

Alabama 2020 – 2024 CFSP

Four Targeted Plans

I.	Training Plan	Pages 2-68
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Alabama Training Plan: FYs 2020 - 2024

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. Trainers are located in Huntsville, Montgomery, Gadsden, Mobile and Birmingham and deliver training in cities throughout the State.

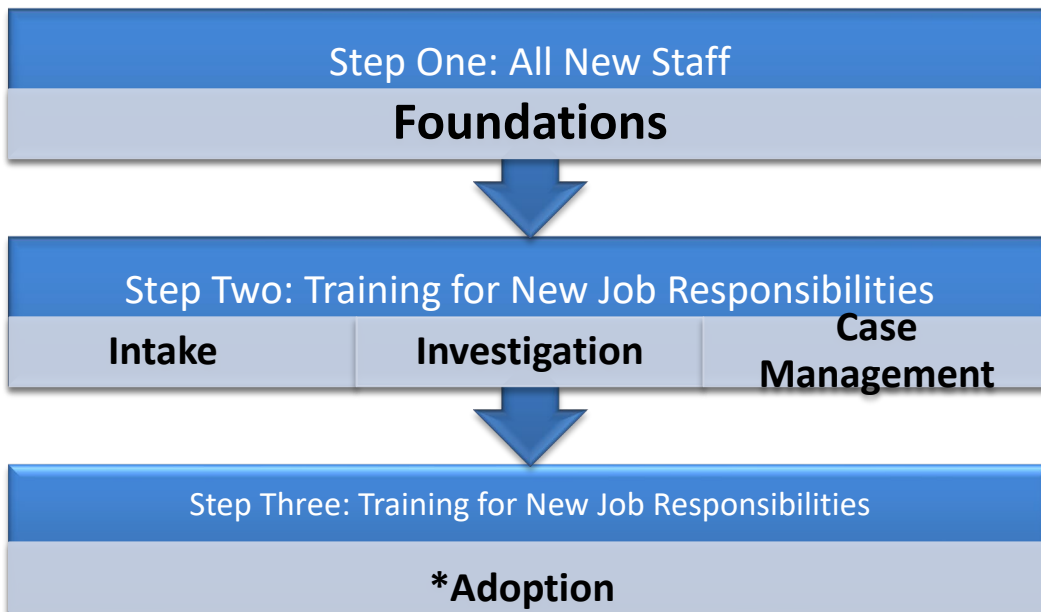
The Office of Child Welfare Training has consistently provided up-to-date training to staff by developing and delivering training programs which promote the development of competent child welfare professionals. The Striving Toward Excellent Practice (STEP) sessions equips child welfare workers and supervisors 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:

Generally, the majority of new staff completes their initial STEP: Foundations training no later than 3-6 months upon employment. The training 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 training has been refined to incorporate a blended learning approach. Prior to attending (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 and reinforced. OCWT continues to look at cost-saving measures that will not diminish the overall learning experience.

Striving Toward Excellent Practice: STEP

The design of the training includes “Steps” of development. The first “Step” will be the foundational tools all workers need. “Steps” 2 and 3 includes specific modules for staff based upon their particular duties at DHR. (Striving Toward Excellent Practice in Intake, Striving Toward Excellent Practice in Investigation, etc.). Staff



*Adoption has the prerequisite of Case Management.

STEP also incorporates more online resources. The classroom modules have been designed for the specific duties of the worker, saving time spent away from the office. Additionally our SACWIS system, FACTS, has been incorporated into the Child Welfare Curriculum (STEP-Striving Toward Excellence in Practice), so that staff will not have to go to a separate training and they can immediately see how the work they do in the field is incorporated and supported in our FACTS system.

TRAUMA INFORMED PARTNERING FOR SAFETY AND PERMANENCE (TIPS) LEADER CERTIFICATION TRAINING

The Office of Child Welfare Training provides Leader Certification Training in Trauma Informed Partnering for Permanence and Safety (TIPS) 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. The Office of Child Welfare Training continues to partner with other certified "Trainers of Leaders" to deliver the leader certification training. TIPS/Deciding Together certification 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 TIPS.

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. The Office of Child Welfare Training has included more information regarding domestic violence in the preservice training. New Child Welfare staff also receive the online LETS training "Domestic Violence and Child Welfare Overview and Assessment" from the Field Administration Division.

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 has enhanced the preservice 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. [OCWT continues to explore this topic.](#)

Substance abuse is a major problem in the families that we serve. Opioid abuse, along with other substances is a tremendous problem in the state of Alabama. Division staff could benefit from a training that provides signs, symptoms, and solutions in order to assist them in working with families who are affected by substance abuse. The Department is exploring a long term contract with Troy University using the Children's Justice grant to provide training for our staff.

While there is never an excuse to abuse a child, there are contributing factors and causes that lead to situations that result in child abuse. It is important for child welfare workers to determine what underlying issues a family may have experienced that caused the abuse, and to assist families in recognizing them in order to begin the healing process that will ensure their safety. In that regard, OCWT will be exploring an updated Underlying Conditions training to provide staff with tools that will help them get to the core of the issue.

Simulation labs for child welfare training and education provides an immersive training environment that affords a realistic experience for trainees to prepare them for real-world interactions. Some of the benefits of simulation include: 1) increased transfer of learning; 2) practice in a safe environment; 3) improved skill retention; and 4) opportunities to watch and learn from others. The Department is currently researching the prospect of implementing simulation labs regionally throughout the state.

DHR Supervisory Management Training.

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. DHR Supervisory Management Training was developed by The Policy and Practice Group to provide more information regarding leadership for Supervisors. This 4 day training will help build supervisory capacity by providing supervisors with the day to day skills needed to perform their duties including how to manage staff performance. [We continue to explore new and innovative techniques to help supervisor's manage their staff toward outcomes with families that provide safety, permanence and well-being.](#)

MEASURING SKILL DEVELOPMENT OF NEW/EXPERIENCED STAFF

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. We are also exploring how to reintegrate On-the-Job modeling and coaching from supervisors/peers to reinforce the skills learned in training.

STATEWIDE INFORMATION SYSTEM (FACTS) TRAINING

FACTS has been incorporated into the new STEP training so that workers will learn the skills needed to document the work they are doing in Intake, Investigation, Case Management and Adoption. OCWT continues to offer counties

specialized county based training regarding skill development in using our automated system to best support the work our child welfare workers are doing with families.

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. We will continue, in partnership with AFAPA, APAC, Kids to Love and Children's Aid Society, to educate potential foster and adoptive parents regarding the need and benefits of providing care and becoming permanent connections for our older youth.

I. Training Checklists

The training checklists that follow provide information on current plans for the years covered by the 2020-2024 CFSP. The estimated number of participants and estimated costs that are shown for each training activity reflect the totals per each year of the CFSP, not the collective totals for the five year period.

II. Other Program Training - See Page 67

"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. For FYs 2020-2024.

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			125	<input type="checkbox"/> 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 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. For FYs 2020-2024.

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)	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

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. For FYs 2020-2024.

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 Higher Education Consortium on Child Welfare Regional Workshops - Contingent on funding, the Department, in partnership with the Alabama Higher Education Consortium on Child Welfare, will provide regional workshops to DHR child welfare staff. The tentative topics for these workshops include leadership and supervision in a child welfare setting and social work ethics for child welfare workers and supervisors. For FYs 2020-2024.

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	<small>Specify</small>
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input checked="" type="checkbox"/> Public university ----->	University of Montevallo/
<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"/> 6 Hours per day
	<input type="checkbox"/> 6 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.)	<small>Specify</small>
	<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

State Youth Advisory Council meetings are held in each county based on the number of youth in the county and the frequency needs. Counties are encouraged to provide education and training regarding permanency, NYTD and independent living skills needed for all youth age 14-21. Meetings are held quarterly, monthly, weekly and bi-weekly as needed based on county population. Youth placed outside their home county are encouraged to participate in training provided by their placement county. Education and training subjects include but are not limited to NYTD, ILP skill building, Permanency, banking, money and household management, budgeting, driver education, policy and law, homelessness, healthy relationship building, pregnancy and AIDS prevention, sex trafficking, education and vocational skill building. For FYs 2020-2024.

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 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 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 type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other ----->	Various	

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 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 checked="" 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"/> ILP 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	1400	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class				Total Cost	\$88,995.00
<input checked="" type="checkbox"/> Other (specify) Costs vary monthly/by county						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Funds are allocated for counties based on their needs and funding requests. Costs includes incentives paid to youth for meeting participation and costs of refreshments for the youth attending. **HR 10163**

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 Supervisor Conferences for FYs 2020-2024, 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)		In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)		Public university ----->	
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)		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)	<input type="checkbox"/>	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	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		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 checked="" type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		325		Total Cost	\$160,000.00
<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 checked="" type="checkbox"/> IV-B-1 (CWS)		CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)		IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care		State only
<input checked="" type="checkbox"/> IV-E Adoption - rptg code HR10407		Other, Specify
<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

FACTS refresher courses for county and state office staff. For FYs 2020-2024.

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		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 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		
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day		The respective Refresher courses vary in 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			80	Total Cost	\$15,000.00
<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 costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. FC All non-child activities are charged to SSBG. This is the approved methodology in FACTS APD HR10427

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

The Annual youth Leadership Training is scheduled each year (for FYs 2020-2024) 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

<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 checked="" type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Other: Children's Aid Society	

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"/> 3 Days
<input type="checkbox"/> 10 Hours per day
<input type="checkbox"/> 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.)
<input checked="" type="checkbox"/> Foster Youth	<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)	

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			75	Total Cost	\$28,500.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged to grant through our contract with Children's Aid Society. **HR 10163**

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

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. For FYs 2020-2024.

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	<input type="checkbox"/>	<small>Specify</small>
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	<input type="checkbox"/>	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other: Children's Aid Society	<input type="checkbox"/>	

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"/> 6 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 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	<small>Specify</small>
<input checked="" type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	<input type="checkbox"/>
	<input 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	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	

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)

Costs are directly charged to grant through our contract with Children's Aid Society. **HR10163**

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

<i>Provide a one paragraph brief syllabus of the training activity</i>					
The Quality Assurance Committee (QAD) will continue to have an annual meeting with County Directors, local QA Coordinators, and the Local QA Committee Chair persons (or a designee). This meeting has been scheduled for October of this year and there will be a discussion about ways to strengthen the communication between the State QA Committee and the Local QA Committees, there will also be a focus on resource development, which has been identified as a need in the county. The Division plans to continue to have this annual meeting in the future and is dedicated in making the annual funding request to support the meetings for years to come.					
<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 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		
<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 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 ----->		
<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)	7	Hours per day		
			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 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 type="checkbox"/>	Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
		<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
<input type="checkbox"/>	Cost per class/training function	Estim. no. of trainees in class		Total Cost	\$0.00
<input checked="" type="checkbox"/>	Other (specify) SEE BELOW			Total Cost	\$13,350.00
<i>Cost allocation methodology</i>					
Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)					
<ol style="list-style-type: none"> 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 					
<i>Indicate all applicable funding sources</i>					
<input checked="" 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 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		

The Office of Quality Assurance is currently training a group of CFSR reviewers who are trained in the Onsite Management System of the Children’s Bureau. By training more reviewers the Division will be able to maintain the review schedule of 136 cases over a 12 month period of time. This will include reviewing all ten districts within the state at least 2 times, expanding the Division’s ability to cover more areas with this review

process. Each county is being asked to identify a CFSR reviewer for their county, this person may or may not be the county QA coordinator. Currently, over 50 reviewers have been identified and are certified to participate in the review process. The Office of Quality Assurance is always open to allowing county staff and committee members to shadow the state's CFSR process. Although the Office of Quality Assurance will continue to train reviewers to support the new District review process this training may not take place during an annual training session, but it will be an ongoing training process individualized to support the training needs of each county's CFSR reviewer.

(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>								
See above..								
<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 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					
<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 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 ----->					
<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)	<input type="checkbox"/>	2	Days				
<input type="checkbox"/>	Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	7	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"/>	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	<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		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. Employees use their own Program Effort Codes to cost out their training.								
<i>Indicate all applicable funding sources</i>								
<input checked="" 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 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

Alabama Foster and Adoptive Parent Association (AFAPA) Contract. The AFAPA covers nine regions and the items listed for the contract are the Annual AFAPA Conference, two mini-conferences, an adoption (walk) fundraiser, and other county and/or regional training sessions as needed/requested. For FYs 2020-2024.

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 checked="" 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 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 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 checked="" type="checkbox"/> Credit hours - CEU's: Social Workers; CLE's: Attorneys

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 checked="" type="checkbox"/> Foster children/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		250-500	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. Costs are directly charged (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 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

Attendance of Family Services staff at the National Conference on Child Abuse and Neglect in FY' 2019 and FYs 2020- 2024. Plans per each conference are provided below.

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"/> Rate Setting <input type="checkbox"/> Hearings and Appeals <input type="checkbox"/> Referral to Services <input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Placement of Child <input type="checkbox"/> Development and Maintenance of Case Plan <input type="checkbox"/> Case Management <input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions <input type="checkbox"/> Data Collection and Reporting
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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 checked="" type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Private university ----->	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Other ----->	<input style="width: 100%;" 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"/> 3 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 <input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.) <input type="checkbox"/> Other community staff (medical, legal, police)
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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) travel/per diem

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			2	Total Cost	\$2,900.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS) <input type="checkbox"/> IV-B-2 (PSSF) <input type="checkbox"/> IV-E Foster Care <input type="checkbox"/> IV-E Adoption <input type="checkbox"/> TANF <input type="checkbox"/> SSBG	<input checked="" type="checkbox"/> CAPTA <input type="checkbox"/> IV-E Chafee ILP <input type="checkbox"/> State only (mark only if other than non-Fed match) <input type="checkbox"/> Other, Specify <input type="checkbox"/> Other, Specify <input type="checkbox"/> Other, Specify
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"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

Attendance of Family Services staff at the SLO meeting in FY' 2019 and FYs 2020- 2024. Plans per each conference are provided below.

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 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 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 -Federal 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)	<input checked="" type="checkbox"/>	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	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	
<input type="checkbox"/> Foster parents		Other State agency staff (JJ, MH, DD, etc.)	Specify
		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			1	Total Cost	\$1,200.00
Other (specify) travel/per diem							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged.

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 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

i-CAN County Teams are now meeting in 22 counties involving DHR/Court staff. The iCAN meeting is a collaboration between Juvenile Judges and child welfare staff that is designed to identify and address barriers to safety and permanency. Caseworkers have expressed that they feel that their voice is heard and that the court system is now their partner. With less stress in the court system, caseworkers are more likely to stay with DHR. Plans and estimates per each year for the collective group of counties involved for the 2020-2024 time frame are provided below.

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 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 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: 100px;" type="text"/>
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university -----> <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other - local court & DHR teams, could also involve AOC / State DHR

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)	3 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 checked="" type="checkbox"/> Other State agency staff (AOC.) <input style="width: 100px;" type="text"/>
	<input checked="" type="checkbox"/> Other community staff (court) <input style="width: 100px;" type="text"/>

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		130	Total Cost	\$20,000.00	
Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

This training is directly charged to grant indicated below.

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 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 iCAN Advisory Committee meets quarterly. For 2020-2024 there are plans for these meetings to continue and the information per year is provided below.

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 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 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 type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Other - DHR / AOC representatives	

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

1	Days
2	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
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (AOC.)
	<input type="checkbox"/> Other community staff (court)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	
<input type="checkbox"/> Cost per class/training function	
<input type="checkbox"/> Other (specify) travel/per diem	

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			25	Total Cost	\$1,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

This training is directly charged to grant indicated below.

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 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

Striving Toward Excellent Practice (STEP), will have a focus on the areas of Trauma, Meaningful Casework Visits, Sexual Trafficking, Use of Psychotropic Medications, and the Involvement of Fathers, among other things. The new design will include "Steps" of development. The first "Step" will be the foundational tools all workers need. "Steps" 2 and 3 will include specific modules for staff based upon their particular duties at DHR. (Striving Toward Excellent Practice in Intake, Striving Toward Excellent Practice in Investigation, etc.). For FYs 2020-2024.

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 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	<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	2000	Total Cost	\$500,000.00		
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<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 and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate HR10427

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 Title IV-E GA
<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 UPDATE training in Trauma Informed Partnering for Safety (TIPS) for prospective foster/adoptive parents and county staff and foster parents and qualified staff of licensed child placing agencies who are GPS leaders who lead groups of foster/adoptive applicants thru the process of licensure or approval. Leader certification update sequences consist of 3 days of classroom training focusing on TIPS curriculum and leader facilitation skills. For FYs 2020-2024.

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"/>	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 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 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	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class	100	Total Cost	\$45,000.00		
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<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 and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate. **HR10427**

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 Trauma Informed Partnering for Safety (TIPS) 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 (8 days) of classroom training focusing on TIPS curriculum and leader facilitation skills. For FYs 2020-2024.

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"/>	8 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input 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	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	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	\$240,000.00		
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<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 and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate. **HR10427**

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

Master level Certification in Trauma Informed Partnering for Safety (TIPS) for TIPS Trainers Consists of a 3 Day Consultation with Children's Alliance of Kansas. For FYs 2020-2024.

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)		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 Alliance of Kansas

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"/>	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 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 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		6		Total Cost	\$10,000.00
<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. **HR10427.**

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)		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

TIPS/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 TIPS. For FYs 2020-2024.

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. **HR10427**

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

Across FYs 2020-2024, the department will continue to train/recertify for the Multi-Dimensional Assessment Tool (MAT). Training is now completed on a website, <http://www.schoox.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)	<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 ----->	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	<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		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 checked="" type="checkbox"/> IV-B-1 (CWS)		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 Rptg code HR10407	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

NOTE: The CHECKLIST for the “Doing What Matters for Alabama’s Children” Conference (see below) is being maintained in case federal funds are used to assist child welfare staff attend.

"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

Doing What Matters for Alabama's Childen is a community meeting to address the needs of children in Alabama. For FYs 2020-2024.

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	<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 checked="" type="checkbox"/> Conference/workshop	<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"/> Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> 7 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	
<input checked="" type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	<small>Specify</small>
	<input checked="" type="checkbox"/> Other community staff	

Costing method

<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) Registration fee of \$20 each is being charged						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Direct charges to Adoption Incentive Grant through funds sent to counties.

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 AIF may be used by counties to pay registration mileage and per diem
<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

Children's Justice funds are awarded to counties applying for funds for Multi-disciplinary teams to attend the International Symposium on Child Abuse in Huntsville, AL. Some counties will instead arrange for and conduct regional conferences. The information provided for estimated total costs are the estimated compilations of both the counties sending participants to the International Symposium and those conducting regional conferences. For FYs 2020-2024.

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 As arranged by Symposium/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)	<input type="checkbox"/> 5 Days Could be more or less depending on sessions attended
<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 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	<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			230	<input type="checkbox"/> Total Cost	\$150,000.00
<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)

Costs are directly charged to grant for travel, per diem, registration and materials, conference speakers (for regional conferences).

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 - Children's Justice 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

Mandatory training developed and provided to county directors, staff, supervisors, mental health providers, therapeutic and traditional foster parents, congregate care providers, community stake holders, AOC partners, residential treatment facilities statewide related to the providing medication monitoring and oversight of psychotropic medications. For FYs 2020-2024.

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	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 ----->	Undetermined

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"/>	18 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	8 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 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	
<input checked="" type="checkbox"/> Foster parents	<input checked="" type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	Specify
<input checked="" type="checkbox"/> Foster Youth	<input checked="" type="checkbox"/>	Other community staff (legal, police)	Mental Health, Juvenile J

Costing method

Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees		Total Cost	\$0.00
Cost per class/training function	Estim. no. of trainees in class		1000	Total Cost	\$150,000	
Other (specify)						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

This training is directly charged to grant indicated below.

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 type="checkbox"/>	Other, Specify
<input 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

Attendance by Family Services staff members to Wendy's Wonderful Kids Summits in the FY 2020-2024 time frame. The grantee (Alabama DHR) must ensure that recruiters and Supervisor for Wendy's Wonderful Kids, a signature program of The Dave Thomas Foundation for Adoption attends the WWK yearly Summit. This annual Summit is held in May of each year. The Summit provides training in topics and strategies pertinent to the child focused recruitment model of the foundation. The Summit also provides opportunities for networking among recruiters and supervisors. The Summit is structured for both general assembly trainings as well as break-out 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 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 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 ----- Coordinated by the Dave Thomas Foundation for WWK

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"/> 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	<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			3	<input type="checkbox"/> Total Cost	\$4,000.00
<input checked="" type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Cost for this Conference is included as a part of the contractual agreement between Alabama DHR and the Dave Thomas Foundation for Adoption through its signature WWK program. The WWK summit is a mandatory requirement for WWK recruiters and supervisor. Cost are directly charged.

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, Spe Adoption Incentive 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)

<i>Provide a one paragraph brief syllabus of the training activity</i>					
Family Services staff members' attendance at National ICAMA Conferences in FYs 2020-2024. Plans per each conference are provided below. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is the avenue for Medicaid to be open for adopted children with active subsidy agreements when they move across state lines. Alabama DHR's deputy compact administrator is responsible for ICAMA for our agency. In 2015 the ICAMA database was launched to make the process more efficient. At the 2016 National Meeting there was discussion regarding issues and improvements to the database. Additionally, briefings on Title IV-E eligibility and implications for Medicaid were discussed as well as implications from the Supreme Court ruling in Obergefell v. Hodges on adoption assistance agreements (subsidy agreements). At the 2017 conference, a database update was made. Training also occurred in EPSDT, Inpatient Psychiatric Care, Improving the ICPC process for SSI-Eligible youth, along with other topics. The networking with other state administrators assists in the efficiency and effectiveness in maintaining open Medicaid for adopted children when they move to another state. The 2019 conference is scheduled for June 2019.					
<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"/> Rate Setting <input type="checkbox"/> Hearings and Appeals <input type="checkbox"/> Referral to Services <input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Placement of Child <input checked="" type="checkbox"/> Development and Maintenance of Case Plan <input type="checkbox"/> Case Management <input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions <input 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 type="checkbox"/> Initial In-Service (Intensive training to prepare new employees) <input type="checkbox"/> Continuing In-Service (On-going training for existing employees) <input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> In-house agency training staff <input type="checkbox"/> Public university -----> <input type="checkbox"/> Private university -----> <input type="checkbox"/> Other ----->	Specify <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			
<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) <input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input checked="" type="checkbox"/> 3 Days <input type="checkbox"/> Hours per day <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"/> 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 <input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.) <input type="checkbox"/> Other community staff (medical, legal, police)	Specify <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			
<i>Costing method</i>			<i>Estimated total cost</i>		
<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) travel/per diem	Unit cost \$0.00 No. Trainees 0 Total Cost \$0.00 Estim. no. of trainees in class 2 Total Cost \$6,000.00				
<i>Cost allocation methodology</i>					
Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable) Costs are directly charged.					
<i>Indicate all applicable funding sources</i>					
<input type="checkbox"/> IV-B-1 (CWS) <input type="checkbox"/> IV-B-2 (PSSF) <input type="checkbox"/> IV-E Foster Care <input type="checkbox"/> IV-E Adoption <input type="checkbox"/> TANF <input type="checkbox"/> SSBG	<input type="checkbox"/> CAPTA <input type="checkbox"/> IV-E Chafee ILP <input type="checkbox"/> State only (mark only if other than non-Fed match) <input checked="" type="checkbox"/> Other, Specify - Adoption Incentive Funds <input type="checkbox"/> Other, Specify <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

Attendance of Family Services staff to the Annual Conference of NACAC in FYs 2020-2024- Plans per each conference are provided below. NACAC is the North American Council on Adoptable Children. NACAC hosts an annual conference for adoptive, kinship and foster parents; child welfare professionals; adoptees, foster care alumni and other child advocates. The 2016 conference was held in Nashville, TN and the theme was "You Are Not Alone: Building a Community to Support Permanency". Alabama DHR sent three staff: one from our legal division, one from a county Department (assistant director responsible for child welfare) and one from the State DHR Office of Adoption. The 2017 theme is "Families Matter: Exploring Solutions in Adoption and Foster Care. It will offer 80+ sessions in topic-specific tracks, including core issues in adoption, therapeutic techniques, kinship care and birth family connections, and many 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 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 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

<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		Other ----->	

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input checked="" 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

Specify approximate number of days or hours of training activity

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		4		Total Cost	\$8,000.00
<input checked="" type="checkbox"/> Other (specify) travel/per diem							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged

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

Attendance of Family Services staff at the Child Welfare League of America Conference in FYs 2020-2024. Plans per each conference are provided below.

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"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input checked="" type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input 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 ----as scheduled by CWLA ----->	

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"/> 3 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"/> 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 type="checkbox"/> Other (specify)

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			2	Total Cost	\$2,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged.

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 type="checkbox"/> Other, Specify
<input 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

National Social Work Enrichment Program (NSEP). This program is a six week summer program for rising high school juniors and seniors in foster care. The youth live on the college campuses for the six weeks to experience on-campus life, with opportunities for mini-careers in Social Work and participate in various social and culturally enriching activities. The Program is an opportunity for youth to gain knowledge of post-secondary education, thereby increasing interest in educational advancement and the likelihood of obtaining gainful employment. The program has increased our youths' high school graduation rates and interest in attending college and success at remaining in college. For FYs 2020-2024.

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 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 ----->	
<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"/> 42 Days	
<input type="checkbox"/> 6 Hours per day	
<input type="checkbox"/> 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.)
<input checked="" type="checkbox"/> ILP Foster Youth	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

<input checked="" type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input type="checkbox"/> Other (specify) travel/per diem

Estimated total cost

Unit cost	\$7,850.00	No. Trainees	30	Total Cost	\$235,500.00
Estim. no. of trainees in class		Total Cost			

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Participation provides foster youth an opportunity to have a short term collegiate experience enhancing their knowledge regarding what to expect when they move forward to higher education. They participate in and become members of Toastmasters and are provided sexual safety training. Participants also experience weekly college tours and develop job skills. **HR10163**

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

The Tools of Choice Parenting Program is designed to help strengthen the parent-child relationship in order to preserve or reunite families or help the child to be accepted into a permanent living situation. The program is offered in six areas of the state. All areas are served by a state specialist employed by the Department, and one area is jointly served through a MOA 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. For FYs 2020-2024.

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 benefitting 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. **HR10270**

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

NOTE: The Underlying Conditions training shown below, still could occur across/during the time frame covered by the CFSP; therefore this checklist remains in the Training Plan as shown below.

"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>					
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. For FYs 2020-2024.					
<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 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		
<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 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)	3	Days		
<input type="checkbox"/>	Long Term (Eight or more consecutive work weeks)		Hours per day		
		12	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"/>	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
<input type="checkbox"/>	Cost per class/training function	Estim. no. of trainees in class		Total Cost	\$0.00
<input checked="" type="checkbox"/>	Other (specify) SEE BELOW			Total Cost	\$150,000.00
<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 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. HR10427					
<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 type="checkbox"/>	TANF	<input type="checkbox"/>	Other, Specify		
<input type="checkbox"/>	SSBG	<input type="checkbox"/>	Other, Specify		

NOTE: The Substance Abuse, Symptoms, Signs and Solutions, is a two-day training for workers to understand the dynamics of working with families involved in substance abuse.

"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>					
<div style="border: 1px solid black; padding: 5px;"> The Substance abuse, symptoms, signs, and solutions is a two-day training for workers to understand the dynamics of working with families involved in substance abuse. 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. For Fys 2020-2024. </div>					
<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 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			
<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 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)	<input type="checkbox"/>	2	Days		
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	6	Hours per day		
	<input type="checkbox"/>	12	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			
<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)			
<i>Costing method</i>			<i>Estimated total cost</i>		
<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/>	Unit cost	\$0.00	No. Trainees	0
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class		Total Cost	\$0.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<input type="checkbox"/>			Total Cost	\$150,000.00
<i>Cost allocation methodology</i>					
Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)					
<div style="border: 1px solid black; padding: 5px;"> 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. HR10427 </div>					
<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 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 uncertain 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 For Fys 2020-2024.

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 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 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"/>	1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<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.)	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	No. Trainees	0	Total Cost	\$0.00
<input checked="" type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class		170		Total Cost	\$16,065.00
<input 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. HR 10091 (TCM Child).

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 type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

Brief Syllabus of Training Activity: Partnership with the University of Alabama – Contingent on funding, the Department will partner with the University of Alabama to provide the following training opportunities for child welfare staff: 1) Continuation of Leadership, Management, and Supervision (LAMAS) training curriculum for DHR child welfare staff through workshops and distance learning; 2) Provision of social work license preparation material to new child welfare social work staff; 3) Leadership development and workforce development training for DHR County Directors and Child Welfare Administrators in DHR County Offices; 4) 17th Annual Fall Social Work Conference was held on October 18-19, 2018. Topics included: exploring simulation labs to prepare child welfare workers, ethical on-line presence for social worker practice, trauma informed care in child welfare, preparing foster youth for college, the importance of the male role in child welfare, effectively managing generational diversity in child welfare agencies. The 18th Annual Fall Social Work Conference is planned for October 17-18, 2019. 5) BSW/MSW Student Stipends; MSW Stipends are available through the University of Alabama School of Social Work and Alabama A&M Social Work Program. BSW Stipends are available through Alabama A&M University, Alabama State University, Auburn University, Jacksonville State University, Miles College, Oakwood University, Talladega College, Tuskegee University, University of Alabama, University of Alabama at Birmingham, University of Montevallo, and University of South Alabama. BSW/MSW Stipends are available to social work students in all CSWE accredited social work education programs in Alabama. MSW and BSW students receive a monetary stipend and professional development coaching provided by an experienced MSW. Stipend recipients must meet all eligibility requirements, complete a field placement with ALDHR prior to graduation, and complete a work obligation with ALDHR upon graduation. Stipends are paid in the amount of \$5000 (depending on funds available). For FYs 2020-2024.

"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 - see full description above.

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 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 checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 2 Days (Fall SW Conference)
<input checked="" type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> 5 Hours per day (Fall SW Conference)
<input type="checkbox"/> Some parts of contract are long-term, others are short.	<input checked="" type="checkbox"/> Credit hours Varies

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 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"/> Other community staff (university staff involved in the partnership)	

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	600	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class				Total Cost	\$250,000.00
<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. **University code per billing, hr10424, 10425, 10426, 10428, 10429, 10430**

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

LAMAS Leadership Academy NOTE: The child welfare leadership training topics under the purpose and goals of the LAMAS Leadership Academy will continue to be offered; however, the portion that includes the training outline has been finished.

Training Overview

Purpose

To provide leadership training for social workers and other professionals practicing in the Child Welfare field in every county throughout the State of Alabama.

Goals

- Provide leadership, implement best practices, and utilize data to manage outcomes.
- Lead our staff, providers, and communities for positive and successful family case outcomes.
- Manage for healthier families and to achieve and maintain permanency.
- Supervise our workers through data collection to reflect children's safety, families are reunited, and adoptions are completed.

Length

9am-430pm, with two 15-minute breaks and one-hour for lunch

Training Overview

Part I: What is LAMAS and Why am I Playing with Legos?

Define leadership, management, and supervision

Have fun with Legos

Understand vision, results, and brand

Learn *How to be a R.E.A.L. Success*

Part II: Leadership Starts with ME

Express my leadership passion

Complete my leadership self-assessment

Be intentional about my personal growth—*The 15 Invaluable Laws of Growth*

Part III: Leadership Skills and Techniques

Learn *The 21 Irrefutable Laws of Leadership*

Have a positive attitude

Build confidence in the mirror

Deliver *Coachable Moments*

Delegate effectively

Know our social work ethics

Communicate and connect—*Everyone Communicates, Few Connect*

Run a smooth and efficient meeting

Establish a self-care plan

Work effectively in a multi-generational workforce

Get a mentor—Be a mentor

Part IV: Leadership Meets Productivity®

Define time management and prioritization

Discuss the value of time and attitude

Create *My Leadership Action Plan*

Leadership Training Academy

Leadership and Management and Supervision (LAMAS) 2016

Objectives and Outline

Training Schedule

LAMAS Leadership Academy Part 1of3 (90 min)

LAMAS Leadership Academy Part 2of 3 (105 min)

LAMAS Leadership Academy Part 3of3 (120 min)

Purpose of LAMAS Academy

To provide leadership training for social workers and other professionals practicing in the Child Welfare field in every county in the State of Alabama.

Goals of LAMAS Academy

- Provide leadership, implement best practices, and utilize data to manage outcomes.
- Lead our staff, providers, and communities for positive and successful family case outcomes.
- Manage for healthier families and to achieve and maintain permanency.
- Supervise our workers through data collection to reflect children's safety, families are reunited, and adoptions are completed.

Training Objective

Participants will continue to increase their knowledge of leadership knowledge, skills, and

techniques and create an action plan to support their county supervisors and front line staff.

Training Outline

I. Lessons Learned from the 2015-2016 LAMAS Training for Supervisors and Front Line Workers

- a. Legos Briefing... Building the perfect leader
- b. Trainers' observations... Leadership is a verb not a noun.
- c. Directors' observations... Changes in behaviors and the environment

II. Leadership Starts with *Me*

- a. Review *15 Invaluable Laws of Growth*: Am I aware of my areas of strength and intentional personal growth areas?
- b. Study *Put Your Dream to the Test*: Can I pass the Dream Test?

III. Leadership Meets Productivity®

- a. Receive time management, prioritization, decision making and discipline tips and techniques
- b. Create *My 2016-2017 Leadership Action Plan*, addressing individual and organization goals

IV. Next Steps for Continuing to Grow Leaders in My County

Curriculum/Course of Studies for Requested Alabama BSW and MSW Programs

MSW Programs

- Alabama A&M University

Family/Child Welfare - <http://www.aamu.edu/administrativeoffices/academicaffairs/Pages/Graduate-Catalogs.aspx> (2015-2016 Graduate Catalog, pgs. 84-89)

- University of Alabama School of Social Work

Advanced Standing – Social Work with Children, Adolescents, and their Families

<http://socialwork.ua.edu/academics/msw-program/msw-advanced-standing-program/>

60-Credit-Hour Program – Social Work with Children, Adolescents, and their Families

<http://socialwork.ua.edu/academics/msw-program/msw-60-credit-hour-program/>

BSW Programs

- Alabama A&M University

<http://www.aamu.edu/academics/ehbs/swpc/socialwork/pages/undergraduate-program.aspx> (click on “Undergraduate Curriculum” link on right side of page)

- Alabama State University

<http://www.alasu.edu/current-students/records--registration/general-catalog/index.aspx> (Undergraduate Catalog 2015-2017, pgs. 126-129)

- Auburn University

<http://www.cla.auburn.edu/sociology/social-work/undergraduates/social-work-major/>

- Jacksonville State University

http://www.jsu.edu/socialwork/bsw/BSW_Program_Requirements.html

- Miles College

<https://www.miles.edu/admissions/4/Miles-College-Catalog->

(Miles College Catalog 2013-2017, pgs. 101-104)

- Oakwood University

<http://www.oakwood.edu/academics/academic-departments/social-work>

(click “Course Descriptions”, Oakwood University Bulletin 2015-2017, pgs. 160-164)

- Talladega College

<http://www.talladega.edu/academics/catalog.asp>

Click link for course catalog, pgs. 85-87

- Tuskegee University

http://www.tuskegee.edu/academics/colleges/clae/social_work/social_work_curriculum.aspx

- University of Alabama School of Social Work

<http://courseleaf.ua.edu/socialwork/>

- University of Alabama Birmingham

<http://www.uab.edu/cas/socialwork/academics/the-major>

- University of Montevallo

<http://www.montevallo.edu/academics/course-catalog/>

Click on “Current Bulletin”, 2015-2016 Undergraduate & Graduate Bulletin; pgs. 50-51

- University of South Alabama

http://southalabama.edu/colleges/artsandsci/syansw/socialwork/Admission_Curriculum.html

NOTE: The title of the below training has been changed from, Family Violence Assessment and Intervention to Family Violence and Safety in CPS.

"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>					
Children's Justice Funds will be used to provide two (2) sessions of Family Violence and Safety in CPS (formerly titled, Family Violence Assessment & Intervention). This curriculum was offered for the first time in FY 2014 and will continue to be offered in FY 2019. Each of the 2, 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. For FYs 2020-2024.					
<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 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			
<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 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)	<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	
<i>Indicate the audience to receive training</i>					
<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	
<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
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		Total Cost	\$0.00
<input checked="" type="checkbox"/> Other (specify)				Total Cost	\$40,000.00
<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 training costs (such as travel of employees, trainers' salaries & Fringe benefits). HR10472					
<i>Indicate all applicable funding sources</i>					
<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 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			

Association of Administrators on ICPC

Brief Syllabus of Training Activity:

Attendance at the Association of Administrators on the Interstate Compact for the Placement of Children conference by a staff member(s) of the Alabama DHR, Family Services Division, Office of ICPC. This yearly AAICPC Annual Business Meeting, Training Workshop, and Child Welfare Conference is utilized by the ICPC staff in order to be able to process adoption, foster care, relative, parent, and residential ICPC referrals in compliance with the Interstate Compact law. Training provides current updates on Federal law impacting ICPC as well as changes to current APHSA (American Public Human Services Association) Regulations in order to provide safety and permanency to children placed across state lines. The yearly Conference addresses current problems and solutions for issues impacting permanency for children. Examples would include workshops regarding drug addiction, mental health issues, rehomeing for children whose adoptions have disrupted, sex trafficking, and many more issues currently affecting children.

"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>					
Association of Administrators on the Interstate Compact for the Placement of Children. See above for a description. It is anticipated that attendance at the ICPC Conference will continue across the years covered by the 2020-2024 CFSP.					
<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 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		
<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 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 -Various as scheduled by conference planners.		
<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)	<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"/>		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		
<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)		
<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
<input type="checkbox"/>	Cost per class/training function	Estim. no. of trainees in class		Total Cost	\$0.00
<input checked="" type="checkbox"/>	Other (specify)			Total Cost	\$15,000.00
<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 training costs (such as travel of employees, trainers' salaries & Fringe benefits). HR10434 or HR10940					
<i>Indicate all applicable funding sources</i>					
<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 type="checkbox"/>	Other, Specify Adoption Incentive Funds		
<input type="checkbox"/>	TANF	<input type="checkbox"/>	Other, Specify		
<input type="checkbox"/>	SSBG	<input checked="" type="checkbox"/>	Other, Specify - IV-B and State 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

The Trained Therapist Network provides training to mental health professions that see families and children served by the Department. The training is coordinated by Children's Aid Society/ APAC. There are two sessions each year. One in four sites throughout the state and another in two sites. It is intended that this will occur in 2019, and across the CFSP years of 2020-2024.

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

<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 checked="" type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Other -----Nationally and regionally known experts.	

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

1	Days
6	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
<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

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)

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		750	Total Cost	\$36,000.00	

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Direct charges to IV-B-2 (PSSF) grant. **HR10434 or HR10940**

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 checked="" 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

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, to include trauma-informed services and strategies for community stakeholders, foster parents, and social workers - these are provided on demand, really a component of the outreach and Information & Referral services spelled out in the contract. A number of these training sessions are provided in a webinar format. No funds are used for mileage or per diem; however, the APAC contract that funds the salary, rent, office supplies is funded with Federal dollars, so we included a checklist on it. In addition to DHR providing TIPS training (see page 25), through contract APAC does some as well. The APAC contract is currently anticipated to cover, or be renewed to cover, FYs 2020-2024.

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

<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 style="width: 100px;" type="text"/>
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university -----> <input style="width: 100px;" type="text"/>
<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

<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

Specify approximate number of days or hours of training activity

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
<input checked="" 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) <input style="width: 100px;" 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			1725	<input type="checkbox"/> Total Cost	\$30,000.00
<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)

Costs are taken from the budget attached to the 2015-2016 renewal contract with Children's Aid Society/APAC. **HR10434 or HR10940**

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 checked="" 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

2019 Permanency Conference for FYs 2020-2024, will once again be coordinated through a contract with Children's Aid Society's APAC program.

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 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 type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input checked="" 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 type="checkbox"/> Other ----->	<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"/> 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 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

<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)

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		200		Total Cost	\$109,500.00

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 approved revised budget for the 2015-2016 APAC Contract. **HR10940**

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 checked="" type="checkbox"/> State only (mark only if other than non-Fed match)
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify: Adoption Incentive
<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 Foster Youth serving as ambassadors and youth peer leaders from across the state. 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. For FYs 2020-2024.

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

<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 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"/> 4 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 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 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		45		Total Cost	\$47,895
<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 costs are directly charged to grant for travel, registration, lodging and food. **HR10163**

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

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 are held at various locations across the state, utilizing college campuses when possible. 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. For FYs 2020-2024.

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		
<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		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)
 Costs are directly charged to grant through our contract with Children's Aid Society. **HR10163**

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			
ILP DREAM Council Meetings are held on various Saturdays of the month at DHR County offices across the State each year. As a part of continued Leadership Training for DREAM Ambassador, 25 Youth Leaders travel to the designated county on the Friday evening, and conduct a business meeting from 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 Building, Leadership, Sex Trafficking, Civil Rights Education, Youth Leadership with the Poarch Creek Band of Indians. Service projects are also conducted monthly by the DREAM Ambassadors. For FYs 2020-2024.			
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)	<input type="checkbox"/> 9 Days		
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> 4 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	Specify	
<input 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	Unit cost	\$0.00	No. Trainees
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class	50-75	Total Cost
<input type="checkbox"/> Other (specify)			\$12,000.00
Cost allocation methodology			
Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable) Costs are directly charged to grant through our contract with Children's Aid Society. HR10163			
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

Annual Meeting between SDHR staff and staff from the Poarch Band of Creek Indians in Atmore, AL, in FYs 2020-2024. Plans per each meeting are provided below. The 2019 annual meeting was held on May 6, 2019, at the offices of the Poarch Band of Creek Indians. (see Final Report for details).

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 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 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	<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			8	<input type="checkbox"/> Total Cost	\$600.00
<input checked="" type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged. **HR10093**

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 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

Meetings, training sessions, and consultative visits by Family Services and Quality Assurance staff. Topic addressed/discussed could range from specific consultation regarding a particular child and/or family, to a training for child welfare staff. For FYs 2020-2024.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input checked="" type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input checked="" type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input checked="" 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 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 type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input checked="" 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

2	Days
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 checked="" 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
<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 (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) travel/per diem

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			1559	Total Cost	\$240,000.00

Cost allocation methodology

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. Most will be service workers whose cost is distributed based on services work sampling. **Usually, HR10053, Directors use HR 10050.**

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

Attendance by Family Services staff at any Region IV Children's Bureau sponsored /coordinated CWCI meeting, during the time frame of FYs 2020-2024. Plans per each meeting are provided below.

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 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 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 - As planned by Region IV 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)	<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		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	
<input type="checkbox"/> Foster parents		Other State agency staff (JJ, MH, DD, etc.)	Specify
		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			4	Total Cost	\$3,000.00
Other (specify)							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged **HR10093**

Indicate all applicable funding sources

<input checked="" 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		Other, Specify
<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

County staff, along with approved resource parents, who have been trained as group co-leaders, provide TIPS/GPS at the county level to prospective foster and/or adoptive parents. This is typically a 11 week course (one session per week), though there are options for delivery of the curriculum to individual persons/couples, and some variance of the groups sessions could occur. The time frame for expending of funds and achieving the participation numbers listed may extend beyond one year. For FYs 2020-2024.

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		Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals		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		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 checked="" type="checkbox"/>	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 type="checkbox"/> Conference/workshop		<input checked="" type="checkbox"/> Other --typically foster/adoptive parents who have been trained

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"/>	10 Days - typically over a 10 week period
<input checked="" type="checkbox"/> Long Term (Eight or more consecutive work weeks) typically a 10 week, 1 session per week course		3 Hours per day-session
		Credit hours

Indicate the audience to receive training

<input type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents (prospective)
<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 checked="" type="checkbox"/> Foster parents (prospective)		Other State agency staff (JJ, MH, DD, etc.)
		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		1000	Total Cost	\$220,000.00	
Other (specify) travel/per diem						

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 /

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 checked="" type="checkbox"/> IV-E GA (for any Kinship/Guardianship Caretakers)
<input checked="" type="checkbox"/> IV-E Foster Care		State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption		Other, Specify
<input type="checkbox"/> TANF		Other, Specify
<input type="checkbox"/> SSBG		Other, Specify

This training, conducted by the Office of Child Welfare Training, will help build supervisory capacity by providing supervisors with the day to day skills needed to perform their duties including how to manage staff performance. The Office Of Quality Child Welfare Practice will also provide hands on follow through derived from the classroom supervisor management training. This follow through is

delivered in person as monthly support to County Supervisors in all 67 counties. This support will assist supervisors in providing structure to case workers, clear expectations, working agreements, holding case worker conferences, holding unit meetings, how to improve case practice, how to review case work on a consistent basis, in house training for areas identified as needing improvement, adherence to policy and continuous quality improvement. This in turn will ensure an informed worker in all areas of practice, a worker that is equipped with knowledge required to do their job, and a worker that feels supported by their supervisor and management. The goal is staff retention and development of case workers.

"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 Supervisory Management Training: This training will help build supervisory capacity by providing supervisors with the day to day skills needed to perform their duties including how to manage staff performance. For FYs 2020-2024. See above also for further description of training plans.

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	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 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"/> 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		Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		100	Total Cost	\$75,000.00	
<input type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

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, at 50% admin rate. **HR10407**

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 rptg code HR 10407	<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

Attendance at the Children's Justice Act Annual Meetings across FYs 2020-2024 by Family Service Division 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 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
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university -----> <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university -----> <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other - Federal and Other state 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)	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.)
	<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			1	Total Cost	\$1,800.00
<input type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged to grant for travel, per diem, registration and materials, conference speakers (for regional conferences).

HR10172

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 - Children's Justice Grant
<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

Coordinated State Child Welfare Programs Grantee Meetings across FYs 2020-2024.

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 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)		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 proposed provider of training activity

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)		Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	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 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	<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

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			2	Total Cost	\$3,376.00
Other (specify) travel/per diem							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Direct charge to grant.

HR10434 or HR10093 (CWS)

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)		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 & Guardianship 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

Judicial child welfare summit held across FYs 2020-2024. These are collaborative meetings between AOC and DHR, with possibly Casey Family Programs also being involved.

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 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 type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input checked="" 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 style="width: 100%;" type="text"/>
<input type="checkbox"/> Private university ----->	<input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Other -Casey and AOC also involved.----->	<input style="width: 100%;" 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"/> Hours per day - 6 first day; 4 second 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 checked="" 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"/> Other (specify) travel/per diem
--	--

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		150		Total Cost	\$100,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

This training is directly charged to grant indicated below.

HR10270 or HR10419 - Juvenile Code Training if funds are not available.

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 - 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

Substance abuse training is a planned expenditure of Children's Justice Grant funds for FYs 2020-2024. The two-day training will be held in three (3) regions of the state. The goal of training will be to increase the knowledge of assessment workers and Law Enforcement staff regarding the indicators that a family has substance abuse issues.

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

<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 style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)		Private university ----->	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Conference/workshop		<input checked="" type="checkbox"/> Other -(to be decided)----->	<input style="width: 100%;" type="text"/>

Indicate duration category of the 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"/>	6 Hours per day
		Credit hours

Specify approximate number of days or hours of training activity

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: 100%;" type="text"/>
		<input checked="" type="checkbox"/> Other community staff (medical, legal, police)	Law Enforcement

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	\$75,000.00
<input type="checkbox"/> Other (specify) travel/per diem							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged to the grant for travel, per diem, registration and materials and trainer costs. **HR10172**

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 - Children's Justice 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

Medical aspects in Child Abuse/Neglect Investigations/Assessment Training, is a planned expenditure of Children's Justice Grant funds for FYs 2020-2024. The one-day training will be held in four (4) regions of the state. The goal of the training will be to provide frontline child abuse assessment staff with a foundation of knowledge regarding the medical aspects and indicators in child abuse cases.

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

<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 type="checkbox"/> In-house agency training staff		Specify
<input type="checkbox"/> Public university ----->	<input type="checkbox"/>	
<input type="checkbox"/> Private university ----->	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Other -(to be decided)----->	<input checked="" type="checkbox"/>	

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"/> 1 Days	<input type="checkbox"/>	
<input type="checkbox"/> 6 Hours per day	<input type="checkbox"/>	
<input type="checkbox"/> Credit hours	<input type="checkbox"/>	

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 type="checkbox"/> Other (specify) travel/per diem

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			160	Total Cost	\$45,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Costs are directly charged to the grant for travel, per diem, registration and materials and trainer costs. **HR10172**

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 Children's Justice 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 Alabama Network of Childrebn's Advocacy Centers (CAC) will provide investigative interview training for dhild abuse and neglect assessments across the state. Four sessions will be held across the state each year across FYs 2020-2024. Training will focus on communication skills, disclosure, interview structure, allegations, culture, disabilities and trauma.

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 type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input checked="" type="checkbox"/> Other CAC 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"/> 3 Days	<input type="checkbox"/> Hours per day
<input type="checkbox"/> 6 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 type="checkbox"/> Other (specify) travel/per diem

Estimated total cost

Unit cost	\$0.00	No. Trainees	120	Total Cost	\$20,000.00
Estim. no. of trainees in class				Total Cost	

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

Reporting code: **HR10406, CW Training**

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 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

Alabama Association for Behavior Analyst Annual Convention, across FYs 2020-2024.
 This is an annual convention that the Board Certified Behavior Analyst attend to learn about new interventions that have been researched that may be helpful in working with the children they serve through the Department. The convention is held in Birmingham, AL.

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 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 Alabama Association for Behavior Analyst

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"/> 8 Hours per day
	<input type="checkbox"/> 15 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 Specify
<input type="checkbox"/> Foster parents	<input checked="" type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.) Behavior Analyst
	<input type="checkbox"/> Other community staff (medical, legal, police) Specify

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$345.00	No. Trainees	6	Total Cost	\$3,200.00
<input checked="" type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class				Total Cost	
<input checked="" type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

IV-B CWS program	42.0% all state	IV-E Foster Care, Adoption & Guard.	25.5% split ½ state, ½ federal
Title XX, SSBG	15.25% all federal	TANF program (EA & JOBS)	4.25% split ½ state, ½ federal
Medicaid TCM and Eligibility programs	13.0 % all state		

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

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. For FYs 2020-2024.

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)	<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"/>	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.)	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	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class			600	Total Cost	\$147,000.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<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 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

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. For FYs 2020-2024.

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

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 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"/> 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	\$225,000.00
<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 IV-

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

The FACTS Mobility application allows staff to enter certain information into referrals (CAN) without having to be logged into the Net-work and upon checking the referral back in the information is imported into FACTS. This training provides a demonstration and an opportunity for hands-on experience in utilizing the app. For FYs 2020-2024.

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 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	FACTS Functional 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 duration category of the 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"/>	3 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 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		Total Cost	
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class	180	Total Cost	\$7,200.00		
<input checked="" type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

CCWIS Maintenance Costs, HR10043

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 CCWIS Maintenance 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 FACTS Mobility application allows staff to enter certain information into referrals (CAN) without having to be logged into the Net-work and upon checking the referral back in the information is imported into FACTS. This training provides a demonstration and an opportunity for hands-on experience in utilizing the app. This checklist is for FY19.

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 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		FACTS Functional 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 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"/> 3 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		Total Cost	
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		235	Total Cost	\$9,200.00	
<input checked="" type="checkbox"/> Other (specify) travel/per diem						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

CCWIS Maintenance costs, HR10043

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 CCWIS Maintenance 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

In FY 2018 training on the FACTS Mobility application was initiated. The FACTS Mobility application allows staff to enter certain information into referrals (CAN) without having to be logged into the Net-work and upon checking the referral back in the information is imported into FACTS. This training provides a demonstration and an opportunity for hands-on experience in utilizing the app.

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 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		FACTS Functional 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 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"/> 3 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		Total Cost	
<input type="checkbox"/> Cost per class/training function				Estim. no. of trainees in class	16	Total Cost	\$480.00
<input checked="" type="checkbox"/> Other (specify) travel/per diem							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

CCWIS Maintenance costs, HR10043

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 CCWIS Maintenance 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 first annual Child Protective Services Conference, "Making Prevention Our First Intervention", was held February 26-28, 2019. It is also currently planned for FYs 2020-2024.

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 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		FACTS Functional 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 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"/>	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 checked="" type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
		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		Total Cost
Cost per class/training function	Estim. no. of trainees in class	195	Total Cost	\$170,000.00	
Other (specify) travel/per diem					

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)	<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 type="checkbox"/>	Other, Specify

Other Program Training (events that may take place/be repeated during the time frame of the current CFSP):

- Ongoing training throughout the state for staff on Permanency Connections for Older Youth
- Ongoing Heart Gallery Exhibits throughout the state.
- Training for Hospital groups
- Conferences/meetings on ICPC Border Agreements

DHR Learning Education and Training System (LETS)

- Required modules are to be viewed by staff at the directive of one's supervisor. Some of these include: Active Shooter Preparedness Training; Confidentiality in the Workplace; Language Assistance; Service & Safety from Threatening Behavior; Safety in DHR Facilities

Other:

- The Poarch Band of Creek Indians sponsored conferences
- Casey Quarterly meetings
- See also training events identified on the **2020-2024 Disaster Plan**

Alabama Health Care Services Plan

2020-2024 CFSP

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HEALTH CARE SERVICES PLAN

I. Introduction

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.

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 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 provider 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 provider" 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.

In collaboration with the Alabama Medicaid Agency, Medicaid's Alabama Coordinated Health Network (ACHN) has been approved by the Center of Medicare and Medicaid Services (CMS) and will be effective October 1, 2019. The ACHN is a single care coordination delivery system combining Health Homes Program, Maternity Program and Plan First Program. Current and former foster children are included in the general population as recipients being served. The ACHN Participants includes:

- General Population – Current Patient 1st recipients and current/former foster children
- Medicaid-eligible maternity care recipients
- Plan First (Family Planning) – Women ages 19-55 and men age 21 and over

The statewide system will manage care coordination services now provided by 12 maternity program, six health home programs and ADPH staff in 67 counties. Care coordination referrals may be requested by providers, recipients or community sources. Care coordination services may be provided in settings of recipient's choice to include providers offices, hospital, ACHN entity office, public location or in the recipient's home. Care Coordination Services include:

- Screening and assessment of recipient needs.
- Assist recipients in obtaining transportation or applying for Medicaid.
- Help recipient with appointments or appointment reminders.
- Coordinate and facilitate referrals.
- Educate or assist recipients with medication or treatment plans.
- Help recipients seek care in the appropriate setting (e.g. office vs ER).
- Facilitate communication between patient and care providers.
- Help recipients locate needed community services.

All medications shall be secured in a locked storage area. During site visits, staff is required to monitor and ensure medications are stored in a locked storage area as per policy.

Monitoring (dispensing) of medication in facilities will be done by staff and documented in each record. DHR staff is expected to review this documentation during monthly visits. In foster homes, the use of the medication log should be utilized and a copy given to the worker during their monthly visit. An ongoing need for staff to be knowledgeable of medications by closely monitoring to prevent and reduce overmedication especially when treating problem behaviors. This will be done by working in partnership with the child's physician to routinely review medications for recommendations.

The monitoring of medication will also be discussed with the therapist and child during monthly visitation at the facility and documented and well as in the foster home. Any and all side effects will be discussed when medications are prescribed with the client and assigned staff. The ISP should also include a section of medication monitoring and ISP team discuss the monitoring of medication. Any concerns regarding medication side effects, excessive dosage or decreased child functioning will be referred to the ARMPT team for immediate referral and in-person observation.

The ACHN will operate in 7 Regions.



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 no later than three years of age. Many primary care providers will be able to make an initial assessment through Medicaid's First Look program and this is encouraged. Bi -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 14 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 and Comprehensive Family Assessment 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 homes, 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 is 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.

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.]

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 XX.

XIV. 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.

XV. 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 to whom it is being administered
- 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 ~~2007~~-2019

“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.

XVI. 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 exiting care due to their age. . 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.

XVII. Department’s Evaluation of Health Services

The Office of Quality Assurance (QA) is tasked with the responsibility to assess the Health/Physical Well-Being and Emotional Well-Being of children in the system. This is a two-fold approach comprised of periodic case reviews by state QA

team members, as well as county-specific QA teams operating in each of the 67 counties, that conduct a continuous review of records in their own county. 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) team 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.

XVIII. 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 support the treatment of emotional trauma. **NOTE: See New Requirements Update Document for information on other aspects of addressing the needs of this population.**

- **STEP: Foundations**

- **Introduction to Trauma**

Curriculum developed by the National Child Traumatic Stress Network (NCTSN) to help Child Welfare Workers understand the effects of child traumatic stress and how to help them recover.

Introduction to Child Sex Trafficking.

- **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.
- **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's 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.

Trauma Informed Partnering for Permanence and Safety in the Model Approach to Partnerships in Parenting (TIP/MAPP) –Trauma informed curriculum developed in partnership with the National Child Traumatic Stress Network (NCTSN).

- **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.
- 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.

Psychotropic Medication / Monitoring Protocol:

The psychotropic medication and monitoring protocol was implemented in October 2016 in a continued effort to minimize placement moves and reliance on psychotropic medication as a behavioral control. The project began with an introductory training for seven pilot counties, as follows: Montgomery, Autauga, Elmore, Macon, Bullock, Russell, and Lee. The Alabama Psychotropic Medication Review Team (APMRT) consists of a part-time Child Psychiatrist, a Nurse Practitioner, and two Board Certified Behavioral Analysts. The APMRT Team will review monthly medication data provided through a partnership with the Alabama Medicaid Agency; identify young people who are too young to be prescribed psychotropic medications, prescribed too many medications of the same or similar classes and too many medications, per set criteria. They will contact the county office, share their concerns and begin consultation to decrease reliance and use and provide behavioral support as a mechanism to safely reduce use of medications, when appropriate. Data from the initial year of service indicates activities in four distinct areas: 1) Presentations and group training services; 2) Behavioral services delivered to foster children and their respective foster parents; 3) Documents and guidelines that APMRT's Child Psychiatrist and Psychiatric Nurse developed for prescribers and caseworkers; and 4) Quantitative analysis of the psychotropic medication prescriptions based on data provided from the seven pilot counties. Quantitative information on the various areas is offered for each area of activity.

Area 1:

- The project director and psychiatric nurse practitioner have provided six 50 to 90 minute presentations to

81 caseworkers and directors in the pilot counties.

- The team BCBA's developed a series of foster parent training modules and presentations entitled Family Engagement and Training Services (FEATS). The FEATS training contains three 45-min classes. Class one focuses on teaching foster children self-care skills using behavior-analytic instructional techniques. Class two defines "trauma" and outlines how traumatic events give rise to skill deficits and problem behavior by children in foster care. Class three focuses on teaching medication advocacy to foster parents. In addition to outlining common side effects, the third module trains parents to ask prescribers direct questions about decreasing psychotropic medication after problem behavior abates.
- The APRMT developed a webpage describing the services that are provided to the pilot counties.
- The APMRT BCBA's have provided continuing education credits to parents who completed in-home training for personalized behavior intervention plans.

Area 2:

- The APRMT began receiving referrals for behavioral services in March 2016. To date, the team BCBA's have made contact with and provided the trauma assessment to over 30 clients in the pilot counties and have also provided consultation for 3 individuals in residential facilities that are outside of the pilot county catchment.
- Across the seven pilot counties, 60% of the foster parents who were eligible to receive behavioral services from the APMRT accepted the services.
- All of the referral cases reported problem behavior in the foster home. Specifically, 25% reported tantrums, 33% reported noncompliance, 33% reported property destruction, 25% reported self-care deficits, and 10% reported self-injurious behavior, among other problems.

Area 3:

- The APMRT has agreed to use a trauma assessment tool that was recommended by SAMSHA. However, the team has found this tool to be inadequate with our client population. In early June, the team adopted the use of
(a) The Trauma Symptom Checklist for Children (TSCC) and
(b) The Trauma Symptom Checklist for Young Children (TSCYC). Both tools have considerable empirical support for the prescribed populations.
- The APRMT developed a worksheet organizing all psychotropic medications by class and indication, as well as generic and tradenames. This worksheet also included safe dosages.
- The team's Child Psychiatrist and Psychiatric Nurse Practitioner developed "black box" warning documents each class of psychotropic medication (e.g., Neuroleptics, Stimulants) for prescribers, foster parents, and case workers. The documents indicate the specific usages for each type of medication and outline the various side effects that are known for each medication.
- The team's Child Psychiatrist, Psychiatric Nurse Practitioner, and BCBA's developed training modules to teach case workers and foster parents to request reductions in psychotropic medication for their foster child when meeting with their respective prescriber.
- The team's Child Psychiatrist and Psychiatric Nurse Practitioner are currently developing (with the assistance of video production specialists at Auburn University) two series of training modules on each class of psychotropic medication with embedded videos and PPT presentations for broader dissemination. The

first series will be tailored to caseworkers and foster parents. The second series will be geared toward prescribers and viewers will have an option to obtain continuing education units.

Area 4:

- The APMRT receive a monthly data set comprising drug prescriptions purchased by or for children in the foster care system. This includes demographic information about the client (gender, age, county of residence), all drugs purchased through Medicaid and their cost, the prescribing physician, the Medicaid program that was charged, the client's home county, and other information.
- The psychotropic drugs purchased are identified and then reviewed for each client individually to obtain the pattern of medication use. We identify high-priority cases, which include children age 5 and under, two or more medications from the same class, or five or more different psychotropic drugs purchased.
- These clients are identified, reviewed by the project psychiatrist, and their names are communicated to the social worker with the goal of working with the foster parents to reduce psychotropic drug use and replace it with behavior management of problem behavior.
- The information on prescribing physicians in the Medicaid database was used to contact them to introduce ourselves and offer our assistance.

This information motivates our strategy of providing behavioral skills training to foster parents, our development of web-based instruction to parents about how to work with the prescribing physician to reduce psychotropic drug use, and will inform the information that we provide in continuing education for both physicians and foster parents.

The addition of the new TIPS foster parent training will provide foster parents with trauma-informed training materials that will offer them additional tools to serve the specific needs of foster youth.

The AMPRT Team expanded its services to include additional counties in FY2019 to include Jefferson, Shelby and Chilton counties. The model of referrals based on prescription information; has been coupled with an open referral process, by which workers, foster parents and service providers can make a referral, based on concerns for young people outside of the 10 county catchment areas.

They have also developed several new training videos related to behavioral intervention that are available on YouTube and provide the opportunity for foster parents and practitioners to receive continuing education.

The AMPRT Team continues to provide training at the Permanency, AFAPA and Supervisor's conference. They have also reached out to all high level prescribers, informing them of their services and advising them to utilize intervention services prior to providing medication to foster youth. They have participated in ISP planning in order to offer behavioral intervention services prior to having medications prescribed to youth.

For additional information please refer to the attached Alabama Psychiatric Medication Review Team (APMRT) report. Author of the report is John T. Rapp, BCBA-D Auburn University.

Alabama Psychiatric Mediation Review Team (APMRT)
Summary of Activities from October 2017 to September 2018

The following is a summary of the APMRT activities from October 2017 to September 2018. The report is broken down into three sections based on the deliverables that were specified in the Memorandum of Agreement (MOA) for 10/1/2017 to 9/30/2018. Section I summarizes presentations and group training services provided by members of the APMRT. Section 1 also contains a brief listing of training videos that were produced by the team in collaboration with the professional recording studio at Auburn University this past year (as stipulated in the MOA). Section II summarizes behavioral services that were delivered to foster children and their respective foster parents by the APMRT's Board Certified Behavior Analysts (BCBAs) and graduate students. Specifically, Section II contains some case illustrations of children who have received services from the team. Finally, Section III contains a summary of APRMT's project consultant's quantitative analysis of the psychotropic medication prescriptions based on data provided by Montgomery, Elmore, Autauga, Macon, Bullock, Russell, Lee (the seven pilot counties) and Jefferson (beginning in April) counties, as well as from some surrounding counties. Section III also describes how the data are being used to inform the APRMT's policies and decisions. Copies of supporting documents (e.g., presentations) are available upon request. Likewise, most of the training videos are available on the link specified below.

- I. During the past year, the APMRT served Montgomery, Elmore, Autauga, Macon, Bullock, Russell, Lee (the seven pilot counties), and Jefferson (beginning in April) counties. Members of the APMRT completed the following activities:
 - a. Team members gave 13 presentations at conferences and meetings for foster-parent organizations reaching over 500 audience members. On August 22nd, Dr. Kierce (Psychiatric Nurse Practitioner) and Dr. Lusche (Child Psychiatrist) presented a webinar via the Children's Aid Society (for foster parents) on psychotropic medication side effects to over 150 attendees. This webinar was recorded and will be made available for later viewing and continuing education units for foster parents. Team members have additional presentations scheduled including (1) on the need for de-prescribing practices at the ACAAP conference (for Pediatricians) of September 29th in Birmingham, AL, and (2) on the application on behavior-analytic services and medication reduction at the ALABA conference (for BCBAs) on October 3rd in Birmingham, AL.
 - b. The team Child Psychiatrist and Psychiatric Nurse Practitioner recorded 5 videos for foster parents and caseworkers describing side effects of psychotropic medications and strategies for interacting with prescribers. The goal of these videos is to make foster parents more aware of the side effects and long-term health issues associated with psychotropic medication. In turn, we hope this information also motivates foster parents to participate in training sessions involving behavioral interventions.
 - c. The team Board Certified Behavior Analysts (BCBAs) recorded 5 videos on basic behavior interventions for foster parents for dealing with problem behavior and behavior deficiencies that

the APMRT frequently observed in foster care settings. The goal of these video is teach foster parents to address minor behavior problems without direct training from BCBAs. Thereafter, BCBAs' time can be reserved for treating more difficult cases (see Section II for examples).

- d. Six of the videos described in (b) and (c) are available for viewing and continuing education units on this website: <http://www.cla.auburn.edu/apmrt/>
These videos will help extend the reach of the APMRT to other counties in Alabama. The team has been exploring various methods of disseminating these videos to foster parents and caseworkers across Alabama.
- e. The APMRT added a BCBA position to Jefferson in mid-April and opened an extension office in the Jefferson county DHR building. Since opening that office, the BCBA in Jefferson County has made contact with 13 families for training purposes.
- f. The BCBAs in the seven pilot counties provided behavioral services to 47 foster children. These serviced included over 1,100 contact hours by team BCBAs and another 1,000 contact hours from ABA graduate students. Notably, Montgomery County has received a high percentage of the behavioral services provided by the team.
- g. In April of 2018, the APMRT sent individualized letters to the top 40 prescribers in east Alabama. The APMRT obtained information for these letters from the Medicaid database. These letters outlined (a) the monthly number of psychotropic medications prescribed by the individual, (b) the monthly the costs of medications prescribed by the individual, and (c) the percentile rank of the prescriber in relation to other prescribers in our database. Several prescribers have responded positively to these letters.
- h. Team BCBAs have participated in orientation training at Hill Crest Behavioral Health, Birmingham, AL and Laurel Oaks Behavioral Health, Dothan, AL. Completion of this training will allow team BCBAs to provide behavior-analytic services within these facilities and help facilitate the de-prescribing process while foster children are residential placement.

II. In year 2 of the project, the APMRT continued to pursue cases of varying levels of complexity. The modal client received behavior-analytic services and training during approximately 40, two-hour training sessions that were conducted in the foster home or the foster child's school across a four-month period. Below are three case illustrations of individuals of who received behavioral services from the APMRT's BCBAs. Each case (a) received comparable intervention time (substantially more than the modal client) from the team BCBAs and graduate students and (b) illustrates a unique type of referral that we received this past year. Case 1 (RH) demonstrated slow, steady progress with numerous setbacks and ongoing issues with de-prescribing psychotropic medication. Case 2 (GB and ACW) illustrates the prevention power of behavioral intervention and parent training. This is, Case 2 displayed the behavioral "risk factors" for receiving psychotropic medication; however, the foster parents received services from the APMRT *before* seeing a prescriber. Case 3 (LB) is a high intensity case that was mired with problems. Case 3 (LB) has been both frustrating and instructive on many levels.

Case 1. RH and his brother reside in Montgomery County with a foster mother who also serves as a foster parent for other children in the DHR system. Suffice it to say that RH experienced substantial trauma as a result of severe neglect, as well as probable physical and sexual abuse. At the time of referral (July 17th, 2017), RH and his brother displayed numerous problem behaviors including physical aggression to peers and foster-family members, property destruction, urinary incontinence, hygiene deficiencies (e.g., he could not dress himself or use a toilet correctly), and food hoarding, among others. In addition, he would not sleep at night. At the time of referral, RH was taking multiple psychotropic medications including: Clonidine HCL 0.3 mg, methylphenidate 15 mg (45 mg/day) and DDAVP 0.2 mg. The APMRT continues to provide extensive services to RH in his home, in his school, and through the Auburn University Psychological Services clinic. Despite the progress we have observed with RH,

as of August 2018 he had prescriptions for following medication: Guanfacine 4 mg (AM); Focalin (lunch/3); Concerta ER 36 mg (AM); Clonidine HCL 0.1 mg (lunch/3); DDAVP 0.6 mg; Trazodone 150 mg (PM). The case illustrates the resistance that some prescribers display even when they are presented information about behavior improvements. Over the past year, the APMRT worked with three intensive cases like this one.

Due to the inherent complexity of the behavior procedures that the APMRT developed for RH, the case BCBA and lead graduate student also produced an extensive training video (with actual demonstrations of their behavioral procedures with RH and voice-over instructions) that could be used to train school personnel to work with RH. Our work with RH highlights both the success and obstacles we have encountered this past year. In regard to the former, RH has made substantial behavioral progress in the areas of hygiene, self-help, and tolerating delays (e.g., waiting his turn to play a game); however, he continues to need extensive behavioral intervention. In regard to the latter, despite the progress RH has made with his behavior, his prescriber continues to prescribe psychotropic medications at dosages beyond the known therapeutic range. Moreover, the prescriber does not (a) educate the foster parent about the reason for prescribing the psychotropic medication or (b) provide a time course for de-prescribing psychotropic medication. To this end, we continue to explore options for communicating data on client's behavior progress to their respective prescriber. As noted in Sections I and III, we have also adopted procedures for provided feedback to prescribers about the cost and number of their prescriptions for children in Alabama foster care.

Below is summary report of RH's progress from May to July 2018. This program illustrates the breadth and complexity of the personalized behavior intervention plans (PBIPs) that we develop for foster children like RH.

Student: RH

Lead ABA Graduate Therapist: Emily Longino

Supervisor: Odessa Luna, M.S., BCBA

Date: July 30, 2018

RH has been receiving behavioral services from the APMRT since July 17, 2017. Throughout the summer, the team worked with RH three times a week for 2-3 hours each appointment at the Auburn University Clinic. The team is working on skills to address problem behavior related to inappropriately accessing attention and items and inappropriately getting out of work. This report outlines behavioral services that were provided over the summer, updated information on problem behavior and skill acquisition, and recommendations for working with RH.

Problem Behavior

During his behavioral services at the AU clinic, a board certified behavior analyst (BCBA), a graduate student, and two undergraduate students monitored the following behaviors: aggression, tantrums, and property destruction.

Since the last update, the team has been working on teaching RH appropriate ways to request items. Additionally, the team has been teaching RH how to respond when items are unavailable or when he must complete work tasks before getting access to items. RH has also been learning how to respond appropriately when people are happy, sad, and frustrated. The team has also spent time each session reviewing RH's letters and numbers 1-10.

During appointments, the team also takes RH on walks around the community. During these walks, the therapists have been teaching RH how to label items in his environment, how to ask appropriately for items and activities, how to interact with other people, and how to behave in public places (e.g., Starbucks, academic buildings, etc.). RH has also been learning when it is safe to cross the street. Overall, therapists have observed improvements in his levels of problem behavior and acquisition of skills.

Intervention

The team implemented several different behavior intervention plans (BIP) throughout the summer to determine the most effective strategies to prevent and manage RH’s problem behavior. Figure 1 depicts the average levels of aggression across each treatment phase.

The first two weeks of the summer (PBIP 1), therapists were blocking all problem behaviors and continuing to deliver demands in order to gain compliance. RH was engaging in inconsistent and moderate levels of aggression.

During weeks three and four (PBIP 2), the therapists rearranged the activities within the session. More difficult and less preferred tasks were presented at the beginning of sessions and easier tasks were presented later in the session. During this phase, therapists continued to observe inconsistent levels of aggression. Overall, levels of aggression were progressively increasing.

During weeks five, six, and seven (PBIP 3), therapists implemented the cool down procedure after aggression and property destruction (see recommended procedures in his behavior intervention plan, BIP). RH engaged in much lower levels of aggression during instructional periods throughout this phase. Levels of aggression were also much more consistent.

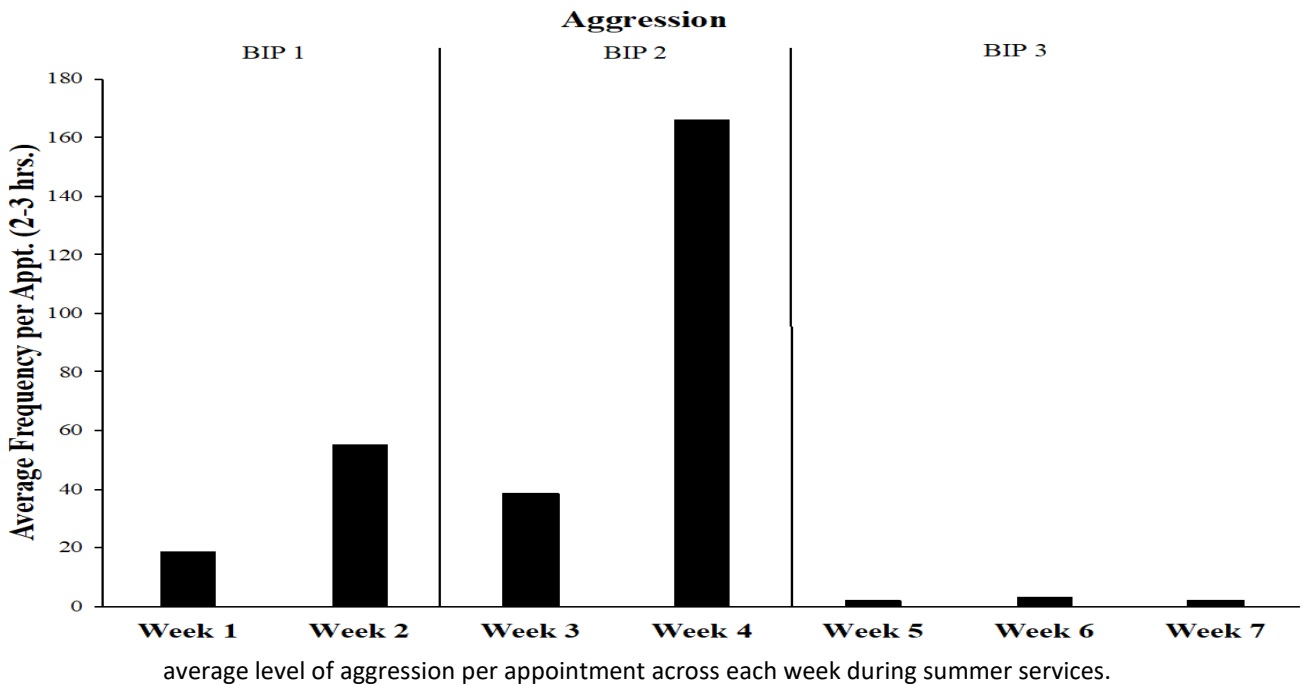


Figure 1: RH’s

Appropriate Requests

RH often tantrums when an item he likes is taken away from him, and he is asked to work. The team designed a program to teach RH how to appropriately ask for extra time with preferred items. Within the teaching phase, therapists also taught RH an appropriate response when extra time is denied, and he has to complete work tasks instead. Figure 2 depicts the percentage of times RH independently and appropriately requested more time when an item was taken away from him. Currently, RH is successfully communicating and using this skill within sessions.

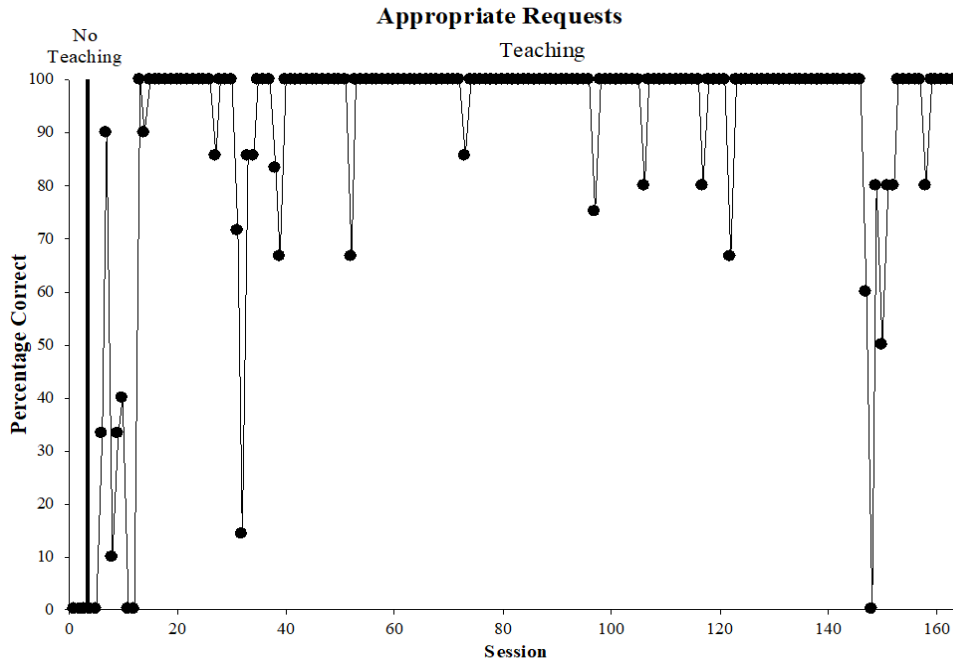


Figure 2: Percentage of correct, appropriate requests across sessions.

In addition, the team has conducted training to promote appropriate requests outside of the session room. The therapists will only honor requests that are appropriate. If RH does not ask for something nicely, the therapist will prompt RH to say, "Can I have [item] please?". Once RH complies, the request is honored. If RH does not comply, he is not given the item. Figure 3 depicts the percentage of requests that are appropriate in the community. The data suggests that RH is successfully and appropriately requesting for items and activities in the community.

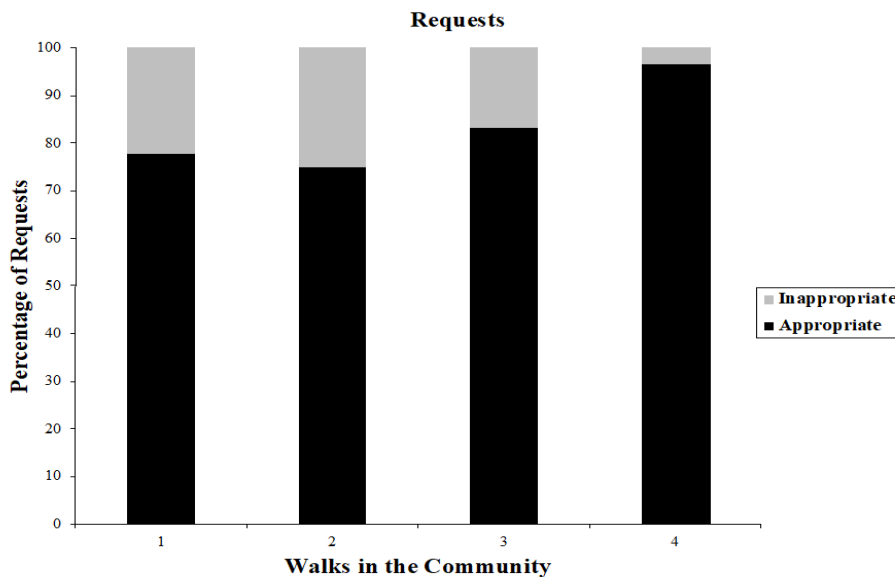


Figure 3: Percentage of requests that are appropriate and inappropriate during walks in the community.

Recommendations:

Based on the current findings from this report, these recommendations for RH's school team are suggested future steps for RH.

1. Assessments have shown that RH displays problem behavior to get away from demands, to gain attention from his caregiver, and receive preferred toys. When RH displays problem behavior at school, there should be a specific location for RH where he cannot harm himself or his peers. Due to RH's history of abuse, he should **NOT be restrained or put into a protective hold**. When RH has calmed down, he should be returned to his classroom. We also recommend **avoid using suspensions as a method to reduce problem behavior**. For children similar to RH, suspensions can teach a child that whenever they engage in problem behavior, they get to go home where they do not have to work and they have access to preferred attention and items.
2. RH is most successful in highly structured teaching environments with individualized instruction. When RH has access to adult attention and support, he can complete many work tasks and quickly acquire skills. When RH is in a less structured group environment, it is likely that RH will engage in high intensity problem behaviors like aggression and property destruction. **These behaviors would be less likely to occur if RH had access to a paraprofessional in both the general and special education classrooms.**
3. For children with Autism Spectrum Disorder (ASD) like RH, consistency in the implementation of behavior plans is essential to decrease problem behavior. Below are some recommendations of behavioral strategies to use with RH. There is also a video training module available that provides a description and model of the recommended strategies.

Below is a copy of the Personalized Behavioral Intervention Plan (PBIP) that was generated by Odessa Luna, BCBA and Emily Longino, ABA graduate student. In conjunction with the PBIP, Ms. Luna and Ms. Longino created an extensive training video for school personnel.

RH'S BEHAVIOR PLAN

Recommended by: Alabama Psychiatric Medical Review Team



Aggression: hits, kicks, bites, head butts, pinches, or pulls hair.

Property Destruction: rips, swipes, throws, kicks, crumples, bites, or knocks over items.

Tantrum: Any time RH does two or more of the following behaviors: aggression, property destruction, screaming, or falling to the floor.

PREVENTION STRATEGIES

1. Sit close to RH.
2. During transitions, RH should hold an adult's hand.
3. Provide choices for instructional tasks and items/activities to work for.
4. Provide instructions by telling RH what he should do in 2-3 words (e.g., "Sit down").
5. Provide praise for appropriate behaviors (e.g., "Great job following my directions!").
6. When RH appropriately requests an item or activity:
 - a. *If item or activity is available*, give RH the item right after he asks.
 - b. *If item or activity is unavailable*, praise the appropriate request and deliver a clear statement of when that item/activity is available (e.g., "You can have a turn in 1 minute."). When possible, provide access to an alternative item or activity.
 - c. **NOTE:** If you notice that RH wants something, prompt him to ask for the item (e.g., "You can say, "Can I have the blocks please?"). Only deliver the item after an appropriate request.

WORK STRATEGIES

1. Provide praise and tokens when RH is engaging in appropriate behaviors (e.g., sitting nicely in the chair, listening to the teacher, etc.) and answering questions or completing tasks correctly.
 - a. Teachers should deliver tokens that can be traded in for snacks, toys, or breaks. Token deliveries should be paired with behavior-specific praise (“Fantastic sitting!” or “Awesome job telling me that’s a lion!”).
 - b. During RH’s time with rewards, provide 20-30 seconds of verbal and physical attention (e.g., “You’re doing such a nice job working!” paired with tickles, squeezes, hugs, etc.), and do not deliver demands.
 - c. Following the 1-min access, remove the toy from RH and tell him “You can earn toys back after you earn 5 tokens.” Return to previous activity.
 - d. DO NOT deliver tokens within 5 seconds of problem behavior.
2. Deliver frequent breaks within instruction (at least once every 5 minutes). During the break, you can take RH for a walk, to the playground, provide crayons and coloring sheets, etc.
3. Use three-step prompting (**SAY-SHOW-DO**) after you give directions.
 - i. **Step 1:** **SAY** the direction using 2-3 words (e.g., “Sit in chair.”).
 - ii. **Step 2:** Wait 5-10 seconds, **SHOW** him what you want him to do by modeling it or providing a gesture (e.g., point to chair).
 - iii. **Step 3:** Wait 5-10 seconds, **DO** the directive with him by physically guiding him to complete the task (e.g., placing him in the chair).
 - a. Provide immediate, enthusiastic praise and physical attention when RH follows directions independently or following a model prompt.

BEHAVIOR MANAGEMENT STRATEGIES

1. Do not talk about problem behaviors to RH. Try to keep a neutral expression (don’t smile or make faces). Do not give RH items he likes or preferred attention when he engages in problem behaviors.
 - a. *Aggression:* Neutrally block aggression that can hurt others by placing your arm or body in the way. When RH bites, neutrally press in to bite and avoiding pulling away.
 - b. *Elopement:* If RH successfully elopes, neutrally return him to the assigned area.
2. If RH’s problem behaviors become dangerous (aggression and property destruction), transport RH to a safe area. The safe area should be absent of any peers and contain minimal items. Follow “Cool Down” procedures.
3. If RH engages in problem behavior when he cannot have something he wants (e.g., snack is not available, etc.), do not provide access to the item. Once RH is calm for 10 s:
 - a. *If item or activity is available,* prompt RH to ask for the item (e.g., “You can ask for the iPod.”) and provide access to item or activity for 30 s to 60 s.
 - b. *If item or activity is not available, but will become available,* provide praise for appropriate behavior (e.g., asking or safe hands) and deliver a clear statement of when that item/activity is available (e.g., “You can play with the iPod in 1 minute.”).
 - c. *If item or activity is not available and will not become available,* provide praise for appropriate behavior (e.g., asking, safe hands) and redirect RH to another activity.

COOL DOWN

1. If RH destroys materials, throws items, and hits another peer or adult, tell RH, “You are in cool down.”
2. Quickly remove all items from the work area and step away.
3. Position yourself and arrange the environment to minimize aggression. *NOTE:* this may require two people
4. Avoid commenting on all problem behaviors. After 4 minutes, tell RH, “You are back in play time.”
5. Instruct RH to ask for what he wants, and provide items for appropriate requests.
6. Return to previous activity.
7. **Avoid using restraints/protective holds** due to RH’s history of abuse.

TOILETING

1. Honor all requests RH makes to use the bathroom.
2. Schedule a trip to the bathroom at least once every 2-3 hours.
3. Do not comment on problem behaviors that occur in the bathroom.

DATA COLLECTION

1. Collect data on how long RH’s tantrums last.

2. Collect data on how often and how long RH had to “Cool Down.”

Case 2. GB (a 4-year-old male) and his brother (ACW, a 2-year-old male) live in Elmore County with a foster mother and father, and their two children. At the time of referral (November 10th, 2017), GB displayed a number of problem behaviors including physical aggression to foster-family members, property destruction, and tantrums. In addition, he was not toilet trained, he would not go to bed at night, had difficulty eating appropriately at meal times, and displayed increased problem behavior when his foster-dad had to go out of town for work (making caretaking more difficult for his foster mother). As previously noted, GB had not yet received psychotropic medication for his problem behavior. His brother, ACW, did not speak more than a few words; he whined, and occasionally had tantrums, to communicate his wants and needs. Although we did evaluate the effects of our PBIP using behavioral data and visual analysis techniques, we believe the foster mother’s responses to our post-intervention questionnaire reflect the outcomes better than a figure could.

Upon completing training with Angelyn Harrell, BCBA, GB’s foster mother completed an online survey of APMRT services. The foster mother’s responses are summarized below. In general, GB’s foster mother uniformly provided responses that ***strongly*** endorsed each of the following statements:

- My foster child’s problem behavior improved after participating in this project.
- I learned effective procedures to manage my foster child's problem behavior in this project.
- I have continued to use behavioral strategies to deal with my foster child.
- My foster child gets along better with other children since participating in this project.
- My foster child gets along better with siblings (foster or biological) since participating in this project (answer only if there are siblings).
- I have seen improvements in my other children (biological or foster) since participating in this project (answer only if you have other children).
- My foster child follows my instructions better since participating in this project.
- I would participate in this project in the future.

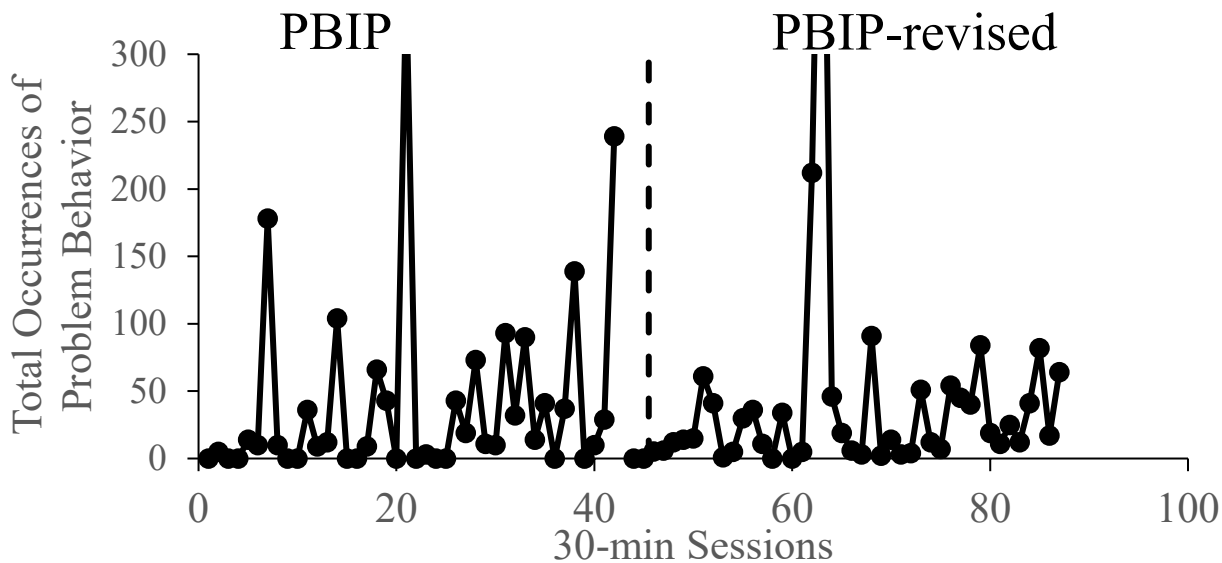
The only statement that did not receive the highest endorsement was “My foster child's medication has been managed better since we started this project.” In her response to the last question of the survey, GB’s foster mother wrote “***Life changing experience for us. It allowed us to see improved behavior in foster child which in turn led to long term placement and eventually adoption. Medication question-he was not on any for behavior so went neutral with my answer but do believe he may have been put on medication without behavioral changes because of therapy.***” In short, GB’s outcome is the best case scenario for our team. That is, we were able to train the foster parents to (a) implement a PBIP that decreased the child’s problem behavior and increased his appropriate communication skills and (b) train the foster parents to implement the PBIP with a high level of integrity. As a result of our timely completion of (a) and (b), we effectively prevented the foster parents from seeking pharmacological intervention. Moreover, the foster parents adopted both GB and his sibling (ACW) with whom the foster parents also used behavioral interventions for problem behavior (as instructed by a team BCBA). The parents’ last communication with the APMRT was a post card in which they announced their adoption of the two boys. Broadly speaking, we continue to find that we are most effective when we treat problem behavior with behavioral interventions ***before*** a foster child is referred to a prescriber. This prevention strategy requires (a) a clear system for making referrals directly to the APMRT and (b) a sufficient number of BCBA’s to respond rapidly to each referral.

Case 3. LB is a 7-year-old male with a history of physical abuse and neglect who resides in Lee County with his foster parents and foster siblings. LB is also diagnosed with autism spectrum disorder (ASD). Importantly, LB was referred to the APMRT by special education personnel in Auburn City Schools (not via case management or through the foster parents) whom we had informed about our program. Individuals with ASD often display communication deficits, self-help deficits, stereotyped and ritualistic behavior, aggressive

behavior, and self-injurious behavior (e.g., hand biting, head banging on surfaces). Typically, children with ASD require early intensive behavioral interventions for 30 hours per week to address deficits in communication and learning, as well as additional parent training to address issues stemming from aggressive behavior, stereotyped/ritualistic behavior, and self-injurious behavior. Moreover, children with severe ASD often require 5 to 10 years of behavioral programming from a BCBA. At the time of his referral to the APMRT, LB displayed varying levels of each of the aforementioned behavior problems.

Various issues emerged with this case. First, the foster parents would not allow the team BCBA to work with LB in their home. Thus, BCBA provided services only in his school. Second, the foster parents would not provide the team any information about the psychotropic medication that was prescribed for (and presumably given to) LB. As a contributing factor, the team did not receive updated data on prescriptions for foster children in the target counties for a 6-month period. Thus, the team could not directly acquire information about the psychotropic medication that was prescribed for LB (this issue has now been resolved). Ultimately, we became aware that LB required hospitalization for “stimulant induced” aggression. The level of stimulants he was taking far exceeded known therapeutic doses. In part, the only reason the team became aware of the medications and respective dosages is because Dr. Lusche (our team Child Psychiatrist) was in charge of his case when he was admitted to the hospital.

Although this is an inherently difficult case due to LB’s ASD diagnosis, we believe that low parental cooperation (if not resistance), as well as systemic inefficiencies, contributed heavily to the lack of progress with this case. We have highlighted these issues not as a matter of complaint, but rather to emphasize the areas that we strive to improve this next year. To be clear, LB *did* make progress with toilet training and communication training (he learned to use picture exchange communication to request preferred items) during this past year; however, that progress is steeply overshadowed by the severity of this problem behavior. The figure below shows the total occurrence of problem behavior (most of which was biting others) by LB during treatment sessions at LB’s school with a team BCBA and ABA graduate students in June and July 2018. These data highlight the intense nature of LB’s problem behavior and the challenges the team experienced developing an effective PBIP for his behavior.



As a whole, the figure above shows that the PBIP exerted inconsistent effects on PB’s problem behavior. In part, this inconsistent effect is likely attributable to both unknown prescriptions for psychotropic medications and unknown implementation of behavior-control procedures within the foster home.

Below is an embedded copy of the PBIP for LB. As with RH, this PBIP contains numerous components for caregivers. As noted above, personnel at LB's school were trained to implement some components of this intervention; however, his foster parents refused to participate in any training (individual or via videos). This case is currently ongoing.

LB PERSONALIZED BEHAVIOR INTERVENTION PLAN

BEHAVIOR DEFINITIONS

Aggression (AGG): Hitting w/ open/closed hand (4-inch drawback), Throwing object w/in 1-ft of another person, Kicking (4-inch drawback), Hairpulling, Scratching (1-inch skin contact)

Biting: Any attempt or success of LB making contact with another person's body or clothing with his teeth

Self-Injurious Behavior (SIB): Self-biting (teeth contact), Self-hitting (4-inch drawback), Self-scratching (1-inch skin contact)

Property destruction (PD): Breaking, cracking, hitting (from at least 4 inches with open or closed hand), an object or throwing an object that lands more than 1 ft away from another person

PREVENTION STRATEGIES

7. Check in with other team members regarding LB's repetitive/restricted/ritualistic behavior. **RECORD on data sheet.**
8. Remain within 3 feet of LB at all times.
9. Have LB's picture exchange icons for items that you are able to deliver immediately. Ensure this is ALWAYS available. Follow the procedures below:
 - a. Prompt LB to carry his picture exchange binder with him. If he does not carry it, prompt him to carry it using least-to-most prompting.
 - b. LB's picture exchange binder should be within arm's reach of him.
 - c. If LB requests for something that is unavailable tell him, "That is unavailable right now" and redirect him to make another choice ("You can ask for something else.")
 - d. Prompt communicative requests as often as possible (following a work trial, during breaks, during restrictive, repetitive behavior) using the following sequence:
 - i. Block the action for 3-5 s (e.g., digging through cabinet)
 - ii. Provide a gesture prompt to the "my way icon" while blocking for 3-5 s
 - iii. Provide physical guidance to exchange the "my way" icon.
 - iv. Provide behavior-specific praise for exchanges without problem behavior at any prompt level.
10. **NOTE:** The "my way" icon should be used if LB wants to avoid an activity, get a break, and gain access to a ritualistic behavior. If LB is requesting for edible or tangible items (e.g., oreo, chocolate, m&ms, pom-pom), prompt him to exchange the "My Way" icon + the picture of the corresponding item.

WORK STRATEGIES

1. Set up materials on the table and orient LB to the materials with gentle physical guidance. Stand behind LB.
2. Deliver demands in a clear and concise manner. Refrain from phrasing demands as questions. (e.g., "Match" instead of "Can you match?").
3. Use individualized programming for LB to correctly complete the task. Every discrete task completed without problem behavior, deliver the reinforcer (e.g., follow request protocol above).
4. Following 30 s access to a reinforcer, continue steps 1-3.
5. If LB requests for an item during, before, or after a work trial, honor the request.
6. **DO NOT EXCEED 2 RESPONSES WITHOUT PROVIDING REINFORCEMENT.**

BEHAVIOR MANAGEMENT

1. Wear the protective equipment and/or jean jacket when working with LB at all times (protective sleeves, gloves, long arm guard, and short arm guard for inner forearm).
2. Refrain from commenting or providing attention following problem behavior.

SIB and PD

1. Avoiding blocking.

2. Notify school nurse if LB bangs his head or causes tissue damage.

AGG and BITE (occurrences that do not meet cool down)

1. Block occurrence without commenting.
2. If during a work task, immediately provide physical prompting to complete the current task. Begin mastered work tasks, wait for 5 s for the absence of aggression to prompt LB to make a request.
3. If AGG or BITE occurs in hallway, use least-to-most prompting to transition back to work area.
4. If AGG or BITE occurs during a break or while he is engaging with an item, ignore and continue the break.
5. If AGG or BITE occurs when LB requests for an item, withhold the delivery of the item until 5 s elapse without problem behavior.

COOL DOWN

1. If LB engages in continuous high levels of problem behavior (e.g., throwing items, hitting, scratching, and/or biting every few seconds) for 1 minute, discontinue current task, and prompt LB to an area with minimal items.
2. Remove everything possible from the room.
3. Block all occurrence of problem behavior. Avoid talking to LB during this time.
4. Once LB refrains from engaging in **aggression, biting, and property destruction for 30 seconds**, resume scheduled activity.

TOILETING

1. LB will change into underwear during his first bathroom trip (upon arrival) and will change into a pull-up during his final trip.
2. Present water (or another drink) to LB throughout the day.
3. Refer to the toileting protocol for behavior specific on behavior management.

DATA COLLECTION

1. Collect data on AGG, BITE, SIB, PD, and cool down duration.
2. Record totals for each behavior category every 30 minutes.
3. Conduct EFCR sessions once every thirty minutes. Refer to EFCR protocol instructions.

- III. Using records of prescription purchases that were reimbursed by Medicaid, we have obtained an excellent summary of psychotropic use by children in the Foster Care system. In this section, we describe some of the data obtained, how we have organized and supplemented these data, and then report on the extent, cost, and persistence of psychotropic medication use across children of different age groups.

Data Management. We receive data sets showing drug prescriptions purchased through Medicaid by or for children in the foster care system. The data sets contain demographic information about the client (gender, age, county of residence), all drugs purchased through Medicaid and their cost, the prescriber, the Medicaid program that was charged, and other information. At this writing, we have information from 22 months: October, 2016 to July, 2018. The clients from the East Alabama Catchment Area (Lee, Montgomery, Russell, Macon, Bullock, Elmore, and Autauga Counties), from Jefferson County, and from eight additional counties that we do not serve but that may serve as comparisons in the future.

We identify the psychotropic drugs purchased and then review each client individually to obtain the pattern of medication use. We identify high-priority cases, which include children five years of age, the use of two or more medications from the same class (e.g., two stimulants, two antipsychotics), or the purchase of five or more different psychotropic drugs in a month. Since the 2017 Annual Report, we have written algorithms to identify high-priority clients and record the reasons for this identification and are exploring approaches to examining the role of cost in medication selection. We have also identified prescriber profiles. Once identified, the clients are reviewed by the team, and their names are communicated to their caseworker with the goal of working with the foster parents to reduce psychotropic drug use and replace it with behavior management of problem behavior.

As noted in Section I, the information on psychotropic drug has been communicated to prescribers in East Alabama by a letter that compares their prescriptions practices against all prescribers in our data base in terms of cost and number of clients on psychotropic medication.

We have written extensive programs to process the data obtained from Medicaid. This data has provided a picture of prescription patterns in this population, including the monthly cost, the number of drugs prescribed by the prescribing physicians and their costs. We initiated a priority system to help us identify the high-priority clients. All this has helped us both to identify opportunities for productive intervention and to develop a snapshot of the pattern of drug use and of prescribing patterns.

We link the psychotropic drug information to a second database from the FDA containing every drug available. This information was useful in writing programs (i.e., code) to link the generic and proprietary names for drugs and in isolating psychotropic drugs from all drugs prescribed. This was necessary in determining the class of drugs used.

A Comparison of Three Catchment Areas. The project began with seven counties in East Alabama: Lee, Montgomery, Russell, Macon, Bullock, Elmore, and Autauga Counties. We expanded into Jefferson County in FY 2017-2018 and are contemplating

Table 1 A Comparison of Three Catchment Areas

	Jefferson County	East Alabama	Shelby County
Clients (Monthly Avg)	284	160	46
Prescribers (Monthly Avg)	86	68	31
Drug_Count_Per_Client	2.5	2.8	2.2
Drug_Cost_Per_Client	\$269	\$318	\$242
Clients_Per_Prescriber	1.7	1.5	1.2
Drug_Cost_Per_Prescriber	\$368	\$443	\$270

expanding into Shelby County in FY 2018-2019. Table 1 (above right) shows information about these three areas. Jefferson County has about 77% more clients and 26% more prescribers than all seven counties in East Alabama combined. Shelby County would add a relatively small caseload to the project as compared with Jefferson County. The number of drugs used by the average client is smallest in Shelby County (2.2 drugs). The prescriber load (clients/prescriber) is highest in Jefferson County (1.7 clients/prescriber on average). As noted below, this belies a highly skewed distribution in which a few prescribers account for a large number of clients. The drug costs per client, and per prescriber, are highest in East Alabama, which includes very rural counties as well as Montgomery.

Table 2. Monthly Average Psychotropic Drug Use.

Age	Monthly Clients (avg)	% Male	Total Clients ¹	Avg Monthly Cost	Max Monthly Cost	Mean Drug Count	Max Drug Count	Months in System
0-5	28	71	120	\$147	\$859	1.5	5	7.7
6-10	121	65	234	\$302	\$1,710	2	9	11.4
11-15	168	57	333	\$293	\$2,157	2.8	12	12.4
16-21	172	50	321	\$282	\$3,162	2.9	17	12.8

Client Demographics and Psychotropic Medication Use. Table 2 summarizes the age and gender of clients and the number and costs of drugs used for the year spanning August, 2017 to July, 2018. Each entry is a monthly average except the fourth column, which shows the total number of clients receiving psychotropic medication during that year. The averaged data are slightly misleading because the distribution of drug use is skewed. Therefore, the maximum monthly costs and drug counts (number of drugs per client) are also shown. Among children less than five years old (and this included many who were less than two years old), an average of 1.5 psychotropic drugs were used, but at least one child was prescribed 5 psychotropic drugs. The drug count increased with age. The number of drugs used was larger, ranging from 2 to 2.9 for the older age groups, with a slight tendency to increase with age. At least one of the older children was prescribed 17 different psychotropic medications.

Table 2 shows that the average monthly costs per client is between \$147 and \$282 but, again, the distribution is highly skewed so a minority of the clients account for a large proportion of the cost. The maximum monthly cost shows that at least one client in each age group required \$859 to \$3,162 for their medication during a single month.

The last column of Table 1, “Months in System” is instructive. This shows the number of consecutive months that a client received psychotropic medication. Younger clients were listed for about 7.7 months but the older clients were listed for a year or more. This indicates that psychotropic drug use is usually chronic: for the vast majority of clients, once a psychotropic medication is prescribed, its use is continued indefinitely. It points to a problem often faced, which is that often there is no “end plan” for terminating the use of psychotropic medications. It is one thing to begin medication to deal with a problem but there is often not an accompanying plan to stop the medication. If we can reduce or eliminate psychotropic medication use then the impact on the client will be long-lasting. This observation is consistent with our experience that preventing initial prescriptions (by treating individual’s problem behavior early with behavioral interventions) is an effective tactic (as described in Section II).

This information motivates our strategy of providing behavioral skills training to foster parents, our development of web-based instruction to parents about how to work with the prescribing physician to reduce psychotropic drug use, and will inform the information that we provide in continuing education for both physicians and foster parents (as noted in Section I).

Table 3. The most commonly used psychotropic medications used for different age groups for the year spanning August, 2017 to July, 2018. Each cell entry shows the number of clients receiving a drug from the classes listed.

Age Group	Alpha Agonist	Anti depressant	Stim ulant	Anti convulsant	Anti psychotic	Depressants
0 to 5	20	3	18	14	1	38
6 to 10	65	28	84	10	16	6
11 to 15	77	76	48	49	31	13
16 to 21	43	68	16	84	21	8
TOTAL	205	175	166	157	69	65

What drugs are used?
From the database of

Medicaid reimbursement, we have produced a summary of the drugs that are used (Table 3). These are summarized within different age groups and organized so that the most frequently used drug classes are in the columns. “Alpha Agonists” include drugs used to improve attention, including Guanfacine, clonidine, and atomoxetine. “Stimulants” include the amphetamines like Adderall and Dexedrene, methylphenidates like

Focalin and Ritalin. “Depressants” include anxiolytic drugs and barbiturates, medications that can be address anxiety and be used as anticonvulsants. “Antipsychotics” include the older, first-generation antipsychotics as well as newer ones.

Alpha-agonists, antidepressants, and stimulants, in that order, were the most commonly prescribed drugs across all age groups, but close inspection shows that within age groups the most common drugs are different. For example, alpha-agonists, stimulants, and anticonvulsants, in that order, are the most commonly prescribed drugs for the youngest age group. It is notable that one child in that youngest age group received a powerful antipsychotic drug. The frequency of antipsychotic drugs increased in the older age groups but it is notable that children as young as 6-10 years of age received this class of drug. Antipsychotic drugs are used largely to manage problem behavior, including aggression against foster parents, aggression against other children, and property destruction.

Psychomotor stimulants are well-known to be over-prescribed and are used to help manage behavior that is frequently best addressed with behavioral interventions. The problem behavior targeted by antipsychotics is a class of behavior that is especially amenable to Applied Behavior Analytic interventions. When we review the drug data bases we pay special attention to drugs that might be used to address problem behavior that could be susceptible to a behavioral, rather than pharmacological, intervention. Since stimulants and antipsychotics are frequently used for just this reason, their frequent use creates opportunities to address the overuse of psychotropic medication. This is not to say that these medications should not be used. Our approach, instead, is to seek opportunities to reduce or medications where this can be done without harming the child or where a behavioral intervention can replace the drug. It is for this reason that we are keenly interested in reaching both caseworkers and prescribers to work with them to identify children and transition them to behavioral interventions where they are warranted.

Information on Prescribing Physicians. We have linked the Medicaid data base to one containing information about the prescribers, and this has helped us identify prescribers’ specialization, terminal degree (M.D., D.O., Nurse Practitioner, etc.), and contact information. The information on prescribing physicians in the Medicaid database was used to contact them to introduce ourselves and offer our assistance. This information has been used by us for many reasons, including sending mailings to prescribing physicians. Due to space limitations, the data cannot be shown, but we have identified 157 physicians from about 30 different specialties. The largest specialties are, in order, Pediatrics, Psychiatry, and Family Medicine. The vast majority of prescribers have only one or two clients but a small number of prescribers have many clients. Eight prescribers have at more than ten clients and some have had as many as 30-50 over the 22-month period that our data cover. This means that as we send contact prescribers the approach might differ depending on whether the prescriber sees a large number of children in Foster Care or only sees a very few.

Letters to Prescribers. During the spring of 2018, we sent letters to two classes of prescribers. The first class was the prescribers with a large number of patients in foster care. Specifically, we identified the top 25% of prescribers, a total of 48. The second was the prescribers whose prescription practices were in the top 25% of per-client cost. This captured 34 prescribers, some of whom were in the first category but many were not. The latter, those who were not in the first category, had one, maybe two patients in foster care but were receiving expensive drugs.

This letter follows a well-established concept that behavior change can be effected when a person shown their standing in comparison with peers. One letter notes that the prescriber has a large number of patients in foster care and asks that they consider our services. The other letter notes the prescriber’s comparative drug costs and also asks that they consider our services. Both letters contain case studies to illustrate what we can do.

Challenges and Barriers

- One challenge has been that of receiving the monthly prescription files in a timely manner (see Case study 3 in Section II). The preparation of the necessary spreadsheets has placed a burden on DHR and Medicaid staff. It is our understanding that the process has recently been automated so monthly files will arrive in a timely manner with less burden being placed on staff. If so, then this problem has been resolved.
- A second is making contact with the client. We identify numerous children who appear to be receiving excessive medication. These children are in all age groups—many are less than five years of age, yet we have difficulty contacting caseworkers who can help us locate the child and perhaps work to provide behavioral services that could reduce the need for medication. Suffice to say the precious intervention time is lost trying to locate the children who could benefit from the services.
- A third is contacting prescribers. We have reached out to prescribers, sometimes through personal contacts and sometimes through letters. The letters compare their prescription practices against an average for this region. We feel that this is an effort that contains much potential, but we feel that much more work needs to be done to contact prescribers effectively.
- A fourth is that of permission to release the names of clients to physicians. This requires permission from the DHR's legal staff. We contact prescribers and on some occasions they reach out to us asking what patients they have in foster care so they can refer them to us for services, yet we are unable to tell them the patients' names yet, pending an opinion from legal staff.

On behalf of the APMRT, we would like to thank Alabama DHR for this opportunity to serve the children, families, and personnel in the Alabama Foster Care system. We look forward to the opportunity to continue our services and to address the problems we outlined above.

Respectfully submitted,

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2020-2024 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 office 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 local Emergency Management Agency and the ADHR State Mass Care/ESF-6 Coordinator on duty at the AEMA State Emergency Operations Center in Clanton, Alabama.
 - 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
 - ADHR has been designated as the Emergency Support Function 6 (ESF-6) lead agency for the State of Alabama. The Director of Emergency Welfare Services/Safety (Field Administration) serves as the State Mass Care Coordinator.
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 the appointed liaisons visit shelters established by Red Cross or State/Local Emergency Management Agency, they will assess whether there are any children and families needing child welfare services. The liaison (s) will be responsible for referring those children and families to 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 disaster 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. ADPH provides education to help people prevent disease and injury. ADPH works with businesses, voluntary organizations and individuals on preparedness and prevention activities. ADPH publishes a booklet on emergency preparedness and The ADPH Center for Emergency Preparedness maintains a web site <http://www.adph.org/CEP/>. The Center for Emergency Preparedness (CEP) coordinates Alabama's health, medical, and social services in the event of public health threats and emergencies. Under The state Emergency Operations Plan, Emergency Support Function (ESF) 8 includes all medical aspects of an emergency response.

ADPH is the lead agency in ESF 8 and the support agency for healthcare organizations that provide direct patient care in an emergency response. Each of the 8 public health areas has an Emergency Preparedness team devoted to preparedness planning. Team members include some combinations of the following roles:

- Emergency Preparedness Coordinator
- Disease Intervention Director
- Senior Environmentalist
- Surveillance Nurse
- Administrative Support Assistant
- Social Worker

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, ADHR will assist evacuees of other states.***

Additionally, the Department of Human Resources maintains 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 ADHR COOP was revised in July 2015 and provided to AEMA.

Disaster Training Plan

ADHR staff development and training plan for Disaster Preparedness and Response supports the goals and objectives of the Departments responsibility to disasters. The required online (LETS) training is delivered at no-cost to the Federal Government. Disaster training, education, and awareness occur through the following:

- All DHR employees annually complete a required training course -"Sheltering/Mass Care Operations and Emergency Duties for DHR Staff". This course requires each employee to also review the ADHR Emergency Welfare Services Disaster Response Plan. Due to the six major disaster declarations for Alabama since December 2015, the training has been updated annually.
- Supervisors and staff assigned to help American Red Cross (ARC) to manage Mass Care shelters are asked to complete the "no-cost" American Red Cross Shelter Fundamentals Course (online).
- ADHR County Directors may request a joint ADHR Emergency Welfare Services/American Red Cross disaster training. These trainings have been conducted as requested in DHR County offices since 2011.
- ADHR employees have the option of completing the following no-cost Federal Emergency Management Agency (Emergency Management Institute) online and classroom courses on mass care:
 - E0417: Mass Care/Emergency Assistance Shelter Field Guide Training
 - E0418: Mass Care/Emergency Assistance Planning and Operations
 - G0108: Community Mass Care and Emergency Assistance
 - 405: Overview of Mass Care/Emergency Assistance
 - 0806: Emergency Support Function (ESF) #6—Mass Care, Emergency Assistance, Housing, and Human Services
 - Including People with Disabilities and Others with Access and Functional Needs in Disaster Operations

Overview of the Emergency Food and Shelter National Board Program

○ IS0420: Implementing the Emergency Food and Shelter National Board Program

- ADHR's role in disaster response is outlined in the State Emergency Operations Plan and applicable Executive Orders.
- The Alabama Shelter and Mass Care Support Strategy Plan (3-31-09) includes a listing of roles and responsibilities by agency. ADHR is the lead ESF 6 (Shelter and Mass Care) agency.
- As the ESF6 lead agency, ADHR coordinates with the American Red Cross, the primary sheltering agency in the United States, to provide sheltering.
- ADHR assists Alabama Department of Public Health (ESF8 lead agency) with Medical Needs Sheltering. ADPH conducted "Medical Needs Sheltering and Mass Care Shelter Training" throughout in several PHAs in 2016.
- ARC and FEMA conducted a site-based ESF6 course in Montgomery at the Alabama Department of Agriculture and Industries.
- All ESF6 support agencies, NGOs, and members of the Alabama Feeding Task Force/Multi-agency Feeding Plan attend the annual Shelter and Mass Care Task Force meeting and participate in Bi-Annual Mass Care Conference calls.
- ARC, ADPH, County DHR Directors, and County EMA Directors have signed local Mass Care Statement of Agreements. Only a few County EMA Directors have not agreed to sign a Mass Care SOA.
- Alabama DHR reviews the Disaster Plan on a yearly basis. The Disaster plan does not require any revisions at this time. The Departmental (LETS) Emergency Welfare Services training is updated annually and all employees complete the training annually.

2014 Update:

Alabama Severe Storms, Tornadoes, Straight-line Winds & Flooding (DR-4176)

XIX. Incident Period: April 28, 2014 to May 5, 2014

Major Disaster Declaration declared on May 2, 2014

Release Date: July 25, 2014

Release Number: 75

Montgomery, Alabama – Federal aid provided to Alabama residents affected by the April 28 through May 5 severe storms, tornadoes, straight-line winds and flooding has reached more than \$43.6 million. The following number, compiled July 25, 2014, provides a snapshot of the Alabama/FEMA disaster recovery to date.

Funds approved:

\$20.8 million for Housing Assistance grants to help with recovery rental expenses & home repair costs.

\$4.2 million for Other Needs Assistance to cover essential disaster-related needs, such as medical expenses and lost personal possessions.

\$16 million approved by the U.S. Small Business Administration for low-interest loans to eligible homeowners, renters, and businesses.

\$6.8 million for Public Assistance programs to help state and local governments with costs of recovery. Of that amount \$1.9 million has been allocated for debris removal. Another \$575,000 will go toward storm response and \$4.1 million has been obligated for infrastructure repair and replacement.

Survivor Recovery:

16,113 damaged homes and properties have been inspected (99 percent of requests). 9 counties designated for Individual Assistance 21 counties designated for Public Assistance.

No county DHR office implemented their ISD disaster plan in 2014. However, the State Emergency Operations Center was activated, so the SDHR EWS Disaster Response Plan was in effect. There were no foster family homes that were seriously damaged or foster children displaced during the 2014 event.

2015 Update:

Per the Alabama Emergency Management Agency (Human Services Branch), Alabama had 1 Small Business Administration (SBA) declaration last year. The SBA declaration (Houston County, May 2015) resulted in \$455,200.00 being approved in low-interest loans for eligible homeowners, renters, businesses, private, and non-profit organizations.

FEMA Public Assistance Declaration: Alabama – Severe Storms, Tornadoes, Straight-line Winds, and Flooding (December 23-31, 2015), FEMA-4251-DR, *Declared January 21, 2016.*

On January 13, 2016, Governor Robert Bentley requested a major disaster declaration due to severe storms, tornadoes, straight-line winds, and flooding during the period of December 23-31, 2015. The Governor requested a declaration for Public Assistance for 39 counties and Hazard Mitigation statewide. During the period of January 6-13, 2016, joint federal, state, and local government Preliminary Damage Assessments (PDAs) were conducted in the requested counties and are summarized below. PDAs estimate damages immediately after an event and are considered, along with several other factors, in determining whether a disaster is of such severity and magnitude that effective response is beyond the capabilities of the state and the affected local governments, and that Federal assistance is necessary.

On January 21, 2016, President Obama declared that a major disaster exists in the State of Alabama. This declaration made Public Assistance requested by the Governor available to state and eligible local governments and certain private nonprofit organizations on a cost-sharing basis for emergency work and the repair or replacement of facilities damaged by the severe storms, tornadoes, straight-line winds, and flooding in Autauga, Barbour, Blount, Bullock, Butler, Chambers, Cherokee, Clay, Cleburne, Coffee, Colbert, Conecuh, Covington, Crenshaw, Cullman, Dale, DeKalb, Elmore, Escambia, Fayette, Franklin, Geneva, Henry, Houston, Jackson, Lamar, Lawrence, Lee, Lowndes, Macon, Marion, Marshall, Monroe, Perry, Pike, Russell, St. Clair, Walker, and Winston Counties.

Survivor Recovery:

Per AEMA, 16,113 damaged homes and properties have been inspected (99 percent of requests). 9 counties designated for Individual Assistance; 21 counties designated for Public Assistance (PA). Revised FEMA estimates of the total PA is \$42,098,074.55

No county DHR office implemented their ISD disaster plan in 2015, but several offices closed early or opened late due to hazardous road conditions caused by severe winter weather and DR4251 events. However, the State Emergency Operations Center was activated, so the ADHR Emergency Welfare Services Disaster Response Plan was in effect. There were no foster family homes that were seriously damaged or foster children displaced during the 2015 event.

2016 Update:

Per the Alabama Emergency Management Agency, Alabama had one FEMA Public Assistance Declaration in 2016.

On January 13, 2016, the Governor requested a major disaster declaration due to severe storms, tornadoes, straight-line winds, and flooding during the period of December 23-31, 2015. The Governor requested a declaration for Public Assistance for 39 counties and Hazard Mitigation statewide. During the period of January 6-13, 2016, joint federal, state, and local government Preliminary Damage Assessments (PDAs) were conducted in the requested counties and are summarized below. PDAs estimate damages immediately after an event and are considered, along with several other factors, in determining whether a disaster is of such severity and magnitude that effective response is beyond the capabilities of the state and the affected local governments, and that Federal assistance is necessary.

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This declaration also made Hazard Mitigation Grant Program assistance requested by the Governor available for hazard mitigation measures statewide.

Counties Affected: Autauga County, Barbour County, Blount County, Bullock County, Butler County, Chambers County, Cherokee County, Clay County, Cleburne County, Coffee County, Colbert County, Conecuh County, Covington County, Crenshaw County, Cullman County, Dale County, DeKalb County, Elmore County, Escambia County, Fayette County, Franklin County, Geneva County, Henry County, Houston County, Jackson County, Lamar County, Lawrence County, Lee County, Lowndes County, Macon County, Marion County, Marshall County, Monroe County, Perry County, Pike County, Russell County, St. Clair County, Walker County and Winston County.

Total Loan Amount: \$42,357,990.69

Per AEMA Human Services Branch Director Alicia Reed, Alabama did not have any FEMA IA (Individual Assistance) Declarations last year, but had two types of SBA Declarations:

2016 SBA Agency Declarations

Event: Severe Storms & Flooding Event on Dec 23 – 31, 2015

Declaration Date: January 15, 2016

Counties Affected: Primary Counties – Coffee, Jefferson, Montgomery, and Morgan; Contiguous Counties – Autauga, Bibb, Blount, Bullock, Covington, Crenshaw, Cullman, Dale, Elmore, Geneva, Lawrence, Limestone, Lowndes, Macon, Madison, Marshall, Pike, St Clair, Shelby, Tuscaloosa, and Walker

Total Loan Amount: \$3,118,200.00

Event: Severe Storm System, Strong Winds, & Tornado on Feb 2 – 3, 2016

Declaration Date: February 18, 2016

Counties Affected: Primary County – Pickens; Contiguous AL Counties – Fayette, Greene, Lamar, Sumter, and Tuscaloosa; Contiguous MS Counties – Lowndes and Noxubee

Total Loan Amount: \$296,400.00

Event: Severe Storms w/Wind & Flooding on November 29 – 30, 2016

Declaration Date: December 14, 2016

Counties Affected: Primary County – Jackson; Contiguous Counties – DeKalb, Madison and Marshall

Total Loan Amount: \$545,400.00

Overall Total: \$3,960,000.00

2. 2016 Drought-Related (USDA) SBA Declarations-

(Per AEMA, Alabama had 18 of these declarations.

SBA declarations authorize low-interest loans for eligible homeowners, renters, businesses, private, and non-profit organizations.

No county DHR office implemented their ISD disaster plan in 2016, but several offices closed early or opened late due to hazardous road conditions caused by severe winter weather and DR4251 events. However, the State Emergency Operations Center and AEMA Division Offices were activated, so the ADHR Emergency Welfare Services Disaster Response Plan was in effect. There were no reported foster family homes that were seriously damaged or foster children displaced during the declared events.

2017 Update:

Per the Alabama Emergency Management Agency - Human Services Branch, Alabama had one Small Business Administration (SBA) declaration in 2017. The SBA declaration (Jefferson County) resulted in \$466,700 (Homes: \$371,900.00/Businesses: \$94,800.00) being approved in low-interest loans for the recovery effort.

The unusually active 2017 hurricane season saw Hurricane Nate striking the northern Gulf Coast on October 7-8. Hurricane Nate made two landfalls as a Category 1 hurricane, first in southeast Louisiana and then near Biloxi, Mississippi. The storm then tracked inland, spawning several tornadoes and causing tree damage, structural damage, and power outages across Alabama. (Ref: Haggerty Consulting)

On November 16, 2017, President Trump declared that a major disaster exists in the State of Alabama. Per the AEMA Hazard Mitigation Officer, Alabama received mitigation funding after Hurricane Nate impacted the state.

Public Assistance (PA) for 2017 (Provided by AEMA Public Assistance Section):

- Hurricane Irma (EM-3389) - On September 11, 2017, federal emergency aid was made available to the State of Alabama (all 67 counties and the Poarch Band of Creek Indians) to supplement state, tribal, and local response efforts due to the emergency conditions in the area affected by Hurricane Irma beginning on September 8, 2017, and continuing. Specifically, FEMA is authorized to identify, mobilize, and provide at its discretion, equipment and resources necessary to alleviate the impacts of the emergency. Emergency protective measures (Public Assistance Category B), including direct federal assistance, will be provided at 75 percent federal funding. Total federal assistance awarded: \$561,059
- Hurricane Nate (DR-4349) – On November 16, 2017, President Donald Trump approved Governor Kay Ivey's request for a Presidential Emergency Declaration for the State of Alabama. The following areas of the State of Alabama have been designated as adversely affected by this major disaster: Baldwin, Choctaw, Clarke, Mobile, and Washington Counties for all categories of Public Assistance. Autauga, Dallas, and Macon Counties for emergency protective measures (Category B) under the Public Assistance program.
- Total federal assistance awarded: TBD (processing applications)

Survivor Recovery:

Per ADHR Information Services Division, no county DHR offices implemented their ISD disaster plan in 2017. However, several offices closed early or opened late due to hazardous road conditions caused by severe weather events. The State Emergency Operations Center was activated and ADHR staff deployed to AEMA Division Offices and the SEOC, so the ADHR Emergency Welfare Services Disaster Response Plan was in effect. There were no foster family homes that were seriously damaged or foster children displaced during the 2017 events.

2018 Update:

Per the Alabama Emergency Management Agency, Human Services Branch, two major events impacted Alabama in 2018.

4362-DR-AL

On March 19, 2018, severe storms and tornadoes impacted Calhoun, Cullman and Etowah counties. They received Individual and Public Assistance declarations from the Federal Emergency Management Agency (FEMA). There were 264 Individual Assistance applications approved and a total of \$762,692.38 approved for the Individual & Households Program. The total for Public Assistance grants is \$38,451,095.81 with projects still pending completion.

4406-DR-AL

On October 10, 2018, Hurricane Michael impacted four southern counties in Alabama Mobile, Geneva, Houston, and Henry. The total for Public Assistance grants \$945,169.37. There was no Individual Assistance declaration in Alabama for Hurricane Michael.

Survivor Recovery:

Per ADHR Information Services Division, no county DHR offices implemented their ISD disaster plan in 2018. However, several offices closed early or opened late due to hazardous road conditions caused by severe weather events. The State Emergency Operations Center (SEOC) was activated and ADHR staff deployed to AEMA Division Offices, County EOCs and the SEOC, so the ADHR Emergency Welfare Services Disaster Response Plan was in effect. There were no foster family homes that were seriously damaged or foster children displaced during the 2018 events.

**Alabama Department of Human Resources
Foster & Adoptive Parent Diligent Recruitment Plan**

2020-2024 CFSP

Goal 1:	
Identify the population characteristics of the children needing fostering in Alabama.	
<ul style="list-style-type: none"> • Older youth (those youth over the age of 10); • Children with a history of chronic emotional neglect, physical and sexual trauma; • Children with history or exposed to drugs and alcohol at birth; • Youth with special needs (ex. Autism; IDD); • Children with a history of poor nutrition/healthcare needs (those children who have not been seen by doctor or behind on shots and require more doctor appointments to “catch” up as well as pre-existing medical needs that had not been resolved-supposed to have follow up appointments that were not made); • Children who are routinely redirected (those children who have trauma related to abuse or neglect that have a difficult time adjusting to being in a stable home). 	
Objective 1:	Collaborate with the Office of Data Analysis to produce reports to provide accurate statistics of the current population of foster children.
Objective 2:	Produce quarterly reports of barriers to foster care placement from County DHR offices.
Objective 3:	Develop/implement recruitment activities for the characteristics of children needing fostering in Alabama.
Goal 2:	
Identify strategies to reach out to all parts of the community.	
Objective 1:	Collaborate with state LGBTQ organization to increase the awareness for fostering LGBTQ and other children in Alabama.
Objective 2:	Collaborate with state Hispanic organizations to increase awareness of fostering in Alabama.
Objective 3:	Identify leaders within local ethnic/racial groups to increase collaboration.
Objective 4:	Expand Wendy’s Wonderful Kids Recruiters in Alabama to recruit for older teens and sibling groups.
Objective 5:	Collaborate with One Child, One Church to increase African American participation in fostering/adoption.
Objective 6:	Delegate workforce (staff) with job duties, R/Rs specific to recruitment training and retention of foster care providers.
Objective 7:	Delegate staff to partner with the faith-based community and other community agencies that work with children needing placement.
Goals 3:	
Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information.	
Objective 1:	Continue to promote fostering by TV and radio broadcasting partnerships.
Objective 2:	Promote fostering through Web advertising from current partners.
Objective 3:	Delegate trained SDHR staff to communicate and disseminate foster/adoptive parent and child specific information to the public via all safe social media outlets managed by delegated SDHR staff.

Objective 4:	Develop/implement a SDHR recruitment website managed delegated SDHR staff that will announce and capture statewide recruitment activities throughout the year. The website will announce and capture statewide recruitment activities throughout the year by working closely with county offices to ensure local community based recruitment/retention activities are received and disseminated timely to the public.
Goal 4:	
Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community.	
Objective 1:	Develop/implement recruiting documents that include the location, dates, times of TIPS classes.
Objective 2:	Collaborate with licensed foster parents and agencies to identify community partners to increase recruiting efforts.
Objective 3:	See Goal 3, Objective 4.
Goal 5:	
Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations.	
Objective 1:	Provide additional training to foster families and staff concerning issues fostering LGBTQ children.
Objective 2:	Provide additional training to foster families and staff concerning issues fostering children from diverse cultures (i.e., Hispanic, Latino, Native American, etc.).
Objective 3:	Provide cultural sensitivity training to foster/adoptive parents and staff.
Objective 4:	Partner with county offices by working with delegated recruitment staff to identify diverse training sites/locations within communities (i.e., beauty salons, barber shops, places of worship, Wal-Mart, etc.).
Goal 6:	
Strategies for dealing with linguistic barriers.	
Objective 1:	Collaborate with state Hispanic organizations to increase awareness of fostering.
Objective 2:	Provide pamphlets and other information in Spanish and other identified languages.
Objective 3:	Provide Spanish language radio spots.
Objective 4:	Provide Spanish language lessons face-to-face or online for foster parents.
Objective 5:	Continue to remove language barriers by offering language translation services.
Objective 6:	Partner with DHR local offices to identify language barriers.
Objective 7:	The Department will explore more resources as it relates to non-English/Spanish cultures, identify what needs the counties have in this area and explore more language assistance for needed populations within the State.
Objective 8:	The Department will continue contracts for face-to-face and telephone interpreter services for non-English speaking individuals to remove language barriers. The telephone service is available 24 hours a day 7 days a week.
Goal 7:	
Alabama DHR has a non-discriminatory fee structure (e.g., there are no fees related to foster parents initial training as well as ongoing training to maintain their license. This includes CPR as well as water safety).	
Objective 1:	Alabama DHR offers non fee services to prospective family (i.e.TIPS).
Goal 8:	
Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.	
Objective 1:	Children will continue to have photos and biographical information on AdoptUSKids and Alabama Heart Gallery Web sites for prospective adoptive parents to review.

Objective 2:	Develop/implement monitoring methods to ensure placements are not delayed based on race or ethnicity, and that all prospective adoptive parents are considered equally. Address any issues that are identified.
Goal 9:	
Ensure all jurisdictions are applying standards equally to all provisionally licensed and/or approved foster homes throughout the state.	
Objective 1:	Ensure provisionally licensed foster homes approvals are completed in compliance with state policy by obtaining queries from the Office of Data Analysis and training county resource workers regarding data entry for providers. (ERD REPORTS PVDR210A, PVDR220, PVDR230)
Objective 2:	Ensure that requirements for foster parents' continuing education are met by obtaining queries from the Office of Data Analysis and training county resource workers regarding data entry for providers. (ERD REPORTS PVDR210A, PVDR220, PVDR230)
Goal 10:	
Ensure that home study requests from other states are processed timely.	
Objective 1:	Collaborate with the Office of Data Analysis and ICPC to ensure home studies are captured in FACTS appropriately.
Objective 2:	Review queries to ensure all pending home study requests are processed timely. (ERD REPORT FMSV030).
Goal 11:	
Ensure all counties are trained in the use of market segmentation data.	
Objective 1:	FSD will develop/implement a plan for the remaining counties who have not received training.
Goal 12:	
Ensure the safety of children in foster/adoptive placements.	
Objective 1:	SDHR will ensure county staff are trained and follow policy/procedures for reporting safety concerns of foster/adoptive children in their placements.