in the best position to assess the child's overall health and any changes from baseline, and will be best able to recommend any needed follow-up care or treatment. Children who have had their lives severely disrupted by being removed from their familiar environments should be able to continue their relationship with the physicians they already know and trust.

If for some reason the established medical home cannot be maintained, the child's established physician should be notified immediately so that appropriate transfer of care (including possible telephone communication) can be made with the child's new physician. At the very least, the name of the child's previous physician or clinic should be obtained and provided to the new physician. Every effort should be made to obtain prior medical records and especially immunization records, as soon as possible.

The plan for assuring oversight, coordination and a coordinated strategy to identify and respond to health care needs of children begins with a review of requirements that each child's health care needs are addressed upon entry into care and during the child's stay in care.

### **III. Initial Medical Examination**

When a decision is reached that out-of-home care is necessary, arrangements are to be made for completion a medical examination (see timeframes below). When a child is placed in care as a result of an abuse/neglect investigation, a medical assessment may be necessary to assess the child's medical needs related to any abuse suffered by the child. DHR provides for medical examinations to occur during child abuse/neglect investigations when needed. It is recommended that at entry into foster care, the use of standardized developmental screening instruments that include social-emotional assessment should be administered.

The purpose of the initial medical examination is:

- Record a brief medical history;
- Document the child's medical condition upon entry into care, including visible injuries;
- Determine whether the child is free from contagious disease; and
- Identify needed medical concerns and care needed.
- Screen for social-emotional or mental health concerns.

### **IV. Timeframe for Initial/Periodic Medical Exam**

It is preferable that a medical examination be made just prior to the child's entry into care to assess the physical, emotional,

and behavioral issues facing the child. If this is not possible, the examination must be made within 10 days after placement. The initial examination may be obtained through EPSDT (Early and Periodic Screening, Diagnosis, and Treatment Services) for Medicaid eligible children. A child must have an annual medical exam for the duration of the stay in foster care. The yearly EPSDT may be used for the annual medical exam requirement. It is preferable that standardized developmental screening instruments be administered to children at age intervals recommended by the American Academy of Pediatrics.

## **V. EPSDT**

Children in care under 21 years of age and eligible for Medicaid should have an EPSDT screening each year. Following EPSDT screenings, medical services are covered by Medicaid when identified through EPSDT periodic screening or inter-periodic screening and treatment is determined to be medically necessary. These medical services include medical, dental and vision examinations, physical and occupational therapy, speech therapy, rehabilitation services and psychological services.

Outreach activities are critical to successful health screening services that are available to children. The outreach process assures that eligible families are contacted, informed, and assisted in securing health-screening services. The Alabama Medicaid Agency, in conjunction with the Department of Human Resources, informs foster families of EPSDT services.

Alabama's Medicaid program utilizes a managed care system of assigned primary providers. Children in foster care may be exempted from this program if it is in the best interest of the child's health care needs. The exemption allows a child to remain with his/her usual "medical home" particularly if the child has chronic medical conditions. It may also allow the ISP team the ability to choose the more appropriate primary care physician. Additionally, and when appropriate, foster parents may use one primary care physician for all the children in their home.

When a child is placed in foster care and is already eligible for Medicaid, EPSDT screening should be requested unless the child has had an EPSDT screening within the last three months; has had a thorough medical examination other than EPSDT screening within 3 months prior to placement in foster care; or another medical examination, other than Medicaid Screening, is indicated.

EPSDT screenings encompass six broad categories and are available for children in foster care as well as children in their own home.

1. Initial screenings indicate the first time an EPSDT screening is performed on a recipient by an EPSDT screening provider.
2. Periodic screenings that are well-child checkups performed based on a periodicity schedule. The ages to be screened are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually beginning on or after the child's third birthday.
3. Inter-periodic screenings are considered problem-focused and abnormal. These are performed when medically necessary for undiagnosed conditions outside the established periodicity schedule and can occur at any age. Inter-periodic screenings must be provided when a medical condition is suspected or a condition has worsened or changed sufficiently enough that further examination is medically necessary.
4. Vision screenings must be performed on children from birth through age two by observation (subjective) and history. Objective vision testing should begin at age three, and should be documented in objective measurements.
5. Hearing screenings must be performed on children from birth through age four by observation (subjective) and history. Objective hearing testing begins at age five, and should be recorded in decibels.
6. Dental screenings must be performed on children from birth through age two by observation (subjective) and history. Beginning with age three, recipients must be either under the care of a dentist or referred to a dentist for dental care. Additional Medicaid screening protocols for infants, children and adolescents are addressed in the Medicaid Provider Manual, EPSDT Chapter, Appendix A, <http://www.medicaid.alabama.gov>.

## **VI. Health Care for Children Not Eligible for Foster Care Medicaid**

Some children in out-of-home care will be ineligible for foster care Medicaid. In these cases, application is made for other medical insurance coverage including SOBRA Medicaid, ALL Kids and Child Caring Foundation. The Department of Public Health coordinates the application process for each of these medical insurance coverage types. Completed applications are routed to the ALL Kids program for screening and if the child appears to be SOBRA Medicaid eligible, the application is

routed to Alabama Medicaid. If the child is not Medicaid eligible, the application will be sent first to the ALL Kids program (ADPH) and then the Child Caring Foundation (Blue Cross Blue Shield) in that order. Some children may have private insurance known as third party insurance which will need to be accessed before any of the needs based medical insurances will pay. Medical insurance may be purchased from local funds or a child's private funds if the child is not eligible for any of the above addressed programs.

**VII. Monitoring and Treatment of Ongoing Health Care Needs**

When the ISP team determines that foster care is an appropriate and necessary service or that the foster care provider needs to change, the ISP team assesses the health care needs (physical, mental and emotional) of a child through contacts with and reports from the child's health care providers. The Comprehensive Family Assessment shall include developmental information related to emotional and medical/physical functioning.

Unless otherwise recommended by the pediatrician, the following guidelines are recommended in determining the frequency of medical examinations for foster children:

<u>To 1 year</u>	<u>Age 1 year to 2 years</u>	<u>Age 2 years through 18 years</u>
at 1 mo.	At 15 mos.	At age 2 years
at 2 mos.	At 18 mos.	Annually through age 18
at 4 mos.		
at 6 mos.		
at 9 mos.		
at 12 mos.		

It is through the ISP team process that a child's health needs, once identified through EPSDT or other medical screenings or procedures, are monitored and services/treatment avenues are established. Medical professionals may be ISP team members working with the child and family. Providers of health care services are identified by team members and a specific plan made to access the health care provider.

**VIII. Importance of Immunizations**

In addition to the above examinations, all foster care children are required to have all immunizations currently recommended by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics, including influenza vaccinations. Immunizations are routine care and should not involve residual rights of parents to consent. The immunization record must be obtained and presented to the primary care provider if the provider is not the child's physician prior to entry into care. Immunizations may be paid for by Medicaid, the Vaccines for Children program or may be obtained at county health departments.

**IX. Coordination Between DHR and County Health Departments**

Approved foster parents and related caregivers of children in the temporary or permanent custody of DHR are authorized to complete and sign certification forms for the Women and Infant Care Program through the county health departments. Approved foster parents and related caregivers are provided with a letter from the County DHR Department verifying that the foster parent or relative has physical custody of the child and DHR has legal custody. Other health care needs of children in care, e.g. immunizations, are coordinated with county health departments by child welfare workers after the ISP determines a health care need.

**X. Coordination of Health Services Between DHR and Alabama Early Intervention Service (AEIS)**

Infants and children under 3 years of age who are the subject of an indicated child abuse/neglect investigation must be referred to the AEIS for evaluation. There is a formalized DHR referral process in place for this to occur. As part of the initial EPSDT or the initial medical when a child enters care, infants and children under 3 years of age should be screened for developmental delays and referred to AEIS.

**XI. Coordination of Health Information Between DHR and Foster Parents**

In Alabama the Foster Parent Bill of Rights, Code of Alabama, 1975 § 38-12A-2(7) provides that foster parents must be provided with health history information that is known by the Department at the time of placement. "When the Department knows of such information after placement, the Department shall make that information available to the foster parent as soon as practicable." Foster parents will need to be made aware of the following:

- All health problems including allergies, bedwetting, emotional problems;
- Both prescribed medications and regularly administered over the counter medications and the purpose of the medicine;

- Special diets or food allergies;
- Pediatrician's name and/or primary health care provider along with the telephone number; and
- Verification of health insurance--private insurance, Medicaid card or Medicaid number.

Foster parents are members of a child's ISP team, in accordance with Department policy. They are to be informed of follow-up medical appointments and referrals.

## **XII. Dental Care**

Children should have care established in a dental home by the age of 1 or eruption of the first tooth. Many primary care providers will be able to make an initial assessment through Medicaid's First Look program and this is encouraged. Annual dental examinations are recommended.

All Medicaid eligible children in foster care are to have a dental examination under Medicaid Screening (EPSDT). Children who do not qualify for Medicaid will have a dental examination authorized through the ISP with payment through local flex funds after other resources have been explored and exhausted.

If the dental examination indicates a medical necessity for braces and or other orthodontic care, local DHR funds may be used for this. Medicaid does not pay for braces except in rare and unusual circumstances. Medicaid requirements state that braces must be a medical necessity and documentation from a health care provider must show evidence of the medical necessity. The caseworker must obtain approval from Medicaid. Any third party insurance should be explored to determine whether this insurance covers braces. The ISP team must determine this is a needed service before payment can be pursued. If a child age fourteen or older is in need of braces and the need can relate to one or more of the Chaffee outcomes and the ISP states a need for braces ILP funds are explored.

## **XIII. Mental Health Needs of Children In Foster Care**

The ISP process is utilized to identify strengths and needs of children and their families, identify steps and services to address needs, and determine the least restrictive environment in which a child's needs may best be met. The ISP team shall be fully involved when assessing the need for, and appropriateness of, inpatient services. Before a child enters inpatient placement, concurrence must be received from State DHR. Placements that are more restrictive than foster family homes include therapeutic foster home, moderate residential treatment facilities, acute psychiatric hospitals and intensive residential treatment facilities.

Best child welfare practice requires that any behavior modification program employed in the treatment or management of a child's behavior be individualized and meet certain standards, including, but not limited to, the following:

- the program relies primarily on rewards instead of punishment;
- the program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
- the program be consistently implemented throughout the day, including in school, residential and leisure activity settings.

The Department utilizes a Residential Placement Intake Protocol to provide guidance on and concurrence with the placement of children into certain programs. The Protocol addresses emergency residential placements and the completion of a Multi-dimensional Assessment Tool (MAT) when a child needs either a Therapeutic Foster Care (TFC) placement or placement in a moderate residential facility. Continuous oversight and monitoring of children receiving treatment in more restrictive settings is performed through the use of the MAT to determine the continued need for the placement. Intensive residential treatment requires completion of a "Certification of Need for Services" by a qualified professional in addition to completion of a MAT to determine the continued need for this level of treatment.

## **XIV. Use of Prescription Medication for Children in Psychiatric Residential Treatment Placements**

Medication prescribed for mental health reasons may only be administered to children when (a) the informed consent of the parent, legal custodian/guardian, or the foster parent who is legally authorized to provide consent and (b) the informed consent of the child (age 14 or older) has been obtained. The child and adult(s) whose consent is sought will be provided sufficient information to permit them to make an informed decision. Consent may be withdrawn at any time; however, a child's refusal to consent may be overridden by a court of appropriate jurisdiction. If it appears that psychotropic medication will be used to address crises in a periodic, on-going pattern with the child, informed consent must be obtained from the

child (age 14 or older) and the parent(s), legal custodian, guardian or foster parent who is legally authorized to provide consent.

The reasons for using psychotropic medication, its expected benefits, and the potential side effects should be explained in terms understandable to the child and parents along with any significant alterations in dosage. The children's and parents' preferences and requests for alternative interventions should be considered and documented in the children's

DHR records and their medical records. [NOTE: The term "parent" as used here means the child's biological, or adoptive parent, or the primary caregiver from whom the child in care was removed. Code of Alabama, 1975 § 12-15-102(23), allows the Department to give permission for medical care to include surgery, other medical treatment, emergency or non-emergency. The Department has authority to make the decisions without court approval or approval from the parents.

Prescriptions for psychotropic medication must be written by a licensed physician who is trained in the use of such medication with children and adolescents. If the physician prescribing the psychotropic medications for the child is other than the child's primary physician, there should be consultation with the child's primary physician. When psychotropic medication is used as a treatment intervention, it must be administered only as prescribed by the physician writing the prescription. Psychotropic medication is to be carefully and closely monitored by the child's physician and the ISP team for both desired effects and potential side effects. Monitoring should include information received from the child, parent(s), and caregivers. See also XXI.

#### **XV. Criteria For Prescription of Medication for Mental Health Reasons**

A qualified physician must complete a thorough assessment of the child before prescribing medication. This assessment (especially a psychiatric assessment) should be comprehensive and include history, direct observation of the child, and all pertinent information from the school, parents, foster parents, therapists and pediatrician. This will require effective communication from all the stakeholders in the child's life. The assessment is performed to determine the appropriateness of prescribing the medication and to establish baseline data for monitoring its effects. The physician shall conduct a physical examination of the child, review the child's medical history and other relevant evaluations (e.g., medical, psychiatric, psychological) and obtain input from the child's parent(s)/caregiver(s), the DHR worker, and other relevant service providers and school personnel. The children's and parents' preferences and requests for alternative interventions should be considered by the physician as informed consent is required prior to administering medication.

The physician should be a member of the ISP team with input at times being obtained through written report, telephone calls, etc. If the physician is a consultant to a service provider, the provider and the child's DHR worker shall ensure the physician is aware of the caregiver's capabilities, appropriate alternative treatment interventions, and the changing needs of the child and family.

In a crisis where the child will seriously harm self, harm others, or cause substantial property damage, medication may be administered without informed consent upon an order by the treating physician and in accordance with generally accepted medical standards. There must be documented evidence in the child's record that in the physician's professional judgment, the harm or substantial property damage will occur without the benefit of the medication and that less restrictive interventions are not therapeutically indicated. The child's physical and psychological condition must be frequently monitored by the physician or an appropriate staff member or other provider following administration of the medication.

The dispensing of Prescribed as Needed (PRN) psychotropic medication can only be allowed if in compliance with a physician's approved protocol and the order is documented in the child's medical file of the provider's record and the child's DHR case record. PRN medications administered to address a child's behavior two or more times a week for three consecutive weeks will result in a comprehensive review of the child's individualized service and behavior management plans and the incidents, factors, and rationales for such PRN medication use.

#### **XVI. Oversight of Medications in Foster Family Homes**

Individuals providing daily care for children in care must take precautions in administering medications to children in their care. While every child has individual health needs, there are consistent measures that shall be taken in administering medication to children in the care of the Department. The following should be discussed with all out-of-home care providers.

##### **A. Over the Counter Medications**

Out-of-home providers shall follow the procedures listed below when administering over-the-counter medications.

- Carefully read the manufacturer's product information before administering any over the counter medication.

- Underscore the importance of paying close attention to product labels, particularly precautions and contraindications.
- Administer over-the-counter medication to a child **only** if the product information indicates the medication is safe for the age child it is being administered to.
- Administer medications according to the manufacturers' recommended dosage and in the manner prescribed by the manufacturer (e. g. by teaspoon, entire pill, and capsule) unless the child's doctor has given written instructions that vary from this.
- When preparing to administer over-the-counter medication, reread the labels to assure that the medication is safe for the age of the child.
- Check the expiration date on the medication container. Out-of-date medication shall not be administered.
- Certain medical conditions contraindicate the use of over-the-counter medications. In these situations, the foster parent and the child's worker shall consult with the child's doctor before administering any over the counter medications.

## B. Prescription Medications

Out-of-home providers shall follow the procedures listed below when administering prescription medications:

- Because individuals react differently to medications, give prescription medication **only** to the child for whom it is prescribed.
- Some pharmacies will add a discard date to prescription labels, although this is not required. Any "left over" prescription medication should be discarded.
- Give the medication as directed by the child's doctor.
- If the child appears to have an adverse reaction to the medication, notify the doctor who prescribed the medication for the child. The adverse/allergic reaction to the medication should be documented in the child's/patients medical record. The foster parent also needs to notify the child's DHR social worker about the reaction, and especially if the child is allergic to the medication. Documentation of the adverse/allergic reaction should be made in the DHR case record.
- Maintain a log (DHR 2073) of all prescription medications administered to a child as required in the Minimum Standards For Foster Family Homes.

As stated in the Minimum Standards For Foster Family Homes, Revised 2002,

"All medications shall be secured in a locked storage area that is inaccessible to small children."

In the event of an accidental overdose or adverse reaction to either an over-the-counter medication or a prescribed medication, the Children's Poison Control Center toll free telephone number 1-800-292-6678 should be contacted. The regular Poison Control Center, toll free telephone number 1-800-222-1222, may also be contacted.

## XVII. Updating and Sharing of Medical Information to Include Developing and Implementing an Electronic Health Record

Alabama's One Health Record's mission is to electronically exchange health information between Alabama's healthcare providers and as a result, improve the quality and efficiency of the healthcare received by Alabama's citizens.

**The following goals have been established:**

- Ensure health information is available to health care providers at the point of care for all patients
- Reduce medical errors and avoid duplicative procedures
- Improve coordination of care between hospitals, physicians, and other health professionals
- Ultimately to provide consumers access to their own health information to encourage greater participation in their health care decisions

One Health Record created the infrastructure for exchanging health information in Alabama through a grant awarded to Medicaid in 2009 by the Office of the National Coordinator (ONC). Under the guidance of the Health Information Exchange (HIE) Commission, Medicaid stood up a robust system to link provider's and hospital's electronic health records. One Health Record will continue to build upon the existing HIE and create a network of providers and hospitals within the state and provide the network to exchange health information with other states.

**XVIII. Health Care Oversight for Older Youth Currently Served in Foster Care and Transitioning Out of Foster Care**  
The Department of Human Resources recognizes the need to provide specific support for older youth currently in foster care and/or who will be aging out of the child welfare system. Therefore the Office of Permanency through the Independent Living and Foster Care program will provide increased focus and support to caseworkers in addressing health care planning for this population.

Education through training and other forums will be provided to build capacity of staff and providers serving older youth in addressing and planning for the youth's oversight of health care needs.

The expectation is that prior to emancipation from foster care youth are to have a personalized transition plan that would include addressing oversight of their health care needs. Through the Individualized Service Planning process staff will develop a specific plan with the youth which addresses the following:

- A transition plan developed no later than 90 days prior to the date on which the child is expected to age out of the system.
- Providing education and information regarding designating another individual, i.e. a health care proxy, to make health care treatment decisions on the youth's behalf should the youth be unable to participate in such decisions and does not have or want a relative otherwise authorized under State Law to make such decisions.
- Providing education and information as to the option to execute a health care power of attorney, health care proxy, or similar document recognized under State law.
- Providing medical information and documents to the youth which are available to the agency.

The Department has a responsibility to educate and prepare youth to have the capacity of overseeing their individual health care needs. This can only be accomplished through ongoing efforts to engage youth around a transition plan that is timely and specific.

**XIX. Department's Evaluation of Health Services**

The Office of Quality Assurance conducts periodic case reviews in all 67 counties throughout the state. As part of the review process, Health/Physical Well-Being and Emotional Well-Being of children are assessed. These county teams often include physical and mental health professionals serving as reviewers or as part of the reviews.

When assessing Health/Physical Well Being, the review process considers the following items: 1.) Is the child in good health? 2.) Are the child's basic physical needs being met? and 3.) Does the child receive health care services as needed? Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that basic physical needs for proper nutrition, clothing, shelter, hygiene, and medical/dental care are met on a daily basis. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. The central concern here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. This also includes follow up with appropriate sub-specialists, other health care providers and therapists. Adult caregivers and professional interveners in the child/youth's life bear responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

A child receives an optimal rating for Health/Physical Well-Being when: all of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis; routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are provided on a timely basis; any acute or chronic health care needs are met on a timely and an adequate basis, including follow-ups and required treatments; and, any prescribed medications are being provided and taken according to exact instructions and with excellent medication management.

When assessing Emotional Well-Being, the review process considers the following items: 1.) Is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in daily living activities and benefit from his/her education? 2.) If such symptoms are present, is the child making substantial progress toward normal functioning in school and at home while making use of supports and therapeutic services, as necessary? Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do

well in school and in life, a child should: present a major emotional pattern appropriate to time, place, person, and situation; have a sense of belonging and affiliation with others rather than being isolated or alternated; socialize with others in various group situations as appropriate to age and ability; be capable of participating in major life activities and decisions that affect him/her, including educational activities; and, be free of or experiencing reduced major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require assistance or services to improve communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions, medications, and/or wraparound supports (such as behavior aides, access to a therapist when needs arise, etc.). Timely and adequate provisions of supports and services should enable the child to benefit from his/her education and enjoy the routine activities of childhood. The level, mix, and fit of services (referenced in the rating definitions) refer to the importance of children being provided with services in the right amount, with the needed frequency, by persons with the necessary skills, etc. A child receives an optimal rating for emotional well-being when: the child shows optimal well-being in daily settings and enjoys positive and effective enduring support and interventions from teachers, counselors, key adult supporters, and friends; OR, the child has become emotionally and behaviorally stable and functioning well and symptoms are largely relieved or seldom occur; OR, excellent progress is being made toward adequate functioning in normal daily settings and activities of childhood in the near term; OR, the presence of emotional and behavioral problems is being addressed with the optimal level, mix and fit of assistance, support, supervision and/or treatment leading to a level of stabilization appropriate for the child and his/her condition.

**XX. DHR Assessment, Treatment and Monitoring of Emotional Trauma / Training of Staff & Providers to Support the Treatment of Emotional Trauma**

The synopsis that follows identifies training content (and modules within which the content is located) that supports the supports the treatment of emotional trauma. **NOTE: See New Requirements Update Document for information on other aspects of addressing the needs of this population.**

ACT
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- Comprehensive Family Assessment  
A guide for gathering/analyzing information related to four areas of family life (parent functioning, child functioning, family functioning, and the family's community), in order to create a basis for informed decision-making, identifying the nature/extent of underlying conditions, and developing a strengths/needs based individualized service plan. At a minimum, the information gathered for each family member should include the following: developmental, behavioral, emotional, educational, medical/physical and family history.
- Cycle of Need  
A framework which helps promote an examination of underlying needs and how behaviors serve as the means of expressing those needs. This perspective is designed to help one consider interventions that are designed to control/manage behavior, versus those that are designed to respond to the needs of another in a more effective, respectful way to truly help the family member get their needs met.
- People Mover  
The "People Mover" is a guided imagery referred to as the "Imaginary Journey" examines the importance of attachment to the child's maturation and the development of a relationship between children and parents. It focuses on the ways loss affects children and families in care and strategies for maintaining the relationship between the birth family and the child in care.
- Module 3, Resource Guide  
Chapter -7-Assessing consequences of prior life experiences on children who have been abused or neglected; page 179 (third paragraph). Also in same chapter, pages 185 to 189 discusses early warning signs of indicators that demonstrate medical, developmental, and psychological needs for infants to school ages children. The

Appendix for this chapter on pages 203-212 is a child development tools that lists observable milestones for children birth to 5 years of age. It explains that if child is not meeting said milestones that further evaluation may be needed.

#### Underlying Conditions - an ACT II Curriculum

##### Comprehensive Family Assessment (see description under ACT I)

- Cycle of Need (see description under ACT I)
- Stages of Change  
An approach that examines the impact on the assessment and planning process with families who experience maltreatment and have to make changes to assure their family is able to achieve the overall outcomes for their children, safety, well-being and permanence. The phases of change are presented with an emphasis on the family members' feelings and behaviors at each phase. Useful techniques are provided and demonstrated by trainers to assist workers and the family's team in helping families deal with, and successfully handle the changes in their lives. In addition, participants examine expectations the family, the team members and the child welfare worker have of one another, as they empower the family to move through the phases of change.
- The Challenge Model  
A tool that is designed to help the practitioner (and family member) better understand and identify the deeper pain experienced by an individual (family), as well as focus on the ability or resilience to overcome the pain. Family members are supported in seeing how both their pain and corresponding strengths can give them a sense of hope and willingness to move forward.
- Stages of Grief  
A paradigm that is intended to describe the responses/reactions an individual has when going through grief or sadness, regardless of the scope and/or intensity being experienced by the person.

#### Substance Abuse – an ACT II Curriculum

- The Substance Abuse Curriculum provides participants with intervention options for family members who are dependent on substances. Discussion includes intervention options for all family members, not just for the person who abuses substances.
- Several handouts that provide workers/family members with intervention techniques when dealing with substance abuse are “Children From a Substance Abuse Family”; “Ways to Help Children From a Family Where There is Substance Abuse”; “What to Do and Not to Do When Your Family Experiences Substance Abuse”; “Things for Workers to Remember to Empower Families With Substance Abuse”; “Tips for Planning”; “Treatment Resources for Substance Dependence”; “Treatment Resources for Non-Abusing Family Members”; and “Barriers Women Face When Recovering”.

#### Concurrent Permanency Planning – an ACT II Curriculum

- Training: Handout 1.5 - CORE CONCURRENT PLANNING COMPONENTS (Adapted from Concurrent Planning Materials of Lutheran Social Services of Washington and Idaho)

##### FULL DISCLOSURE

Respectful, candid discussion early on about impact of foster care on children, clarity about birth parents' rights and responsibilities, supports agency will provide, permanency options, and consequences of not following through with case plan

- Small group activity using the Roosevelt story  
Roosevelt is a 14 year old who has been in fc since age 4. The activity is processed by discussing the length of time he has been in care, and assessing his developmental needs that have and have not been met from age 4 until now (age 14). These are the handouts used in this activity:
- Handout 1.7 - Factors Related to Out-of-home Care
  1. Extended stays in out-of-home care can have negative and lasting effects on child development
  2. Negative impact increases with multiple placements and relationship disruptions

3. Children placed close to family and community are more likely to have parental visitation and to return home
  4. Parents who visit regularly are more likely to be reunited with their children
  5. Children who remain in care longer than 12-18 months are less likely to return home (indicating that attention needs to be focused on their need to be allowed to move on to a permanent family)
- HANDOUT 1.8 - Children's Developmental Needs
    1. SECURITY AND PROTECTION FROM HARM
    2. FOOD, CLOTHING, SHELTER, HEALTH CARE
    3. TO BE NURTURED, LOVED, ACCEPTED
    4. SPIRITUAL AND MORAL FRAMEWORK IN WHICH TO LEARN RIGHT FROM WRONG
    5. OPPORTUNITIES TO GROW INTELLECTUALLY, EMOTIONALLY, SOCIALLY, PHYSICALLY AND SPIRITUALLY - AND IDEALLY , TO REACH MAXIMUM POTENTIAL
    6. STABILITY, CONSISTENCY, CONTINUITY AND PREDICTABILITY IN FAMILY RELATIONSHIPS – SECURE ATTACHMENT WITH AT LEAST ONE SIGNIFICANT ADULT
    7. LIFETIME FAMILY CONNECTIONS WITH THE INTENT OF LIFETIME COMMITMENT WHICH GIVES A SENSE OF BELONGING
    8. CONNECTIONS TO THE PAST
    9. HOPE FOR THE FUTURE...
  - Discussion about “why secure attachments are so critical for children’s healthy growth and development”, using “Erikson’s stages of emotional development”, “Types of attachment”, and “Secure attachments and insecure attachments” handouts. Discussion includes points such as:
    1. Children need care and nurturing from at least one consistent adult in their first year of life for basic trust and positive attachments to emerge - they need someone to “love them to death”, to make them feel special.
    2. The way children’s needs (for food, clothing, changing, sleep, play, overall developmental stimulation) are met - especially in first year of life - will influence whether the child sees the world as a pleasant, safe place to be.
    3. When children feel safe and secure, it is easier to move through the other stages of developmental challenges.
    4. When children do not have daily, consistent and nurturing caretakers, or when their relationships/attachments are disrupted through removal from the family/home, they are traumatized from the loss of the known relationship and find it difficult to trust new caregivers - no matter how serious the need for removal and how well-meaning new caretakers may be.
    5. Secure attachments are formed through consistent daily caregiving that meets the child’s physical, emotional, social, intellectual and spiritual needs.
    6. When the child’s needs are met, a reciprocal interaction emerges...the child relaxes/is satisfied, the parent relaxes/is satisfied - and a bonding between the two develops.
    7. Comment that recent research is now beginning to show the importance of early life experience and secure attachments for the healthy brain development of young infants and toddlers. Nurturing or non-nurturing experiences shape the pathways that are formed in the brain which in turn determine the kind of responses the child will develop and carry with him/her into childhood and adulthood.

Handouts include:

Handout 1.10 - Erik Erikson’s Stages in Children’s Emotional Development

(Adapted from Katz, Spoonemore, Robinson. Concurrent Planning: From Permanency Planning to Permanency Action. Lutheran Social Services of Washington and Idaho. 1994)

Handout 1.12 – Attachments: Secure Attachments

- Emerge from continuity and stability overtime
- Involve predictability in relationships and caretaking
- Are a critical task of early childhood development
  
- Impact overall development: Social, emotional, intellectually, physical and spiritual
- Are formed through connections with at least one adult caretakers who helps the child feel special, worthy, valued, a sense of belonging, certainty, trust and connectedness over time
- Build positive self-esteem
- Are formed through the process of the Tension/Relaxation Cycle

Tension/Need – Baby Cries  
Caretaker meets need – Need Met/Relaxation  
Tension/Need – Baby Cries  
Caretaker meets need – Need Met/Relaxation

### Insecure Attachments

- Emerge when basic needs are met inconsistently or when there is no response to basic needs
- Emerge when there is little consistent or predictable comfort
- Results in a learned mistrust that needs will be met
- Result in a child feeling worthless, unvalued, helpless, hopeless and uncertain about the predictability of the world
- Results in children who have little conscience development, poor impulse control, low self-esteem, poor relationships with peers, learning difficulties, and eventually an inability to parent his/her own children (Fahlberg, 1991.)
- Often the results seen in children who experience foster care drift

### Child Protective Services – an ACT II Curriculum

- Display OVERHEAD: Pyramid  
Begin by displaying the top part of the pyramid, then work down to the foundation. To accomplish the mission of achieving safety and permanency we need effective services and supports. To have effective services and supports, we need an effective ISP. To have an effective ISP, we need an understanding of the facts (disposition -- was the child maltreated or is the child threatened with maltreatment) and the underlying issues related to the maltreatment. To understand the facts and underlying issues, we need to gather accurate facts and interpret them correctly. It is that foundation this training is focused on.
- Preschool Children – Risk Factors
  1. Curious, exploratory behavior
  2. Physically busy and active
  3. Normal cognitive development may be misinterpreted by caretakers (egocentric thought, illogical/magical thinking, limited sequencing ability)
- Explain that each has a significant impact on the child's psychological development.  
In fact, unless the child is killed or permanently physically damaged by abuse or neglect, it is really the physiological psychological impact that will last the longest and can intrude into the child's life as an adult, as a parent, and in the workplace -- interfering with their ability to function.
- Display OVERHEAD: Developmental Assessment  
Assessing a child's developmental level is more of an art than a science. Your understanding of the child's developmental level broadens throughout the interview, but the assessment formats outlined here provide a framework of general developmental issues affecting the interview process. The techniques are designed around three general age categories, although chronological age does not always dictate what works best with a given child. For example, children with disabilities may need to be assessed using techniques normally reserved for younger children. Before discussing children's developmental limitations in the context of interviewing, an important issue must be raised. In this session, we will describe examples in which children's developmental limitations may make it difficult for them to provide the specific information that the interviewer is seeking. This does not suggest that children are incapable of providing specific and accurate information. It does suggest that adults questioning children need to be aware of children's cognitive level in order to ask questions which the child understands. Using clear language and simple questions matched to the child's developmental level will optimize children's completeness and accuracy. Interviewers find themselves faced with children of all developmental stages, from as young as 2 up to age 17. Naturally, different developmental assessment techniques apply to these age groups. Therefore, three sections on developmental assessment are included in this session (pre-school, elementary age and adolescents).

### Group Preparation and Selection – Curriculum for Prospective Resource Parents

- Stages of Grief (see description under Underlying Conditions)
- Helping resource parents build positive relationships with birth parents.

- Supporting resource families' understanding of the commitment necessary to ensure the well-being of children placed in their care.
- Providing resource families with a network of essential services, support and nurturing for children placed in their care.
- Emphasizing the importance of maintaining close connections between children and their birth families.
- Underscoring the benefits of foster care from within the child's own community.
- Providing understanding of behavioral problems the child may experience.
- Helping resource families understand the dynamics of the foster care system.

In addition, both the Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoptive Connections (APAC) produce and distribute quarterly newsletters that publicize mini-conferences and the statewide conference. Information about training is also on the web sites for both groups. Also both AFAPA and APAC can provide training "upon request" to local associations and/or county offices.

## **XXI. Psychotropic Medications: Update**

Alabama Department of Human Resources, Family Service division works with Dr. Brent Wilson (Child Welfare Collaborative Initiative\*) through a contract with Casey Family Programs to assist with a state psychotropic medication plan that includes creating policy and monitoring of medications for youth in foster care as well assessing trauma. State QA added to our debriefing guide services to children under 5 and monitoring of psychotropic meds for applicable children in foster care. That would prompt discussion during debriefing as well as inclusion in the write-up when those things needed to be addressed.

Major accomplishments under the 2012-2013 technical assistance agreement through Casey Family Programs included:

- Creating a data sharing process with Alabama Medicaid to obtain, both retroactively and on an ongoing basis, pharmacy claims records for all children in foster care
- Analyzing Medicaid pharmacy claims records and producing summary information in clear, accessible language for state officials
- Presents training workshops and providing training materials for the DHR Directors and social workers.
- Creating a survey for case managers to collect information on how frequently they address mental health care issues with their caseload, their comfort in doing so, and received feedback to assist the division with policy development and assess future training opportunities.
- Summarizes data claims and any other pertinent information regarding the usage of psychotropic medication by our foster care youth so it's available for public distribution and presenting those results to state officials.
- Drafting a policy document to help Alabama comply with federal government mandates regarding monitoring of psychotropic medications for children in foster care
- Participated in the Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children in Foster Care (sponsored by the United States Administration for Children and Families, the Center for Medicare and Medicaid Services, and the Substance Abuse and Mental Health Services Administration) as part of the Alabama delegation
- Providing limited medical consultation to county-level staff regarding specific cases
- Partnership has been developed with Alabama's Medicaid Agency and the Department of Human Resources to collect and analyze pharmacy claims data for children in foster care. (See Disclosure Agreement below.)
- Patterns of utilization that the state may be interested in studying further have been identified and transmitted to DHR (children on multiple classes of medications, children on more than one medication from the same class, etc).

CWCI (Child Welfare Collaborative Initiative) and DHR have begun developing a pilot project to monitor psychotropic medication utilization in four counties. These four counties were selected based, in part, on having higher medication utilization than other counties in the state. The division is currently trying to address provider engagement and implementing a training component before piloting a consent form that will allow social workers to be informed about all psychotropic medications prescribed and signed by a consenting physician.

### **Progress:**

- Family Services Division under contract with Casey Programs and Dr. Brent Wilson has been able to review a foster care youth's psychotropic medication usage on a monthly basis through a partnership with Alabama Medicaid.
- Social Workers and County Directors have received training in several venues to make them aware of drug classes and dosage levels as well as ways to advocate for foster care youth when there is concern about psychotropic medication usage.

- DHR county staff has received individual consultations on psychotropic medication usage from Dr. Brent Wilson when requested.

**Barriers:**

- Creating a psychotropic medication policy that will fit the needs of all foster care youth and selecting an appropriate trauma assessment tool.
- Finding innovative ways to engage providers and obtain medical consent as psychotropic medication policy is being developed.

\* NOTE: This is the name of Dr. Brent Wilson’s agency/business in Georgia, and is separate from the **Alabama Child Welfare Collaborative Initiative** (ACWCI) referenced elsewhere in this report.

CONFIDENTIALITY and DATA USE AGREEMENT

The Confidentiality and Data Use Agreement is by and between Alabama Department of Human Resources, Alabama Medicaid Agency and Dr. Brent Wilson, M.D. through Casey Family Programs.

Whereas the Alabama Department of Human Resources is required by Section 422(b)(15) of the Social Security Act and the Child and Family Services Improvement and Innovations Act (P.L. 112-34) to provide monitoring and oversight of the use of psychotropic medications of youth in foster care,

Whereas, the Alabama Department of Human Resources is willing to provide permission for access to the person health information of its youth in care and custody,

Whereas, Dr. Brent Wilson is contracted through a standing work agreement with Casey Family Programs in partnership with Alabama Department of Human Resources and desires to collect said prescription data in an effort to collect and analyze the data related to use of psychotropic medication by youth in the state’s care and custody,

Whereas, Alabama Department of Human resources holds care and custody of the children and youth and Administrative Rule 660-1-6-09(16) allows for the disclosure and release, upon approval of the Commissioner of Alabama Department of Human Resources records and information to persons engaged in bona fide research projects,

Whereas, Alabama Medicaid Agency is authorized to provide access to said prescribing data, with regard to those youth in the state’s care and custody,

Whereas, all personal health information is confidential under state law and protected by The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191, 110 Stat. 1936),

Now, therefore, in consideration of the mutual obligation set forth below, the parties agree as follows:

1. Alabama Department of Human Resources agrees to provide authorization for access to the prescription data regarding all youth in its care and custody to Dr. Brent Wilson, M.D.
2. Alabama Medicaid Agency agrees to provide access to said prescription data to Dr. Brent Wilson as a provider on their Provider Data Network for the purpose of data collection and analysis of psychotropic medication use amongst Alabama foster youth and any comparative data noting use by the general population of youth age 1 to 21 years not prohibited by the statutes of the Alabama Medicaid Agency.
3. Information collected is for the sole use of the Alabama Department of Human Resources for the purposes of providing monitoring and oversight of the use of psychotropic medications among youth in its care and custody in compliance with the Child and Family Services Improvement and Innovations Act (P.L. 112-34).

**XXII. Initial Contributors to the Health Care Services Plan**

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Kaye Melnick	Alabama Medicaid Agency

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**2015-2019 CFSP – Alabama Disaster Plan**

Maintain a plan by which the Department can identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.

1. Maintain a plan by which the Department can respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
2. Maintain communication with caseworkers and other essential child welfare personnel displaced because of a disaster.
3. Preserve essential program records, coordinate services, and share information with States.

The following are the methods whereby DHR will respond to disasters:

1. To identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster, DHR will implement these steps:
  - Identify the affected areas of the state. Designate a liaison from the local county department to be point of contact for inquiry by foster care providers who are displaced or adversely affected by disaster. The appointed liaison will conduct on site visits to determine if there are any displaced children or families.
  - The liaison will determine whether any staff members are affected by the disaster and which staff members may be available for making contact with providers (foster homes, shelters, group homes, residential facilities).
  - The liaison will maintain contact with Emergency Management Service.
  - It is the liaison's responsibility to provide shelter staff with a contact should the following circumstances come to their attention:

- a. children in the custody of state of Alabama
  - b. foster parent from state of Alabama
  - c. children in the custody of another state
  - d. foster parent from other state
  - e. any children without parent or legal guardian
  - f. any reports of child abuse and neglect related to children receiving shelter services
2. To respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases, DHR will implement these steps.
- When appointed liaison visit shelters established by Red Cross or Emergency Management Services, they will assess whether there are any children and families needing child welfare services. They will be responsible for referring those children and families for appropriate services.
  - Because Alabama is a coastal state, the need to assess displaced children from other states in the region is recognized. Contact will be established with other states that may have been affected by the natural disaster.
3. To remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster, DHR will implement this step.
- The Department recognizes that the effect the disaster has had upon Department staff must be assessed very soon after the disaster occurred. The staff liaison appoints someone to maintain contact with staff members and assess what services they may need. This includes assessing any stress reactions staff may have and obtaining help for them to work through their feelings. Staff who may have been personally affected by the disaster, but are working with the victims of the disaster, may have stress reactions and may need help to work through their feelings.

NOTE: The Minimum Standards for Foster Family Homes addresses a section on emergency plans which include emergency procedures.

4. To preserve essential program records, coordinate services, and share information with States, DHR has implemented.
- Each county has a disaster recovery plan in place that addresses how they preserve the records. Disaster recovery plans are required to be updated once a year.

NOTE: The Alabama Emergency Management Agency has the overall responsibility for coordinating preparedness activities in the state, while the Alabama Department of Public Health (ADPH) has the responsibility for emergency preparedness in the state that relates to medical and social services in the event of public health threats and emergencies. Public Health provides education to help people prevent disease and injury. They work with businesses, organizations and individuals on preparedness and prevention activities. ADPH publishes a booklet on emergency preparedness and maintains a web site. It should also be noted that the "Shelter and Mass Care Support Strategy Plan" was signed by the Governor along with a number of representatives from State or County (governmental and non-governmental) agencies. This plan articulated the following vision, and established goals designed to achieve the stated vision:

*A statewide sheltering and mass care effort that engages all levels of government and the nonprofit and private sectors, so that when a disaster threatens or strikes the State of Alabama we collectively meet the sheltering needs of Alabama disaster victims and, as directed by the Governor, victims of other states.*

Additionally, the Department of Human Resources continues to maintain a "Continuity of Operations Plan", that provides an operational framework for state and county offices in terms of response preparedness in times of emergency or disaster. The Disaster Plan was implemented during FY 2011.

On April 27, 2011 the National Weather Service estimates twenty-four tornadoes devastated Alabama resulting in damage. Forty-two counties were declared disaster counties.

The Department's disaster plan was activated by high level administration. The Deputy Commissioners made contact with each County Director in affected areas. After determining impact of tornadoes on Department's staff, first priority was given to checking the safety status of foster children. This was completed by the close of business the day after the tornado outbreak.

All foster children were accounted for and were safe. Secondly, Deputy Commissioners obtained information on the foster family homes and the extent of damage received to their home, if any. No foster family homes were destroyed and no children required placement elsewhere. **The Disaster Plan was effective and no changes are needed or required.**

The Emergency Management Agency reports to Family services that during 2012, Alabama experienced tornado activity in January and March 2012 and recent June 2012 flooding in South Alabama due to the tropical storm Debby. An informal disaster response was activated by Family Services in the January 2012 tornado activity by contacting those counties impacted by each weather outbreak to make sure that all foster children were accounted for and safe. When disasters occur on a localized basis and involve only a few counties, SDHR Family Services will use an informal disaster response to involved counties.

**2013 Update:** There were no reported disasters in this reporting period. No changes are needed. Continues in effect as stated.

**2014 Update:**

There were no reported disasters in this reporting period. No changes are needed – continues in effect as stated.

## **FOSTER & ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN**

### **Characteristics of Children in Care**

The FC085 report provides information about the characteristic of children in care for a given month. Ethnicity is among the characteristics reported. According to the most recent report (May 2014) 41% of the children are African American and 58% Caucasian. Less than .2% of the children are American Indian or Asian and less than .02% are Pacific Islander.

Hispanic/Latino is not an ethnic group currently being captured by this report. The Office of Data Analysis is already working on a query to expand the information reported out on race and ethnicity (along with other information) on the children in care.

See Goal 1, Objective 1 later in this document.

There is a similar report for characteristics of foster home (PVDR230). However, the report is not pulling from FACTS correctly. For the most recent reporting period (May 2014) there is a total of 3,235 approved homes, including boarding homes, related homes and TFC homes. However, information about race is only reported on the report for approximately 2,422 families with ethnicity (Hispanic/non-Hispanic) being reported on 2,388.

Based on data currently available it is difficult to determine if the foster family homes currently approved by Alabama DHR or private child-placing agencies providing therapeutic foster care services are reflective of the characteristics of children in care. Components of this recruitment plan will address needs around data entry and reporting so that the Agency will be better aware of the population for which foster/adoptive homes are needed.

### **Strategies for reaching out to all parts of the community**

Alabama DHR has 67 county offices. Annually in February for the last several years counties have been required to implement a campaign to raise the public's awareness of the need for more foster families. Counties provide a copy of their plans to the SDHR office. Many counties utilize businesses and organizations with wide public access as venues for their recruitment activities. Counties have placed banners and signs in park & recreation facilities, ball fields, etc. Other examples of methods used to access the communities include: counties providing information and material to a wide range of faith communities; placing information about foster care and adoption in restaurants, including those with delivery service so the message about the need for more foster/adoptive families has been taken directly into the home of potential providers. Counties are encouraged to arrange diligent recruitment training/planning sessions with the Recruitment Supervisor at SDHR/Office of Adoption. Market segmentation lifestyle group information on the state's existing successful foster families is used in this session. Market segmentation lifestyle information is mostly silent on whether or not group members are active in faith-based activities. However, through our day-to-day experiences with our successful foster parents we are aware that they get much of the support (hands-on and emotional) from faith-based organizations. Therefore, we recognize recruitment through communities of faith to be a vital method of reaching potential foster and adoptive families. Through congregations we are also able to target specific racial and ethnic groups for the purpose or recruiting potential foster/adoptive families.

### **Diverse methods for disseminating both general information about being a foster/adoptive parent & child-specific information.**

In addition to the county recruitment plans described above, the Department has a statewide media campaign with radio and television. Since June 2010 Alabama DHR has had a professional services agreement with the Alabama Broadcaster's Association for participation in a Public Education Program (PEP). Through the PEP, ABA-member radio and television stations statewide air pre-recorded public service announcements about the need for foster/adoptive families. The radio and television outlets that are members of ABA present formats from all genre of music (rock, pop, jazz, blues, county, gospel, etc.) broadcasting the need for homes to people with multiple and diverse interests. Two years ago, the Department partnered with a Spanish-speaking adoptive parent and a broadcaster and recorded a Spanish-language radio PSA that was released as a part of the PEP. The PSA was distributed to all Spanish-language radio stations in the state.

In 2009 Alabama DHR worked in partnership with another state agency through an inter-agency agreement to obtain market segmentation and lifestyle grouping information on the agency's pool of foster family/adoptive resource homes at that time. The information was generated using address (zip code) information on foster family homes that had been re-approved at least once and had at least one placement. For adoptive-only homes, information on families that received a special needs adoption assistance payment was also included. This analysis provided us with information on families more likely to say yes when asked to foster and/or adopt. Several counties have worked with the recruitment supervisor to obtain their county-specific demographic information and how it compares with the segmentation groups included in the statewide data and have developed targeted recruitment plans/strategies based on the same. The supervisor will continue to work with counties, upon invitation, to share this information and help them develop targeted recruitment plans built on the data.

The Department has a pre-adoption services program through Children's Aid Society/APAC through which families are recruited, trained and home-studied for the purpose of adopting children that meet the Department's special needs definition. The vendor for this contract has also gone through the market segmentation training and is using the strategies included in their plan to increase the number of families willing/able to parent this population of children.

Child specific recruitment is done primarily through use of photo and video on web-based photo listing. Photos, videos, bio narratives and profiles of children available for adoption are included on four different web sites: [www.adoptuskids.com](http://www.adoptuskids.com); [www.adoption.com](http://www.adoption.com); [www.heartgalleryalabama.com](http://www.heartgalleryalabama.com); and [www.dhr.alabama.gov](http://www.dhr.alabama.gov). Child-specific recruitment is also done in partnership with the state's foster and adoptive parent association and through our post-adoption services provider. This recruitment is done through quarterly newsletters that feature photos and narrative about the children. These newsletters are still sent via U.S. Mail to the homes of foster and/or adoptive families approved throughout the state and those working on pre-service training and/or home studies.

Many of the agencies and groups with whom DHR partners for child-specific recruitment utilize various forms of social media for both general and child-specific. Appropriate sophisticated use of social media can give the agency targeted access to families whose Internet and social media habits indicate they may have an interest in parenting through foster care and/or adoption. Alabama DHR partners with AdoptUsKids, when they do "twitter parties" or other events to feature children that seldom receive inquiries on the regular photo listing. Heart Gallery Alabama features a child of the month in an electronic newsletter and on their Facebook page. At the current time, Alabama DHR Family Services Division has few policies addressing social media. The policies that are in existence are more about foster parents and others including photos of children in foster care on their on social media pages. The FSD is embarking on a project to work with the NRCDR through AdoptUsKids to develop policies and implement those policies.

Child-focused recruitment is also the focus of the two grants with the Dave Thomas Foundation for Adoption to operate *Wendy's Wonderful Kids* projects in two geographic locations in the state. The initial grant is currently in its eighth year and serves the Mobile, Baldwin and southwest Alabama portion of the state. The second WWK grant has just been renewed for the third time (the fourth year of funding concludes in June 2014).

## RECRUITMENT GOALS, OBJECTIVES & STRATEGIES

**NOTE:** In collaboration with members of the FSD management team and external recruitment partners, targeted time frames for achieving the goals/objectives will be established, and reported on in the 2015 APSR, recognizing that adjustments will be made as necessary as implementation continues.

**GOAL R-1:** Alabama DHR will be able to analyze and determine if the pool of available foster/adoptive parents is reflective of the population of children in care, not living in their own home or relatives.

**OBJECTIVE 1:** Alabama DHR will have data that provides information on race and ethnicity of approved foster family/ adoptive resource families.

**IMPLEMENTATION STRATEGIES:**

1. The Office of Permanency/Adoption Unit supervisor with recruitment responsibilities will meet with staff of the Office of Data Analysis to develop a query that will run quarterly that will report information on the race and ethnicity of foster family/adoptive resource homes. If the elements exist in FACTS, other characteristics to include in the query include a FFH/AR willingness to:
  - a. Parent teens
  - b. Parent children with special health care needs
  - c. Parent sibling groups of three or more
2. Based on the elements included in the query in strategy 1, training will be provided to county resource workers and supervisors about the essential data that must be entered into the provider screens on FACTS.
3. The query will run quarterly and the results will be analyzed and information provided to counties. This information will be used for the basis of the annual recruitment campaign implemented by the county departments.
4. When linguistic barriers to recruitment, training and/or approval of homes exist, counties will access the foreign language translation services under contract with the DHR or natural community/family supports to remove the barrier.
5. The department charges no fees to potential foster/adoptive resource families for pre-service training and/or completion of the home study process

**GOAL R-2:** Alabama will have a larger pool of well-trained foster/adoptive resource families to select from for matching/placing children in foster care so that rates of stability of placement and sibling separation are improved and our dependence on congregate care facilities is decreased.

**OBJECTIVE 1:** The overall number of foster/adoptive resource families will increase by 5% by 9/30/2019.

**IMPLEMENTATION STRATEGIES:**

1. Counties will continue to develop and implement annual recruitment plans during the month of February.
  2. Recruitment/retention supervisor will continue to work with counties (by invitation) sharing market segmentation information and developing targeted recruitment plans.
  3. Provide training to resource staff and supervisors to help them recruit and train foster families willing and able to address the special care needs of youth in care, therefore, providing better matches of foster youth to providers.
  4. Alabama DHR will continue to utilize the recruitment response team to respond to inquiries from interested families and to share information and follow-up with families once contact is made.
  5. Alabama DHR will continue our partnership with Alabama Broadcasters Association for our public service campaign on radio and television stations statewide.
  6. Alabama DHR will continue to contract with CAS/APAC for recruitment, training and adoption home study preparation for families/willing and able to parent children that meet the Department's Special Needs definition.
  7. Upon expiration of CAS/APAC contract revise/reissue the RFP for special needs home recruitment, training and study work.
8. Alabama DHR will continue to review resource records as a part of on-site State QA review to ensure compliance with minimum standards including criminal history checks and CA/N Clearances.

**OBJECTIVE 2:** The annual continuing education requirements for foster families will be revised to require minimum amounts of training in trauma, reactive attachment disorder, sexual safety in foster/adoptive placements.

**IMPLEMENTATION STRATEGIES:**

1. Draft and release an administrative letter reminding counties of the purpose and importance of appropriate continuing education training for their foster parents.
2. Draft and release a document that will track continuing education hours and will indicate the focus/applicability of training for which foster parents are given credit.
3. Work with AFAPA to include speakers with expertise in the areas of trauma, reactive attachment disorder and sexual safety in foster/adoptive placements on their agenda for their annual conference.

**OBJECTIVE 3:** Alabama DHR will have policies addressing the use of social media in recruitment, general and child-specific

**IMPLEMENTATION STRATEGIES:**

1. The Recruitment Supervisor will submit a request for NRCDR technical assistance to the regional office staff of the Children's Bureau.
2. Once approval is obtained, Supervisor will contact NRCDR assigned consultant to initiate technical assistance.
3. Working with the NRC research will be done to obtain information about use of social media policies with other public child-welfare agencies.
4. Alabama DHR will reach out to other state agencies that significantly utilize social media in their work (i.e. Governor's office, Office of the First Lady, Department of Public Health, Department of Rehabilitation Services, and/or Department of Mental Health).
5. FSD will pull together a work group for development of social media policies. The task force will be made up resource staff/supervisors from counties that have expressed an interest in recruiting through social media, as well as representatives from the Agency's Public Information office, the Division's Child Welfare Policy Office and our recruitment partners (Heart Gallery, Kids to Love, CAS/APAC, AFAPA, etc.).
6. Draft policies will be submitted to the FSD administration for review and, if approved, on to the Commissioner for approval and implementation.

**GOAL R-3:** Older youth (14 and older) will experience increased rates of achieving permanency through adoption.

**OBJECTIVE 1:** Youth in foster care 14 or older will increase their understanding of what it means when they choose not to consent to adoption.

**IMPLEMENTATION STRATEGIES:**

1. Continue to renew our grant with the Dave Thomas Foundation for Adoption for intensive child-focused adoption recruitment.
2. A request will be sent to the Office of Data Analysis to identify children in care, 14 years and older with TPR and a goal of APPLA.
3. Identify a pool of these children to include in the work of the Wendy's Wonderful Kids Recruiters.
4. Recruiters will visit children periodically, providing adoption preparation training/support in an effort to educate youth to consent to changing goal to adoption, or at least having a concurrent plan of adoption.

**OBJECTIVE 2:** Alabama DHR will increase the number of families willing/able to foster teens by 5% by 2019.

**IMPLEMENTATION STRATEGIES:**

1. Recruitment & ILP will collaborate to implement a public awareness/recruitment campaign that delivers a message focused on fostering/adopting older youth in care.

2. Recruitment supervisor will collaborate with the Independent Living Program Supervisor in order to get input from the Dream Council on additional strategies for recruiting more families willing/able to parent teens.

**OBJECTIVE 3:** Alabama DHR will increase the number of families of Hispanic ethnicity, or with Spanish Language skills by 2.5% by 2019

**IMPLEMENTATION STRATEGIES:**

1. Alabama DHR has developed a Spanish Language Radio PSA that has been distributed to Spanish radio stations by Alabama Broadcaster's Association.
2. Alabama DHR will identify other agencies, organizations or groups that can partner with us in the development of a recruitment campaign targeting the Hispanic community. NOTE: Additional strategies will be identified as a part of developing the campaign referred to in step 2.
3. Continue to work with Language Translator Service and sources of natural (community or local) support when language barriers do exist.

As the Department moves forward with the 2015-2019 CFSP, the plan for diligent recruitment will be expanded to address needs in the area of families willing/able to parent with special health care needs and children/youth that are part of a sibling group of three or more.

#### **Title IV-B, subpart 2 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.
2. The State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:
  - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
  - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5<sup>th</sup> succeeding fiscal year.
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time limited family reunification services, and adoption promotion and support services) of:
  - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
  - b. The populations which the programs will serve; and
  - c. The geographic areas in the State in which the services will be available.
4. The State assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.
6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Amy J. Guikow

Title: Commissioner

Agency: Alabama Department of Human Resources

Dated: 7-8-2014

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

## **Attachment C - States**

### **Title IV-B, subpart 1 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
  - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
  - b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;
  - c. A service program designed to help children:
    - i. Where safe and appropriate, return to families from which they have been removed; or
    - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
  - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State assures that it will participate in any evaluations the Secretary of HHS may require.
6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

7. The State assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.
8. The State assures that it will participate in any evaluations the Secretary of HHS may require.
9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.
10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Amy A. Buckner

Title: Commissioner

Agency: Alabama Department of Human Resources

Dated: 7-8-2014

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

**State Chief Executive Officer's Certification  
for the  
Education and Training Voucher Program  
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Alabama, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
  - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
  - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Robert Bentley  
Signature of Chief Executive Officer

July 8, 2014  
Date

**Title IV-E, Section 477 Certifications**

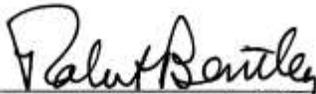
**Certifications for the Chafee Foster Care Independence Program**

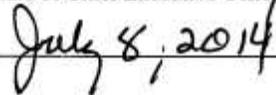
As Chief Executive Officer of the State of Alabama, I certify that the State has in effect and is operating a Statewide or areawide program pursuant to section 477(b) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
5. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
7. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].
8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State

that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

10. The State will ensure that an adolescent participating in this program is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under State law, and how to execute such document if the adolescent wants to do so [Section 477(b)(3)(K)].

  
\_\_\_\_\_  
Signature of Chief Executive Officer

  
\_\_\_\_\_  
Date

## 2015 – 2019 CFSP – Training Plan

### OVERVIEW

The Office of Child Welfare Training (OCWT) is responsible for training social work and supervisory staff of county departments in the basic child welfare skills curriculum, Alabama Child Welfare Training (ACT I). Trainers are located in Huntsville, Montgomery, Gadsden and Birmingham and deliver training in cities throughout the State.

The Office of Child Welfare Training has consistently provided up-to-date training to staff by developing and delivering training programs which promote the development of competent child welfare professionals. ACT I and ACT II sessions continue to equip child welfare workers and supervisors with the knowledge and skills necessary to help them to be successful in their work with families. The Office of Child Welfare Training serves as a “clearinghouse” for training needs within the Division. In some areas it will serve in a consulting role to help other units in the Division develop curricula that is outcome based and fits within the adult learning mode. In other areas, it may do more partnering by helping to deliver the training with staff. It also serves in a consulting role for the counties as they are enabled through train-the-trainer programs to produce and present some of their own training.

### DESCRIPTION OF INITIAL IN-SERVICE TRAINING PROGRAM FOR NEW CHILD WELFARE STAFF:

Alabama Child Welfare Training (ACT I) is the initial staff development and training program for staff. Generally, the majority of new staff completes ACT I training no later than 3-6 months upon employment. ACT I is based on five foundation concepts: the belief that people can change; respecting the family’s culture, joining with families; building partnerships with birth families and foster/adoptive families in parenting; and working with families in an ecological (Systems) framework. The delivery of ACT I training has been refined to incorporate a blended learning approach. Prior to attending ACT I (in class) training, participants are given on-line reading assignments, accompanied by a short quiz to gauge their understanding. While in class, the prerequisite work is discussed. OCWT continues to look at cost-saving measures that will not diminish the overall learning experience.

### **ACT I: NEW CHILD WELFARE WORKERS TRAINING – ENSURING COMPETENCIES:**

ACT I is a skill based training curriculum designed for new child welfare employees. The program consists of three modules (11 days) of training in a classroom setting, along with Professional Development Plan (PDP) activities in the middle and end of the residential training. The PDP activities are designed to culminate in, or be incorporated into, the workers’ PDP. For maximum benefit, participants should attend ACT I within three months of beginning employment with the Department.

ACT I develops skills needed for the Individualized Service Plan (ISP) process, from the initial contact with the family through case closure. Protection and permanence for the children are stressed as dual goals of all work with families. Through ACT I, staff are taught to involve children and their families and foster/adoptive parents as partners in assessing, planning and utilizing services that the family’s planning team has identified and agreed upon. ACT I provides a foundation for practice in keeping with the principles of practice Alabama has adopted. ACT I prepares agency staff to promote safety, permanency, and well-being for the children and families the Department serves. The following core skills and abilities are presented, modeled, and practiced in ACT I.

**Foundation Concepts and DHR Mission:** The participants learn the principal foundation concepts in which the agency believes to be able to help families. **Interpersonal Helping Skills:** Participants learn how to engage and join with families so that families will be willing to work with the agency. They learn skills necessary for interviewing family and team members including dealing with anger or resistance. Participants also learn the basics of keeping themselves safe.

**Assessing Safety:** Participants learn the process and skills for assessing safety of children from the point of the intake call through closing the case. Included in this material are the ability to assess and make a determination of whether abuse or neglect occurred and the caregiver’s protective capacities. Participants are taught to assess and identify strengths and needs of the families throughout the life of the case to assist in planning and providing appropriate services.

**Individualized Service-Planning (ISP):** Participants learn how to prepare for, facilitate, implement, monitor and update the family’s plan within the ISP process. **Crisis Intervention:** Participants learn how to assess the level of crisis and intervention techniques for crisis situations. **Comprehensive Family Assessment (CFA):** Participants learn how to assess families and family systems to identify strengths and needs related to abuse and/or neglect. Included in the assessment is gathering historical information as well as identifying underlying conditions for the abuse and/or neglect. Participants are taught how to gather information, analyze it, draw conclusions and make decisions based on the assessment. **Assessing and Planning For Needs Of Children:** Participants are taught about the needs of children based on their abuse and/or neglect and strategies to meet those needs. They also learn about issues of loss, separation, grief, and attachment for children who are in out-of-home placements. Included in assessing and meeting children’s needs are interdependent living skills which are necessary for any child age 14 or older in DHR custody to prepare them to live interdependently when they

are emancipated. **Permanency Planning:** Participants learn about different permanency options and how to plan for the most appropriate permanency plan in a timely manner.

### **DESCRIPTION OF ONGOING TRAINING PROGRAM FOR CHILD WELFARE STAFF (ACT II):**

ACT II is made up of stand-alone curricula, which support each other and build on the foundations of ACT I, which is a prerequisite for taking all ACT II curricula. The respective ACT II training curriculums are as follows:

**ACT II: MEETING FAMILIES UNDERLYING CONDITIONS** provides workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child in the family's home safely (3-day training). The *Underlying Needs* Training strengthens the child welfare worker's critical skills in looking beyond family members' behavioral surface symptoms, in order to recognize, address, and plan for helping the family change their deeper issues which have resulted in child maltreatment. Child welfare workers are provided the tools to assist them in effectively identifying the underlying needs in a situation where maltreatment has occurred, or is likely to recur, so that risks to children may be eliminated, or significantly reduced for the long-term.

#### **The Core Abilities of *Underlying Conditions* Training are:**

- **Core Ability 1:** Recognize and empower families through the process of change.
- **Core Ability 2:** Gather and analyze information to determine the underlying needs being expressed by the family member's behaviors.
- **Core Ability 3:** Identify major danger threats and areas of resiliency (strengths) families are experiencing.
- **Core Ability 4:** Communicate with the family and their team about the assessment process and reach agreement on the causes of maltreatment.
- **Core Ability 5:** Use the assessment information and empower families to determine multiple options for meeting their needs.
- **Core Ability 6:** Develop an individualized plan to meet the causes of maltreatment.

**ACT II: THE INDIVIDUALIZED SERVICE PLANNING PROCESS FOR FAMILIES WHO EXPERIENCE SUBSTANCE ABUSE** trains workers on the dynamics of working with families involved in substance abuse (4-day training). The *ISP Process with Families Who Experience Substance Abuse* training was designed to cover the major steps in handling substance abuse and the resulting child abuse and neglect. A high percentage of families where there is child abuse and neglect have substance abuse occurring in the home. This training builds on *ACT I* which provides the basic ground work for child welfare workers regarding the ISP process, while *ACT II* provides further training in areas of special concern to child welfare workers. This training explores the child welfare worker's role and responsibility in helping parents and children who are addicted or dependent on substances.

The *Substance Abuse* training is designed to develop the following core abilities:

- **Core Ability 1:** Identify substance abuse as a disease that affects the entire family. Be able to assess strengths and danger threats of individuals and families experiencing substance abuse.
- **Core Ability 2:** Be able to identify signs and symptoms of substance abuse and specific drugs, including new drug trends, such as OxyContin and Crystal Meth.
- **Core Ability 3:** Identify the child welfare worker's role and responsibilities as a team member in assessing and treating families who experience child maltreatment and substance abuse; i.e. how to empower families rather than enabling the substance abuse to continue.
- **Core Ability 4:** Identify the immediate danger threats and long-term effects of substance abuse on family members. Treatment modalities are explored. Identify community resources that treat the effects.
- **Core Ability 5:** Examine the recovery/relapse process experienced by a person who is addicted; i.e. how to work with a family and their team in developing an effective ISP and how to monitor the recovery process.

**ACT II: CPS (PRACTICAL CHILD PROTECTION SERVICES)** is a 5 day training that was originally developed by the National Child Advocacy Center and has since been updated by the Office of Child Welfare Training. This training is a prerequisite for ACT II: Practical Child Sexual Abuse Intervention, which builds on the skills learned in this session. This training is designed to enable workers to acquire skills to:

- a. Distinguish between abuse and accidental injury.
- b. Achieve immediate crisis stabilization during assessments.
- c. Recognize emerging safety/removal factors.
- d. Assign priorities with regards to risk and safety.

- e. Assess level of risk in a family in various situations.
- f. Assess ability/willingness of non-offending parent to protect child in the family's home.
- g. Assess probability of recurring safety issues through the assessment of underlying causes of abuse.

The objective of *Child Protection Services Training (CPS)* is to empower the child protective social workers and provide them with the tools and skills required to deliver services related to family preservation and protection of abused, neglected and sexually abused children. *CPS* is an individualized program to help child welfare workers make informed decisions. Topics covered in this course include:

- Knowledge of the values of child welfare practice, including the families' self-determination, permanence, family preservation, preservation of parents' and children's rights, and respect for individual differences. How to accurately identify physical, emotional and behavioral indicators of abuse, neglect, and sexual abuse in children who have been abused and their families. Knowledge of how child abuse and neglect are presenting symptoms of family dysfunction, and how to assess individual, family, and environmental contributors to abuse, neglect, and sexual abuse.
- Knowledge of what data must be gathered from reporters, case records, and other sources to thoroughly assess alleged abuse or neglect. How to identify the factors that must be evaluated when assessing present danger threats, determining whether abuse/neglect occurred and determining impending dangers, strengths, and other risks in the family. How to determine when abuse or neglect is indicated; and when complaints are unsubstantiated, yet should be referred for community services.
- Knowledge of the responsibilities of the child protection agency and caseworker, including investigating complaints of maltreatment, providing ongoing, in-home service, providing temporary substitute care placements, and providing permanent homes for children.
- Knowledge of the proper roles and responsibilities of other community agencies in the child protective service process and how we can collaborate with these agencies and practitioners to develop case plans and to provide services.
- Understanding the concept of cultural competence; knowing how one's own culture affects behavior and values; and how cultural and ethnic differences may affect the delivery of child welfare services.

**ACT II: PRACTICAL CHILD SEXUAL ABUSE INTERVENTION** was developed by the National Child Advocacy Center. Practical CSA is specialized training on the investigation of child sexual abuse and working with families that are impacted by child sexual abuse. This includes information regarding the dynamics of child sexual abuse (5-day training). The Practical Child Sexual Abuse training is a competency based curriculum designed to provide the child welfare worker with a foundation for identifying and assessing child sexual abuse. This training has a prerequisite of ACT II: CPS (Practical Child Protective Services) which introduces skills that are built upon in this session. The training offers a multidisciplinary approach to the identification, investigation, validation and prosecution of alleged child sexual abuse. An overview of this session includes investigation techniques; developmental considerations of child interviewing; medical assessment of an alleged victim of child sexual abuse; offender typology; dynamics of victims and families; and cultural considerations.

- **Core Ability 1:** Understand legal definitions of sexual abuse, child welfare practice standards, and other related laws in Alabama.
- **Core Ability 2:** Become aware and desensitized to language children may use in naming their body parts and describing sexual activity.
- **Core Ability 3:** Identify survivor, sibling, offender and non-offending parent dynamics.
- **Core Ability 4:** Gain knowledge of interviewing techniques for use with the child, offender, siblings, and the non-offending parent.
- **Core Ability 5:** Recognize personal reactions to cases involving child sexual abuse and ways to prevent burnout and compassion fatigue.
- **Core Ability 6:** Identify steps necessary to complete a child sexual abuse case according to policy and best practice.
- **Core Ability 7:** Determine safety plans, case management and treatment issues.
- **Core Ability 8:** Understand the child sex offender, their motivations, denial and distortions, and assess attitudes toward child molestation.
- **Core Ability 9:** Identify advantages of a multidisciplinary approach to CSA investigations and increase understanding of roles and responsibilities of each discipline.
- **Core Ability 10:** Understand when reunification may be considered and increase knowledge of necessary preconditions.

**ACT II: SUPERVISORS TRAINING** is offered and covers basic skills for supervisors (6-day training, plus an OJT component - - 3 days classroom, followed by OJT weeks in the field, followed by 3 more classroom days). *Supervisors*

*Training* provides the foundation for supervisory practice in Child Welfare. It describes the roles and responsibilities of the Child Welfare supervisor, and provides practice-oriented demonstrations of how to carry out supervisory responsibilities. The pervading theme of the *Supervisors Training* is that the paramount role of the supervisor is to enable front line staff to meet the needs of families and children and to fulfill the mission of the agency. In a large sense, supervisors within the agency are the “Guardians of Practice.” Two overarching roles are stressed within the 6 days of training: building the foundation for and maintaining unit effectiveness, and developing and maintaining individual staff capacity. Supervisors are given opportunities to practice within the classroom setting, and after completing an On-The-Job (OJT) training assignment in their respective counties, the trainers provide coaching and modeling to the supervisors related to their experiences with OJT. OJT is completed between the first and second weeks of training and is done in conjunction with the supervisor’s regular daily activities. Supportive practice is modeled and encouraged during the training along with practice techniques for creating a positive tone within the supervisor’s unit to enhance worker productivity. Conversely, corrective action is also demonstrated as part of supervisory practice. Roles as negotiator and mediator between units and upper management is another major focal point, stressing the role of supervisor in delivering both internal and external policies and procedures to line workers, and then monitoring to ensure policy is being followed. The goal of *Supervisors Training* is to provide supervisors with basic skills and knowledge to be effective and to subsequently become a leader within the agency.

**ACT II: CONCURRENT PERMANENCY PLANNING TRAINING** is designed to show social workers the path to permanency for children (3-day training). It discusses the developmental needs of children for timely permanency, barriers to permanency for children, and the opportunities available through newer laws to achieve permanency for children. Practical tools are shared which will help social workers in making case goal decisions with parents and their team. Specific case management practices to help prevent foster care drift are examined. Participants will have opportunity to:

- Enhance their understanding of concurrent planning concepts and practices.
- Increase their understanding of how to work with the legal process to achieve safety and permanency for children.
- Expand their knowledge and skills of full disclosure and casework practices necessary to expedite permanency.
- Increase differential assessment skills and the ability to assess case prognosis.
- Enhance professional competence in helping families engage in the process of change.
- Expand knowledge of techniques to use to address child well-being in the areas of maintaining connections and preparing children for adoption.
- Practice integration of permanency concurrent planning concepts into the ISP team meeting.

### **GROUP PREPARATION AND SELECTION (GPS) AND DECIDING TOGETHER LEADER CERTIFICATION TRAINING**

The Office of Child Welfare Training also provides Leader Certification Training in Group Preparation and Selection (GPS) for Prospective Foster/Adoptive Parents to county staff and foster parents and to qualified staff of licensed child placing agencies who will lead groups of foster/adoptive applicants through the process leading to licensure or approval. Leader certification sequences consist of two weeks of classroom training focusing on GPS curriculum and leader facilitation skills. The Office of Child Welfare Training has, in the past, partnered with other certified “Trainers of Leaders” to deliver the leader certification training. Deciding Together is another curriculum designed for use with foster/adoptive families and is delivered by the Office of Child Welfare Training. Deciding Together is a foster/adoptive preparation and selection process designed for use with individuals/families whose geographic location or circumstances of employment prohibit attendance at the 10 weeks of group meetings included in GPS.

### **TRAINING ENHANCEMENTS TO EXPLORE**

Children are exposed to or experience domestic violence in many ways. They may hear one parent/caregiver threaten the other, observe a parent who is out of control or reckless with anger, see one parent assault the other, or live with the aftermath of a violent assault. Many children are affected by hearing threats to the safety of their caregiver, regardless of whether it results in physical injury. Children who live with domestic violence are also at increased risk to become direct victims of child abuse. In short, domestic violence poses a serious threat to children's emotional, psychological, and physical well-being, particularly if the violence is chronic. With that being said, the Office of Child Welfare Training will explore ways to include more pertinent information in ACT I training that pertains to domestic violence and its effects on children. As part of this objective, OCWT plans to coordinate efforts with the Office of CPS and the Alabama Coalition Against Domestic Violence.

Child welfare workers are the front line of defense, helping the children and their families who are struggling with a variety of social issues, such as poverty, drug abuse, mental illness, domestic violence, and homelessness. Their prime directive is to insure the health and well-being of the children, protecting them when necessary, and providing services that help the families. One way to assist in ensuring that child welfare workers develop an understanding of the available services and their providers is to explore the possibility of developing a panel that includes representatives from the courts, the medical community, law enforcement, mental health, etc. The purpose of the panel would be to provide new workers the

opportunity to ask questions regarding the roles and responsibilities of the members of the panel and how they help the population served, as well as how they all can work together.

The involvement of fathers and paternal family members is critical to a child's growth and development. Historically, child welfare agencies have not been effective in involving fathers in the family work that is needed to achieve safety, permanency, and well-being. The Office of Child Welfare Training plans to enhance CPP training to include more in depth information on engaging and involving fathers and paternal family members that will create greater opportunities for them to be connected in ways that would benefit their children. An important quality of successful supervision is the ability to be an effective leader. Every leader can be a supervisor, but every supervisor cannot be a leader. Methods and tools will be explored to provide more information regarding leadership in Supervisors training. The possibility of utilizing various on-line forums will be explored as well.

### **MEASURING SKILL DEVELOPMENT OF NEW/EXPERIENCED STAFF**

The Professional Development Plan is covered in ACT I. During ACT I training, participants are provided a PDP Guidebook to assist them with creating a plan to develop their professional skills. Many times it begins in ACT I with the supervisor and worker developing the plan that will continue to be developed as skills are achieved. The supervisor remains key to the ongoing measuring of /providing coaching and feedback for skill development of line staff. Also, in classroom training there are a number of opportunities for staff to observe skills being modeled, as well as having the chance to practice and receive feedback on implementation of skills.

### **STATEWIDE INFORMATION SYSTEM (FACTS) TRAINING**

Since January 2012, the Office of Child Welfare Training trains FACTS as part of OCWT. See also selected "Checklists" on the pages that follow.

### **CFCIP TRAINING**

We will continue to provide comprehensive, innovative and relevant training to our youth, providers, county and state staff, foster parents, judges and interested community stakeholders. We will conduct annual networking opportunities for ILP staff, providers and community stakeholders. We will continue to provide regional trainings to the county related to independent living policy and procedures and NYTD. We will provide online trainings as deemed appropriate using our LETS training system. We will improve our capacity to provide training upon request to counties and community stakeholders if staff can be added to our Program. Youth will be provided annual leadership and ILP training. Youth will participate in national conferences annually and in monthly trainings around the state. Youth, county staff and stakeholders will participate in training focused on successful transitions supported through the Youth Centered Roundtable permanency process.

### **ADDITIONAL TRAINING INFORMATION**

DHR encourages entry into the profession of social work by supporting programs and activities at several universities. DHR supports: student stipends; license review courses for social work licensure candidates; student field placement services at the Alabama A&M University, Alabama State University, Auburn University, Jacksonville State University, Miles College, Oakwood College, Talladega College, Tuskegee University, Troy University, University of Alabama, University of Montevallo, University of North Alabama, and University of South Alabama. DHR splits the cost of stipends and other funding for social work programs through funding based on the penetration rate, i.e., the ratio of children in foster care and adoption assistance who are IV-E eligible to the total number of children in foster care and adoption assistance.

**Please note that the training costs identified on the pages that follow are the projected costs for the time period of FY 2015-2019. A number of organizational areas within DHR support Family Services and charge a portion of the training they provide to child welfare funds.**

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

**Performance appraisal for social worker supervisors describes techniques and skills to write action and outcome based performance criteria to conduct formal and informal meetings with employees, and to document and rate employee performance objectively according to an established rating scale. Further, both directive and supportive supervisory behaviors are modeled as methods to develop employee competence through coaching.**

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class				<input type="checkbox"/> Total Cost	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on Random Moment Sampling.

*Indicate all applicable funding sources*

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/> Other, Specify Title XIX

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

**Progressive discipline in the social work environment describes a specific five-level approach to discipline, and it includes general information on legal issues, including DHR advanced discipline procedures and specific techniques to conduct the lower levels of discipline effectively and provide the employee an opportunity to improve.**

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class				<input type="checkbox"/> Total Cost	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on

*Indicate all applicable funding sources*

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/> Other, Specify Title XIX

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

## Provide a one paragraph **brief** syllabus of the training activity

**Read - Act Leadership Skills involves building knowledge about the Read-Act model for discussing interpersonal skills for supervisors in the social work environment. It focuses on assessing each employee in their capacity to perform work tasks and, then, responding with behavior that fosters employee growth toward success, production, and teamwork.**

## Indicate which, if any, of the **specifically allowable** Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

## Indicate setting/venue for the training activity

## Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

## Indicate duration category of the training activity

## Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

## Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

## Costing method

## Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		125	Total Cost	\$5,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

## Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on

## Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/> Other, Specify Title XIX

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

## Provide a one paragraph brief syllabus of the training activity

Alabama Child Welfare Training (ACT I) basic child welfare skills curriculum for social workers and supervisors: three modules which include OJT components. ACT is based on five foundation concepts: belief that people can change; respecting the family's culture; joining with families; building partnerships with birth families and adoptive/foster families in partnership working with families in an ecological system framework.

OCWT-1

## Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	11 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	81 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
	<input checked="" type="checkbox"/>	Other community staff (medical, legal, police)		Indian Tribe

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			1000	Total Cost	\$850,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Leader certification training in Group Preparation and Selection (GPS) for prospective foster/adoptive parents and county staff and foster parents and qualified staff of licensed child placing agencies who will lead groups of foster/adoptive applicants thru the process of licensure or approval. Leader certification sequences consist of 2 weeks of classroom training focusing on GPS curriculum and leader facilitation skills.

OCWT-2

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" type="checkbox"/>	10 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input checked="" type="checkbox"/>	48 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee ( Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			1000	Total Cost	\$800,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Deciding Together Training is a foster/adoptive preparation and selection process for county staff and qualified staff of licensed child placing agencies that is intended for use with individuals/families whose geographic location or circumstances of employment prohibit attendance at the 10 weeks of group meetings included in Group Preparation and Selection (GPS).

OCWT-3

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	15 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		375	Total Cost	\$68,750.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Underlying Conditions is a three day training to provide workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child safely in the family's home.

OCWT-5

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	3	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input type="checkbox"/>	Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		500	Total Cost	\$112,500.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.)
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The Individualized Service Planning Process for Families Who Experience Substance Abuse (SA) is a four day training for workers to understand the dynamics of working with families involved in SA. This module is designed to develop the following core abilities: identify SA as a disease that affects the entire family and be able to assess strengths/danger threats of individuals/families experiencing SA; be able to identify signs/symptoms of SA and specific drugs; identify the child welfare worker's role/responsibilities as a team member in assessing/treating families who experience child maltreatment and SA; identify the immediate danger threats/long-term effects of SA on family members; examine the recovery/relapse process experienced by a person who is addicted.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	4 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	24 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input type="checkbox"/>	Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		750	Total Cost	\$246,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Practical Child Sexual Abuse Intervention is a 5 day training developed by the National Advocacy Center to enable workers to acquire skills in the investigation of child sexual abuse, and working with families that are impacted by child sexual abuse. It includes information regarding the dynamics of child sexual abuse.

OCWT-7

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->

### Indicate proposed provider of training activity

Specify

### Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	33 Credit hours

### Specify approximate number of days or hours of training activity

	<input type="checkbox"/>	Days
	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	33 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

Specify

### Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/>	
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<input type="checkbox"/>	

### Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			375	Total Cost	\$135,000.00

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Practical Child Protection Services (CPS) was developed by the National Child Advocacy Center to enable workers to: distinguish between abuse and accidental injury; achieve crisis management; recognize emerging safety/removal factors; assign risk and safety priorities; assess level of risk in various family situations; assess ability/willingness of non-offending parent to protect child; assess probability of recurring safety issues.

OCWT-8

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> 30 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

### Costing method

### Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Cost per class/training function	Estim. no. of trainees in class		375	Total Cost	\$135,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph **brief** syllabus of the training activity

Supervisor's Training is an ACT II module, which has a goal of providing new supervisors with basic skills and knowledge to be an effective leader within the agency. It is a six day training that covers basic skills for supervisory staff and provides the foundation for supervisory practice in child welfare. The pervading theme of the module is that the paramount role of the supervisor as "Guardians of Practice" is to enable front line staff to meet the needs of families and children and to fulfill the mission of the agency. One focus is emphasizing the importance of creating a positive tone within the supervisor's unit to enhance worker productivity. Also, the supervisor as a negotiator and mediator between units and upper management is another focal point.

### Indicate which, if any, of the **specifically allowable** Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

### Indicate proposed provider of training activity

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	6 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	24 Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	
	<input type="checkbox"/>	Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			300	Total Cost	\$142,500.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Concurrent Permanent Planning is a 3-day training that increases understanding of how to work with the legal process to achieve safety and permanency for children; expand knowledge and skills of full disclosure and casework practices necessary to expedite permanency and enhance competency in helping families engage in the process of change; and practice integration of permanency concurrent planning concepts into the ISP team meetings.

OCWT 10

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	3	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	13	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

### Costing method

### Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Cost per class/training function	Estim. no. of trainees in class		600	Total Cost	\$147,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

## Provide a one paragraph brief syllabus of the training activity

**Targeted Case Management (TCM) Training provides the knowledge base from which county staff can make informed decisions regarding available services, assist an individual to gain access to needed medical, social, educational & other services, & document services provided to the target group. Staff must study Medicaid approved training material and pass a test in order to become certified to provide TCM services. New social work employees or current employees who are uncertified that transfer to child welfare foster care or Adult Protective Services and who are assigned a program code of 29, 53, 68, 62, or 04 are assigned to attend a regional TCM training class in order to become TCM Certified.**  
 REV MAX 1

## Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

## Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

## Indicate proposed provider of training activity

<input type="checkbox"/> In-house agency training staff	Specify
<input checked="" type="checkbox"/> Public university ----->	UA-College of Cont Studies
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

## Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

## Specify approximate number of days or hours of training activity

<input type="checkbox"/>	5 Days
<input type="checkbox"/>	Hours per day
<input checked="" type="checkbox"/>	Credit hours 3.0 CEU CREDITS

## Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/>	Other community staff (medical, legal, police)

## Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input checked="" type="checkbox"/> Cost per class/training function
<input type="checkbox"/> Other (specify)

## Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
		Estim. no. of trainees in class	955	Total Cost	\$54,435.00

## Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

## Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input checked="" type="checkbox"/>	Other, Specify - SAIL GRANT - AL MEDICAID AGENCY

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

## Provide a one paragraph brief syllabus of the training activity

Medicaid Rehabilitation Training provides definitions of eligible services and providers, a knowledge base from which county staff can make informed decisions regarding available services, the best way to offer services by qualified practitioners, how to authorize, document and seek reimbursement for services.

REV MAX 2

FIELD OP & TRNG 4

## Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

## Indicate setting/venue for the training activity

## Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

## Indicate duration category of the training activity

## Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	Credit hours

## Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
	<input type="checkbox"/>	Other community staff (medical, legal, police)		

## Costing method

## Estimated total cost

<input type="checkbox"/> Unit cost per trainee (tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			3600	Total Cost	\$7,200.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

## Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

## Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The Tools of Choice Parenting Program is designed to help strengthen the parent-child relationship in order to preserve or reunify families or help the child to be accepted into a permanent living situation. The program is offered in five areas of the state. One area is served through a Memorandum of Agreement with Auburn University. Three areas are served by employees of the department and one area is jointly served by the Auburn employee and a state employee. This program has been so successful that it has been replicated through a Memorandum of Agreement with the University of South Alabama. All classes are taught by behavior analysts. There are five, three hour classes in each session. Biological, foster and adoptive parents and other caregivers are taught behavior management tools. Classes are also provided for DHR staff. The parents/ caregivers/staff learn how to focus on the child's desirable behaviors by modeling the behaviors they would like to see more often and motivating the child to do those by reinforcing the desirable behaviors. After the parents/caregivers learn the tools, they are then observed using the skills in their homes. There are three to five in-home sessions for each family. The Behavior Analysts work very closely with each parent/caregiver so that the skills are mastered while using them with their own children. The outcomes have been published and demonstrated as contributing to increased safety, permanency and case closure. The program is regularly offered to caseworkers to directly support the families they serve and refer to the program as well as improve case practice decision making.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other -----2 Contract Staff		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	5 Days (additionally there are 3 to 5 visits per family)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	3 Hours per day
	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
<input checked="" type="checkbox"/> Birth parents	<input type="checkbox"/> Other community staff (medical, legal, police)

### Costing method

### Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	
Cost per class/training function	Estim. no. of trainees in class		500	Total Cost	\$16,000.00	
Other (specify) SEE BELOW						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries &

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF) Caseworker Grant Monies	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

The Supervisor Conferences will address permanency issues such as permanency planning, family-centered practice, culturally competent practice and outcome-based supervision / practice.

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other ----->

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	Hours per day
	Credit hours 7.5 CEU CREDITS

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input checked="" type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		1500	Total Cost	\$690,000.00	
<input type="checkbox"/> Other (specify)						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

*Indicate all applicable funding sources*

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF) Caseworker Grant Monies	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

**"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN**

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

FACTS refresher courses for county and state office staff.

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	<small>Specify</small>
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" type="checkbox"/> Days - 1-5 days	The respective Refresher courses vary in
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day	length from one to four days.
	<input type="checkbox"/> Credit hours	

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		975	Total Cost	\$975,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to

*Indicate all applicable funding sources*

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

<i>Provide a one paragraph brief syllabus of the training activity</i>								
FACTS Finance and/or Provider Training for FACTS users to learn the application and functions of the system. This training is for caseworkers, supervisors, but may also be attended by administrators and managers, as needed.								
FACTS Finance and/or Provider Training								
<i>Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.</i>								
<input type="checkbox"/>	IV-E Eligibility Determination or Redetermination	<input type="checkbox"/>	Placement of Child					
<input type="checkbox"/>	Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan					
<input type="checkbox"/>	Hearings and Appeals	<input type="checkbox"/>	Case Management					
<input type="checkbox"/>	Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions					
<input type="checkbox"/>	Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/>	Data Collection and Reporting					
<i>Indicate setting/venue for the training activity</i>				<i>Indicate proposed provider of training activity</i>				
<input type="checkbox"/>	Pre-Service (Trainee not yet employed by State agency)		<input checked="" type="checkbox"/>	In-house agency training staff		Specify		
<input checked="" type="checkbox"/>	Initial In-Service (Intensive training to prepare new employees)		<input type="checkbox"/>	Public university ----->				
<input checked="" type="checkbox"/>	Continuing In-Service (On-going training for existing employees)		<input type="checkbox"/>	Private university ----->				
<input type="checkbox"/>	Conference/workshop		<input type="checkbox"/>	Other ----->				
<i>Indicate duration category of the training activity</i>				<i>Specify approximate number of days or hours of training activity</i>				
<input checked="" type="checkbox"/>	Short Term (Less than eight consecutive work weeks)		1	Days				
<input type="checkbox"/>	Long Term (Eight or more consecutive work weeks)		<input type="checkbox"/>	Hours per day				
<input type="checkbox"/>			<input type="checkbox"/>	Credit hours				
<i>Indicate the audience to receive training</i>								
<input checked="" type="checkbox"/>	Staff of State/local agency administering the State Plan		<input type="checkbox"/>	Adoptive parents				
<input type="checkbox"/>	Volunteers of State/local agency administering State Plan		<input type="checkbox"/>	Child caring agency staff				
<input type="checkbox"/>	Persons preparing for employment with State/local agency		<input type="checkbox"/>	Child placement agency staff		Specify		
<input type="checkbox"/>	Foster parents		<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)				
<input type="checkbox"/>			<input type="checkbox"/>	Other community staff (medical, legal, police)				
<i>Costing method</i>				<i>Estimated total cost</i>				
<input type="checkbox"/>	Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/>	Cost per class/training function		Estim. no. of trainees in class		200	Total Cost	\$30,000.00	
<input checked="" type="checkbox"/>	Other (specify) SEE BELOW							
<i>Cost allocation methodology</i>								
Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)								
1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. All non-child activities are charged to SSBG. This is the approved methodology in FACTS APD.								
<i>Indicate all applicable funding sources</i>								
<input checked="" type="checkbox"/>	IV-B-1 (CWS)		<input type="checkbox"/>	CAPTA				
<input type="checkbox"/>	IV-B-2 (PSSF)		<input type="checkbox"/>	IV-E Chafee ILP				
<input checked="" type="checkbox"/>	IV-E Foster Care		<input type="checkbox"/>	State only (mark only if other than non-Fed match)				
<input checked="" type="checkbox"/>	IV-E Adoption		<input type="checkbox"/>	Other, Specify				
<input checked="" type="checkbox"/>	TANF		<input type="checkbox"/>	Other, Specify				
<input checked="" type="checkbox"/>	SSBG		<input type="checkbox"/>	Other, Specify				

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

FACTS Basic User Training for users to learn the application and functions of the system. This training is for caseworkers, supervisors, but may also be attended by administrators and managers as needed.

FACTS Basic User Training

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

### Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

### Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> 5 Days	
<input type="checkbox"/> Hours per day	
<input type="checkbox"/> Credit hours	

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan
<input type="checkbox"/> Volunteers of State/local agency administering State Plan
<input type="checkbox"/> Persons preparing for employment with State/local agency
<input type="checkbox"/> Foster parents

<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Child placement agency staff	Specify
<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
<input type="checkbox"/> Other community staff (medical, legal, police)	

### Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

### Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		1100	Total Cost	\$825,000.00	

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

TOPIC is a curriculum based training adapted from TOOLS OF CHOICE for YOUTH, focusing on communication, life skills and independence through their own behavior. Outcomes are based on skills learned in the class and when used with adults they interact with. The modules were piloted at Brantwood with IL age youth. The program is offered in 4 areas of the state, - one is served through AU contract; 2 areas are served by the department; and another is jointly served by a contract and state employee..

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

### Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Other Two contract staff----->	

### Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

### Specify approximate number of days or hours of training activity

<input type="checkbox"/> Days	
<input type="checkbox"/> 6 Hours Two 1/2 days	
<input type="checkbox"/> Credit hours	

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

### Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

### Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			1200	Total Cost	\$2,500.00

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs (such as travel of employees, trainers' salaries & fringe benefits) go into a pool & are distributed according to IV-E/IV-B

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

MOTIVATE is a curriculum created and presented by the Behavior Analyst staff/interns to DHR service line staff. The goal is to improve the Caseworkers' communication, to improve visits with the child and family and to improve all contacts related to the child and family. There are 6 modules that make up the training. The training is usually presented in two 1/2 day sessions..

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

### Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	<input type="text"/>
<input type="checkbox"/> Private university ----->	<input type="text"/>
<input checked="" type="checkbox"/> Other Two contract staff----->	<input type="text"/>

### Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

### Specify approximate number of days or hours of training activity

<input type="checkbox"/> Days	
<input type="checkbox"/> 6 Hours Two 1/2 days	
<input type="checkbox"/> Credit hours	

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

### Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

### Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			1500	Total Cost	\$5,000.00

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs (such as travel of employees, trainers' salaries & fringe benefits) go into a pool & are distributed according to IV-E/IV-B

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify IV-B, Caseworker Visit Funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The department will continue to train/recertify for the Multi-Dimensional Assessment Tool (MAT). Training is now completed on a website, canstraining.com. The department received permission to rename the MAT due to having an acronym for CANS. The Child Adolescent Needs and Strengths Assessment Tool was developed by Dr. John Lyons and a large group of professionals. The CANS/MAT is an open domain tool that is free for anyone to use. The Praed Foundation only requires that the persons using the CANS/MAT be trained and recertified each year. With training, one with a bachelor's degree can learn to complete the tool reliably.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)		In-house agency training staff	Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)		Public university ----->	<input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)		Private university ----->	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/>	Other ----->	Self-directed

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day 6-8 hours
	<input type="checkbox"/>	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan		Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan		Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency		Child placement agency staff	Specify
<input type="checkbox"/> Foster parents		Other State agency staff (JJ, MH, DD, etc.)	<input style="width: 100px;" type="text"/>
		Other community staff (medical, legal, police)	<input style="width: 100px;" type="text"/>

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class			100	Total Cost	\$1,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)		CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)		IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care		State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF		Other, Specify
<input type="checkbox"/> SSBG		Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

Fall Social Work Conference - Statewide conference designed to provide cutting-edge information on best practices with children and families to agency staff. The 2014 agenda included topics such as: preventing bullying, evidence based practice in child/adolescent interventions, maximizing student participation in child welfare field placements, trauma informed practice with families, use of social media in social work practice, motivational interviewing to improve reunification plans, childhood trauma, health equity for children and youth with disability and high risk for obesity, virtual interventions for children/adolescents, gang awareness/intervention/prevention

Alabama

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		University of Alabama
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	5 Hours per day
	10 Credit hours

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input checked="" type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff	Specify
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	Public Health, Mental Hea
	<input checked="" type="checkbox"/> Other community staff (medical, legal, police)	Social Workers, Therapis

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		325	Total Cost	\$80,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

*Indicate all applicable funding sources*

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

Alabama Higher Education Consortium on Child Welfare Regional Workshops - Provide information to child welfare staff on current developments in service to children, youth, and families, with a particular focus on child protective services. Topics have included: crisis intervention and anger management, forensic interview skills, understanding Reactive Attachment Disorder, domestic violence issues in families, DSM-V Overview, Autism, advocacy for clients experiencing psychological testing and evaluation, advocacy for clients with developmental and intellectual disabilities, critical thinking skills in child welfare decision making.

Alabama

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input checked="" type="checkbox"/> Public university ----->		University of Montevallo/L
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input type="checkbox"/> Other community staff (medical, legal, police)	

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		250		Total Cost	\$40,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

*Indicate all applicable funding sources*

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Title XX
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify CCDF
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify Title XIX

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

Partnership with the University of Alabama to provide Title IV-E student stipends and training for DHR employees and potential employees. Student stipends and training by additional CSWE accredited programs throughout the state are also included in this interagency agreement. The Department also continues to offer BSW/MSW Educational Leave for eligible, approved employees pursuing a social work degree.

Alabama

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input checked="" type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input checked="" type="checkbox"/> Public university ----->		Univ. of Alabama
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> Days
<input checked="" type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input checked="" type="checkbox"/> Credit hours Varies

*Indicate the audience to receive training*

<input type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	Specify
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
	<input type="checkbox"/> Other community staff (medical, legal, police)	

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class			15	<input type="checkbox"/> Total Cost	\$100,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

*Indicate all applicable funding sources*

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Three sessions of Investigative & Forensic Interview Training will be provided during FY 2015. Each 3 day session will focus on conducting forensic interviews of children, who have been abused or neglected. The training will be provided to County Multidisciplinary Team members, County and State Office Staff. Approximately 120 participants will be trained. The estimated costs are \$20,000 per session based on 30 participants in each training class and for travel costs including mileage and per diem.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	3 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	18 Credit hours

### Indicate the audience to receive training

<input type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input checked="" type="checkbox"/>	Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/>	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class			120	Total Cost	\$80,000.00
<input checked="" type="checkbox"/> Other (specify)	<input type="checkbox"/>						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input checked="" type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input checked="" type="checkbox"/>	Other, Specify - Children's Justice Grant

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Children's Justice Funds will be used to provide four (4) sessions of Family Violence Assessment & Intervention. This is a new curriculum that was offered for the first time in FY 2014 and will continue to be offered in FY 2015. Each of the four two day training sessions will focus on providing basic information on the complex dynamics of Family Violence and a basic understanding of how domestic violence impacts children's lives & what that means for CPS intervention. The two day training is provided for to County Multidisciplinary Team members, Other State Agencies, DHR State Office Staff & County Staff. Approximately 120 staff will be trained during the training sessions. The estimated cost for this training are \$20,000 per session, based on 30 participants in each training session

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	2	Days	
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input checked="" type="checkbox"/>		Hours per day	10
	<input type="checkbox"/>		Credit hours	8

### Indicate the audience to receive training

<input type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		Multidisciplinary Teams
	<input type="checkbox"/>	Other community staff (medical, legal, police)		Medical, legal, LE

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		120		Total Cost	\$80,000.00
<input checked="" type="checkbox"/> Other (specify)							

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input checked="" type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input checked="" type="checkbox"/>	Other, Spe Children's Justice Grant

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph **brief** syllabus of the training activity

Association of Administrators on the Interstate Compact for the Placement of Children. Attendance at the conference by a staff member of the Alabama DHR, Family Services Division, Office of ICPC.

### Indicate which, if any, of the **specifically allowable** Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)		In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)		Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)		Private university ----->	
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/>	Other -Various as scheduled by conference planners.	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	3	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)		Hours per day
		Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan		Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan		Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency		Child placement agency staff	Specify
<input type="checkbox"/> Foster parents		Other State agency staff (JJ, MH, DD, etc.)	
		Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		1		Total Cost	\$2,500.00
<input checked="" type="checkbox"/> Other (specify)							

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)		CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)		IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care		State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Adoption Incentive Funds
<input type="checkbox"/> TANF		Other, Specify
<input type="checkbox"/> SSBG		Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The Trained Therapist Network (TTN) is a component of the contract for post-adoption services with Children's Aid Society/APAC. Through the TTN, training is provided to mental health professionals serving our children as well as foster/adoptive parents and DHR staff. Training is provided in a seminar format. Topics are relevant to child welfare services. Seminar topics have featured speakers such as Greg Keck, Bryan Post and other nationally-known experts in areas of child trauma, parenting teenagers and use of psychotropic medications with children.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other -----Nationally and regionally known experts.		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	1	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)		Hours per day
	6	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input checked="" type="checkbox"/> Child caring agency staff	
<input checked="" type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
	<input checked="" type="checkbox"/> Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class	850	Total Cost	\$21,250.00		
<input checked="" type="checkbox"/> Other (specify)						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)  
 Costs are taken from the budget attached to the 2014-2015 renewal contract with Children's Aid Society/APAC.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

DHR has a contract with Children's Aid Society, Alabama Post Adoption Connections (APAC) and as a part of that contract, APAC sponsors specialized training events, which for FY 2015 could include any of the (not all have yet been confirmed): National Adoption Month Mini-Conferences, Webinars, and local training events as requested (that could include any of the following topic areas: childhood disorders, working with adolescents, the importance of attachment, lifebooks, secondhand trauma, transitions, play techniques, and anger management.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other APAC staff and others as arranged by APAC		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" type="checkbox"/> Days - the number of days and/or hours varies per event
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
	<input type="checkbox"/> Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class			1912	<input type="checkbox"/> Total Cost	\$19,200.00
<input checked="" type="checkbox"/> Other (specify)						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are taken from the budget attached to the 2014-2015 renewal contract with Children's Aid Society/APAC.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Adoption Incentive Funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Permanency Conference - An annual permanency conference must be offered to up to 200 DHR staff. Professionals serving families and children in the adoption process may also be included. Non-DHR staff must pay a registration fee and cover their own costs for attending the conference. The conference must include workshops on adoption-related issues and DHR policies and must be provided at no cost to DHR staff. The vendor will be responsible for coordinating and paying for the conference site, sustenance, lodging and travel reimbursement (as applicable). The speakers and workshops must be planned with input and approval from the State DHR Office of Permanency and Family Services Division staff. DHR partners such as AFAPA, Heart Gallery Alabama and others as determined by the Department (not to exceed ten) will be exempt from registration fees. Keynote speakers and workshop presenters must be experts in the topics they present. Speakers and presenters from among DHR and the vendor's own staff must be limited unless new policies or changes in practice are to be addressed with DHR county staff.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
	<input type="checkbox"/>	Other community staff (medical, legal, police)		

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/>	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class		300		Total Cost	\$100,000.00
<input checked="" type="checkbox"/> Other (specify)	<input type="checkbox"/>						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are taken from the budget attached to the 2014-2015 renewal contract with Children's Aid Society/APAC.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Adoption Incentive Funds
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The Annual National Independent Living Conference sponsored by the Daniel Memorial Foundation is for Youth- and the adults who serve them. Each year up to 115 youth and adults attend. It is a training opportunity for both foster youth and social workers and staff who serve them to receive training from nationally know speakers and trainers in locales across the country and to network with foster youth from across the country.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	4 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	8 Hours per day
	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
<input checked="" type="checkbox"/> Foster Youth	<input type="checkbox"/> Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees		Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		115	Total Cost	\$193,000	
<input checked="" type="checkbox"/> Other (specify)						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

The funds are allocated based on a per person cost for travel, registration, lodging and food.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

There are two ILP Conference-Style camps held each summer to provide training and education to ILP foster youth. The first camp for 14-16 year old foster youth and a second for 17-20 year old foster youth. The camps will be held at Shocco Springs. in Talledega, Alabama. Young people receive training and education regarding health, Medicaid, educational goal setting, NYTD, team building, working with adults, permanent connections, etc . in a camp setting.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other: Children's Aid Society		

### Indicate proposed provider of training activity

### Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 3 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> 8 Hours per day
	<input type="checkbox"/> Credit hours

### Specify approximate number of days or hours of training activity

### Indicate the audience to receive training

<input type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
<input checked="" type="checkbox"/> Foster Youth	<input type="checkbox"/> Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees		Total Cost	
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		150	Total Cost	\$107,000.00	
<input checked="" type="checkbox"/> Other (specify)						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Funds are provided through a contract with Children's Aid Society.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The Annual youth Leadership Training is scheduled each year to provide Leadership training to the State's DREAM Ambassadors, DREAM Council Leaders and Youth Advisory Council Leaders from across the state. It is designed to provide direct leadership training to our Youth focusing on working with Judges, Legislators, social workers and administrators to promote youth advocacy. Professional trainings provide instruction in team building, public speaking, and branding.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other: Children's Aid Society		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	3 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	10 Hours per day
	Credit hours

### Indicate the audience to receive training

<input type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	Specify
<input checked="" type="checkbox"/> Foster Youth	<input type="checkbox"/> Other community staff (medical, legal, police)	

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		75	Total Cost	\$28,500.00	
<input checked="" type="checkbox"/> Other (specify)						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Funds are allocated through our contract with Children's Aid Society.

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

ILP DREAM Council Meetings are held each second Saturday of the month at DHR County offices across the State 9 months each year. As a part of continued Leadership Training for DREAM Ambassador, every alternating month, 25 Youth Leaders travel to the designated county on the Friday evening to and conduct a business meeting for 6pm-10p, in preparation for the following days meeting. Youth train their peers with regard to NYTD, Sexual Safety, Law Enforcement/Law Awareness, Self Advocacy, How to Navigate the Court system, Dream boarding, Leadership, Sex Trafficking, Civil Rights Education, Youth Leadership with the Poarch Creek Band of Indians. Service project are also conducted monthly by the DREAM Ambassadors.

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	9 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	4 Hours per day
	Credit hours

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input checked="" type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
	<input checked="" type="checkbox"/> Other community staff (medical, legal, police)	Foster Youth

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees		<input type="checkbox"/> Total Cost	
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class		50-75	<input type="checkbox"/> Total Cost	\$12,000.00	
<input type="checkbox"/> Other (specify)						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

The funds are allocated through a contract with Children's Aid society

*Indicate all applicable funding sources*

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

The annual ILP Networking Conference convenes 100 county ILP coordinators and staff working with ILP Youth and up to 50 providers across the state. Attendees are provided training regarding NYTD, Sex Trafficking, Permanent Connections, Transition Planning, Permanency Roundtables, Psychotropic Medication, Medicaid to 26., Team Building with surrounding counties and providers.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other: Children's Aid Society		

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	3 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	6 Hours per day
	Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input checked="" type="checkbox"/> Volunteers of State/local agency administering State Plan	<input checked="" type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	
	Other community staff (medical, legal, police)	Foster Youth

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees		Total Cost	
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		150	Total Cost	\$42,000.00	
<input checked="" type="checkbox"/> Other (specify) - Community providers attend the training for a nominal fee.						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

The funds are allocated through a contract with Children's Aid society

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify Caseworker visit funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

# "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

## Provide a one paragraph **brief** syllabus of the training activity

**State Quality Assurance/County Quality Assurance Coordination Meeting is an annual meeting to bring together county QA coordinators and chairpersons with State Quality Assurance Committee members for training and exchange of information regarding the continual assessment, monitoring and improvement of child welfare practice.**

## Indicate which, if any, of the **specifically allowable** Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

## Indicate setting/venue for the training activity

## Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

## Indicate duration category of the training activity

## Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

## Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents		
<input checked="" type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff		
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	Specify	
	<input type="checkbox"/> Other community staff (medical, legal, police)		

## Costing method

## Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class			150	<input type="checkbox"/> Total Cost	\$12,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

## Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training. Approximately half will be service workers whose cost is

## Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Federal Casework Visit
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

*Provide a one paragraph brief syllabus of the training activity*

**Adjunct Reviewer Training is provided to staff who will be completing Quality Service Reviews to ensure there is a uniform and consistent training process as required.**

*Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.*

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

*Indicate setting/venue for the training activity*

*Indicate proposed provider of training activity*

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	<i>Specify</i>
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	

*Indicate duration category of the training activity*

*Specify approximate number of days or hours of training activity*

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

*Indicate the audience to receive training*

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	<i>Specify</i>
	<input type="checkbox"/> Other community staff (medical, legal, police)	

*Costing method*

*Estimated total cost*

<input type="checkbox"/> Unit cost per trainee ( Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		35	Total Cost	\$5,250.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

*Cost allocation methodology*

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training.

*Indicate all applicable funding sources*

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Federal Caseworker Visit
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify

## "CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

### Provide a one paragraph brief syllabus of the training activity

Alabama Foster and Adoptive Parent Association (AFAPA) Contract. The AFAPA covers nine regions offering training, education, advocacy for children, as well as the recruitment of foster and adoptive parents statewide. Included in this contract are the Annual AFAPA Conference, AFAPA regional meetings, AFAPA mini-conferences, and training provided by AFAPA regional representatives at local foster parent association meetings that are open to foster parents DHR staff and others.

### Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

### Indicate setting/venue for the training activity

### Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	<input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other -AFAPA leadership/members and other invited speakers	

### Indicate duration category of the training activity

### Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" type="checkbox"/> Days (the length varies, depending on the activity).
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

### Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input checked="" type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	<input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Foster children/youth	<input type="checkbox"/> Other community staff (medical, legal, police)	<input style="width: 100%;" type="text"/>

### Costing method

### Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class			250-1000	<input type="checkbox"/> Total Cost	\$202,500.00
<input checked="" type="checkbox"/> below						

### Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs (such as travel of employees, trainers' salaries & fringe benefits) go into a pool & are distributed according to IV-E/IV-B

### Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify - Adoption Incentive Funds
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

### **Other Program Training**

Each year there are other training sessions, conferences, meetings that are conducted/attended by county/state child welfare staff. It is not possible to provide all that will be planned for the time period of 2015 – 2019. However, the list below provides examples of what might be involved for state/county child welfare staff (this list contains some training sessions, meetings, etc. for which it was uncertain if inclusion was necessary, including LETS modules). The training sessions, conferences, meetings, etc. that are conducted, may not occur each of the five upcoming years.

- Ongoing training throughout the state for staff on Permanency Connections for Older Youth
- Ongoing Heart Gallery Exhibits throughout the state.
- Local ILP Youth Advisory Committee Meetings.
- Permanency Roundtables Values and Skills Training. In 2014, permanency roundtables were offered to counties on an individual basis to assist with permanency of youth.
- Through contract with APAC - National Adoption Month Mini-Conferences, with topics that included:
  - Effective Behavior Management Techniques for Children with Special Needs
  - Effects of Domestic Violence on Children
  - Understanding the Link between Early Childhood Trauma and Brain Development
  - Special Education Advocacy
  - Cyber Safety
  - Adoption Triad Panel
- Webinars: “Sibling Rivalry”; “Voice of the Adopted Child”; “Sleep Difficulties and Adopted Kids”; “Lying, Cheating, and Stealing”.
- Symposium on Human Trafficking and implications for Foster Care
- Deputy Director Trained Foster and Adoptive Parents as well as DHR staff on “Building Strong Partnerships with D.H.R.”
- In addition, through its contract with State DHR APAC afforded training opportunities to DHR county staff, foster parents, etc. at the request of the county, such as:
  1. Childhood Disorders
  2. Working with Adolescents
  3. The Importance of Attachment
  4. Lifebooks
  5. Secondhand Trauma
  6. Transitions: Impact on Foster & Adopted Children
  7. Play Techniques for Oppositional Children
  8. Anger Management
  9. Effects of Transitions and Trauma on Child Development
- Attendance at the “Preventing Child Maltreatment and Promoting Well-Being Network for Action” and the State Liaison Officers Meeting in Alexandria, VA.
- Family Values Training
- Several counties use Children’s Justice funds for the purpose of planning a local training.
- National Symposium on Child Abuse and Neglect in Huntsville, AL.
- Training by FSD Consultant Staff to county staff as needed/requested on various practice issues, such as the ISP process, assessments and safety plans.
- Domestic Violence Training for the Birmingham Police Department’s Domestic Violence Conference
- Fostering Court Improvement Grantee Meeting
- Alabama Department of Public Health’s Volunteer Symposia.
- Annual Conference on the Placement of Children.
- Education Summit
- Conference on Psychotropic Medications
- Fostering Court Improvement Grantee Meeting

### **DHR Learning Education and Training System (LETS)**

- Active Shooter Preparedness Training; Confidentiality in the Workplace; Language Assistance; Making Timely Child Care Referrals; Performance Appraisal Basics for Supervisors; Domestic Violence and Child Welfare: Maximizing Family and Worker Safety

### **Other:**

- County Director’s Training Institutes
- The Poarch Band of Creek Indians sponsored conferences

- Casey Quarterly meetings
- Webinars and/or other training sessions on “Transracial Placements”, “Parents Guide to Social Media”, “Bullying”, “The Journey of Adoption”, “The Voice of the Adopted Child”, “Advocating for Permanency”, and “Holidays with our Foster and Adopted Children”

#### **Amended Training Plan**

Alabama has communicated with the Region IV, ACF Office, subsequent to the submission of its 2015-2019 CFSP. Based on the information provided to the state, Alabama plans to submit an Amended Training Plan to the Region IV Office by/on October 31, 2014. Further, Alabama will maintain communication with Region IV staff, so that any questions, issues, etc., involved with this submission can be clarified, resolved, etc.

NOTE: This particular training plan may well be updated as FY 2015 progresses, so that at any given point during the FY, the content of the plan may undergo revisions, additions, etc. (and therefore may not have the exact same content as this one that is posted).