

# **ANNUAL PROGRESS AND SERVICE REPORT**

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Submitted to:

Administration for Children and Families  
U.S. Department of Health and Human Services

By:

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## **ARKANSAS AT A GLANCE**

The overall population in Arkansas was 2,915,918 at the time of the U.S. Census in 2010, an increase of 9.1 percentage points from 2000. Children under five years of age comprised 6.8 percent of the population at that time, whereas 24.4 percent of the population was under the age of 18. Seventy-seven percent of the population is white, while another 15.4 percent of the population is black. More than six percent of the population identify themselves as being of Hispanic or Latino origin. In 2010, the median household income was \$39,267 annually.

DCFS is a division within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,500 employees working in all 75 counties. Every county has at least one local county office where citizens can apply for any of the services offered by the Department. Some counties, depending on their size, have more than one office. DHS employees work in ten divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

## **THE DIVISION OF CHILDREN AND FAMILY SERVICES**

DCFS is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State's child welfare system investigated 33,849 reports of child maltreatment and managed 21,461 cases during SFY 2011, including 13,502 protective and supportive services cases and 7,959 foster care cases. The Division is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to race, color, religion, sex, age, national origin, mental or physical disability, veteran status, political affiliation or belief.

The Division's mission statement is as follows:

*Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.*

The Division's Practice Model goals include:

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Ensure foster care and other placements support goals of permanency.
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood.

## **OPERATIONAL STRUCTURE**

The DCFS Director manages and has administrative responsibilities for the Division. The Director is also an active member of the Child Welfare Agency Review Board and the Child Placement Advisory Committee. An Assistant Director oversees each of these operational subdivisions within the Division: the Office of Community Services, the Office of Finance and Administrative Support, and the Office of Central Operations.

## **OFFICE OF COMMUNITY SERVICES**

The Office of Community Services provides administrative leadership and guidance to DCFS field staff throughout all 75 counties within the state. The counties are divided into 10 geographic service areas, each with an Area Director. The Assistant Director of Community Services directly supervises the 10 Area Directors and administers the Interstate Compact for the Placement of Children Unit.

## **OFFICE OF FINANCE AND ADMINISTRATIVE SUPPORT**

The Office of Finance and Administrative Support provides administrative and management support to DCFS through personnel administration, budget monitoring, resource control, and contract administration. The Office includes the following units: Personnel, Contracts, and Financial Management.

## **OFFICE OF CENTRAL OPERATIONS**

The Office of Central Operations is responsible for the smooth and timely functioning of the operational facets of the Division. It consists of the following units: Eligibility, Information Technology, Vehicle Safety, Criminal Records, Central Registry, and Child Protective Services.

In addition to the sections described above, DCFS is comprised of the following program areas, supervised either by the Division Director or another member of the Executive Staff: Prevention Support, Specialized Placement, Policy, Professional Development, Foster Care, Adoptions, Planning, Mental Health, and Transitional Services. Together, these units are responsible for the provision of administrative and programmatic support for the state's network of child welfare services as well as short- and long-term planning and policy development.

The major federal laws governing service delivery, as amended, are:

- Civil Rights Act: Titles 6, 7, and 9.
- Rehabilitation Act: Sections 503, 504
- Americans with Disabilities Act: Title II
- Social Security Act Titles:
- IV-A Temporary Assistance to Needy Families (TANF)
- IV-B Child Welfare Services
- IV-E Foster Care and Adoption Assistance

- XIX Medical Services
- XX Social Services Block Grant

#### Public Laws

- 93-207 Child Abuse and Neglect
- 94-142 Handicapped Children Act
- 96-272 Adoption Assistance and Child Welfare Act of 1980
- 96-273 105-89 Adoption and Safe Families Act of 1997

#### Consultation and Involvement of Stakeholders

The Division continues to have strong professional relationships with many groups that share our common goal of helping and supporting families. The Division continues to develop new partnerships with groups as we become more creative in assessing the needs of families and search for supports that will best meet their needs in their own communities.

In 2008 as a result of our CFSR, the Division was in substantial conformity with the systemic factor of Agency Responsiveness to the Community. All staff at all levels recognizes and values the importance of strong partnerships in serving children and families of Arkansas. No one agency or individual can support and ensure services that families need alone. It truly takes a team of folks and communities to meet the needs of families.

The Division strives to consistently engage in ongoing consultation with key stakeholders and obtain and use their input regarding goals and objectives for our CFSP.

The Division establishes key committees who then have varied stakeholders involved to assess and assist with the development and implementation of goals and objectives of not only our CFSP, but also the Program Improvement Plan (PIP). These committees often break out in subcommittees to focus in on particular areas. Although this is an area that we continual work on and are in conformity with, it is also an area where we intend to develop more. Our PIP and CFSP goals and objectives include many strategies that involve more partnerships and community involvement than ever before. It challenges us to improve in an area where we have had some success. Our goal is to open even more opportunities for our families as well as our own professional development. This would provide optimum accessibility and availability of services that are individualized to meet the individual need of families.

Some of our key partners in assessing and developing the CFSP, PIP and other strategic planning include:

- **Court Improvement/Administrative (CIP)/Administration for the Courts (AOC):** DCFS has a good partnership with the Court Improvement staff in the Administrative Office of the Courts, and have participated in meetings, training, and planning retreats. CIP has been involved in the division program improvement planning. There is a monthly meeting at the executive level that meets to problem solve and determine how to improve outcomes with children

and families. The division plans to continue this collaboration in the future by ensuring that they are invited and participate in future Child and Family Services Reviews and Program Improvement Plan follow ups. AOC continues to be invited to participate and give input on the DCFS Advisory Board. AOC has invited DCFS to participate in the development of the CIP strategic plan as well as implementation of the training and data technology grants. Also, this past year our Executive team met with AOC executive team on issues/concerns to problem solve as a team in order to continue to strengthen the partnership. AOC has hired Youth Engagement Specialists to assist with their court improvement process of gathering feedback and listening to youth voice. A survey was mailed to all Foster Parents encouraging all age-appropriate youth in care to complete. Participating in this survey will provide youth with another opportunity to add their voices to decisions made within the child welfare system.

- **Arkansas Commission on Child Abuse, Rape, and Domestic Violence:** In collaboration with the Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Child Abuse Committee works with state partners to prevent child abuse and neglect. The committee members consist of agencies and groups representing Law Enforcement, Multidisciplinary Teams, Education, Mental Health, Judicial and other professional groups. This team has representatives that have participated on the Differential Response Committees.
- **Citizen Review Panels:** The Citizen Review Panels operate in Carroll, Jefferson and Ouachita Counties, reviews child maltreatment cases and the State plan. The Panels make recommendations and works with the County Offices. However, the Citizens Review Panel in Jefferson County terminated their contract effective March 31, 2012, due to family and health issues.
- **Arkansas Legislative Task Force on Abused and Neglected Children:** The Arkansas Legislative Task Force on Abused and Neglected Children, created by the Eighty-Fifth General Assembly during the Regular Session of 2005, was formed to examine how the State responds to child abuse and neglect. Members of the task force include representatives from government, law enforcement, child advocacy agencies, and medical professionals.
- **Arkansas Child Death Review Panel:** The Arkansas Infant and Child Death Review panel was designed to improve the response to infant and child fatalities, provide accurate information on how and why Arkansas children are dying, and to ultimately reduce the number of preventable infant and child deaths by establishing an effective review and standardized data collection system for all unexpected infant and child deaths. The committee members consist of agencies and groups representing Law Enforcement, Multidisciplinary Teams, medical professionals, Judicial and other professional groups.
- **Office of Alcohol and Drug Abuse Prevention (ADAP):** Works with ADAP staff to help Arkansas citizen's live productive lives, free from the abuse of alcohol, tobacco, and other drugs. DCFS plans to strengthen this partnership over

the next year to learn more about service availability and to ensure child welfare families are a priority.

- **Arkansas System Improvement Project (ARSIP):** ARSIP is advised by the Children and Youth with Special Health Care Needs (CYSHCN) Consortium and funded by a HRSA D70 Grant. The focus of this project is to implement strategies to better meet the needs of children with special health care needs and their families. Most recently ARSIP held a strategic planning workshop that a DCFS representative attended.
- **AR Collaboration for Maltreated Children's Care:** This project seeks to improve access to high-quality child care for foster children by two strategies. First, it brings together leaders from the early child care and child welfare systems along with other experts on children's well-being to review existing policies of both agencies. Funded project staff has/will also conduct(ed) qualitative interviews with stakeholders such as infant and child mental health providers, Part C early interventionists, court officers, child welfare workers, early child care providers, and other collateral professionals. These interviews will address the status of the current systems as well as the stakeholders' knowledge of child development and the impact child maltreatment has on child development. From these data sources, the project team is evaluating options for change, developing proposed changes, and supporting representatives from child welfare and early child care in implementing policy (or potentially other systemic) changes. Second, training across the state will be proposed to raise the quality of care provided by as many center- or home-based early child caregivers as possible. This project aims to leverage the Arkansas Better Beginnings initiative to raise the number of credentialed providers and increase statewide access to early child care for foster children (the project priority) and all children in Arkansas (a valuable side benefit).
- **Governor's Interagency Council on Early Intervention (ICC):** Prevention Support CPS Unit Program Manager serves as proxy for the DCFS Director. Membership of this committee consist of other DHHS agencies, the Dept. of Education, Parents, Provider Vendors, a Legislator, Dept. of Insurance, and a physician from Ark Children's Hospital.
- **Social-Emotional Workgroup:** DCFS participates in the Social-Emotional Workgroup, which is a part of the Arkansas Early Childhood Comprehensive Systems (AECCS) Initiative lead by the Division of Early Child Care and Early Childhood Education. This workgroup focuses on the importance of the social and emotional health of young children and it also highlights factors that may be present with their caretakers. Each year the Social-Emotional Workgroup identifies an area of focus, such as maternal depression, and the group completes projects in support of the specified focal point. DCFS provides child welfare related information to the workgroup and it also allows for public awareness presentations to be made to DCFS staff.

- MPCWIC:** In October 2011 Arkansas was awarded a Technical Assistance (TA) Grant from the Mountains and Plains Child Welfare Implementation Center (MPCWIC). The overall goal of this TA opportunity is to increase supervisor engagement with staff and to enhance supervisory skills through Arkansas Creating Informed Results through Competent Leadership and Empowered Supervision (AR CIRCLES) Project. The MPCWIC TA Consultants meet regularly with the AR CIRCLES Project Team, which steers the project from the Central Office level, as well as with all other AR CIRCLES participants. There are two primary components of AR CIRCLES -- Learning Circles and the Care, Commit, Connect Strategic Plan. Learning Circles are groups that engage in a process of learning through discussion leading to problem-solving. The group then applies their learning to making decisions resulting in meaningful change. The group learns through exploring issues and questions of interest to the group. Arkansas is implementing Learning Circles through a phase-in process. The first implementation phase is currently underway in five counties. There will be at least two other phases of implementation with a goal of establishing Learning Circles in all 75 counties by September 2013. The Strategic Plan to improve child welfare supervision in Arkansas is currently being developed by three work groups -- Care, Commit, and Connect. Each work group is comprised of caseworkers, supervisors, central office staff, and members of the IV-E partnership. The Care Group is focusing on issues related to staff hiring and retention. The Commit Work Group is addressing the topic areas of training, policy, and casework supervision while the Care Work Group is studying and developing a plan regarding communication with both internal and external stakeholders. All groups are developing plans for these topic areas through the lens of supervision, keeping in mind that all plans must be within the scope of each group to accomplish all of the action steps, objectives, and goals. The strategic plans will be completed by July 1, 2012 and implementation is scheduled to begin shortly thereafter. By improving supervision through AR CIRCLES efforts, the ultimate goal Arkansas hopes to achieve is improved safety, permanency, and well-being outcomes for the children and families of Arkansas.
- Division of Behavioral Health Services (DBHS)/AR System of Care:** In March 2007 the State of Arkansas approved ACT 1593 to “establish the principles of a system of care for behavioral health care services for children and youth as the public policy of the state”. To facilitate this process, the Act created the governor-appointed Arkansas Children’s Behavioral Health Care Commission (hereafter referred to as the “Commission”). The Commission advises the Arkansas Department of Human Service (ADHS) as it works to ensure that children, youth, and families are full partners in all facets of the Arkansas System of Care (AR SOC). A primary component of the AR SOC is to be community-based and to include decision making at the regional and local levels. In 2009 the DHS Division of Behavioral Health Services launched the AR Wraparound Demonstration Project in the 14 DBHS Mental Health catchment areas/community mental health center areas. Additionally, Care Coordinating Councils (CCC) comprised of local representatives were formed in each of the

catchment areas to increase communication, collaboration, and teamwork and to keep children and families in their homes, communities, and schools. DCFS actively participates on each of the CCCs throughout the state by providing child welfare specific information relevant to the counties in each of the catchment areas.

- **Project PLAY:** Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the Division of Child Care and Early Childhood Education (DCCECE) in collaboration with the UAMS Department of Family and Preventive Medicine. The project facilitates collaboration between early childhood programs and Community Mental Health Centers (CMHC). Beginning in July 2011, Project PLAY added a focus on children in foster care. Results from a telephone survey, feedback from DCFS County Supervisors, and feedback from ECMH consultants working at child care centers pointed to the need to increase communication between child care providers and DCFS family service workers. Consequently, in the spring of 2012 a “Child Care & Child Welfare Partnership Toolkit” was developed by UAMS and approved by the directors of DCCECE and DCFS.
- **CASSP (Child and Adolescent Service System Program):** The purpose of the Child and Adolescent Service System Program (CASSP) is to establish a structure for coordinated policy development, comprehensive planning, collaborative budgeting, and resource allocation for services to children with emotional disturbances and their families. It further intends to build on existing resources and to design and implement a coordinated service system. CASSP is designed to be child-centered, family-centered, and community-based.

The statewide CASSP Coordinating Council (the Council) and Regional Planning Teams carry out the mission of CASSP. Specifically, the Council is the state level point of responsibility and it provides reports to the directors of the Department of Education, Department of Health, and the Department of Human Services on matters of policy and programs for the CASSP population. Regional Planning Teams are established in each community mental health center catchment areas. These teams identify and recommend program initiatives based on area and community-based needs. Members on the Council and the Regional Planning Teams include public and private mental health professionals, schools professionals, DHS professional from DCFS, DDS (the Division of Developmental Disabilities), DBHS, and other child serving agencies as well as parents and youth.

- **Therapeutic Foster Care:** Community Mental Health Centers maintain contracts with DCFS to provide this service statewide. DCFS meets once a month with providers to strengthen communication of referral and other issues. This group is known as the Foster Family Based Treatment Association (FFTA). The agenda varies, but topics mostly cover updates from SPU, proposed TFC standards, child specific recruiting, double occupancy request, FBI results, and age waivers. There’s also discussion in regards to their annual institute conference and other national issues.

- **Arkansas Mental Health Planning and Advisory Council (AMHPAC):** DCFS is a member of the Arkansas Mental Health Planning and Advisory Council. The purpose of the council shall be: to exchange information and develop, evaluate, and communicate ideas about mental health planning; to write and/or amend the federal Mental Health Services Block Grant plan for mental health services in the state; to advise Arkansas state government concerning proposed and adopted plans affecting mental health services provided or coordinate by the state and the services; to monitor, review, and evaluate the allocation and adequacy of mental health services and to advise the state concerning the need for quality services and programs; and to develop and take advocacy positions concerning legislation and regulations affecting mental health. The DCFS Mental Health Specialist regularly attends the Mental Health Council of Arkansas' Children's Subcommittee meetings to facilitate communication and improve services throughout the state for foster children.
- **Division of Youth Services (DYS):** This division has partnered and developed an Interagency Agreement that has been implemented to better serve and plan for permanency of youth in foster care that are committed to DYS. Executive level and management staff from both Division meet at least quarterly to discuss issues, concerns, and problem solve. DCFS has an assigned liaison to coordinate between divisions.
- **Division of Adult and Aging Services-Adult Protective Services:** This is a "transitional task force" created to address youth who had been in care "aged out" of the youth programs into the adult arena but then became "lost in the system" or dropped out of the system altogether. The task force included staff from Adult Protective Services, DBHS, DCFS, and DYS. A system of early identification was developed which outlined steps necessary to assure that youth likely to require adult services are identified and followed throughout this transition phase.
- **Division of Development Disabilities (DDS):** DCFS has partnered and building a stronger collaboration for referral, consultation, and communication with Developmental Disabilities Division. DCFS has identified a liaison in the foster care unit to delve deeper into issues and concerns.
- **Division of Medical Services (DMS):** DCFS has begun to meet routinely with this division at an executive level to determine parallel processes to better communicate and develop strategies to meet the need of both divisions as it relates to the timely provision and quality of services.
- **The C.A.L.L:** has become a permanent faith-based initiative by becoming a tax-exempt, 501 (c) 3 organizations. The CALL has created a county-based/statewide oversight model that has been replicated in 21 counties so far. There are several counties who are working to launch the CALL in their areas as well. The CALL has recruited over 600 foster and adoptive families for DCFS, some of which are opened/approved, and some of which are currently in the process of approval. The CALL has created "CALL Closets" which provide items such as clothing, baby items, etc. for all both CALL-recruited and DCFS-recruited foster families. Future plans also include creating a program to utilize churches as visitation centers,

which includes training volunteers on how to supervise family visitations. The CALL's website is [www.thecallinarkansas.org](http://www.thecallinarkansas.org).

- **Multi-Disciplinary Teams (MDT):** The Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Department of Human Services and the Arkansas State Police have entered into an agreement in cooperation with law enforcement agencies, prosecuting attorneys, and other appropriate agencies and individuals to implement a coordinated multidisciplinary team (MDT) approach to intervention in reports involving severe maltreatment.

The parties to this agreement are committed to a cooperative, multidisciplinary team approach to severe child maltreatment investigations.

- **AYDC Vision Teams-Collaborative with Department of Workforce:** The purpose of this team is to ensure the future employability of at risk youth that are being served by various agencies. The committee is comprised of DCFS Community Support Staff, DYS and the Department of Workforce. Collaborative agencies within the state include DYS, DCFS, Workforce Investment, Job Corps, Dept. of Education, Behavioral Health, Arkansas Transitional Employment and Employment Security and other agencies are being recruited to provide additional input and to assist with the federally funded roll-out of a communications network and hierarchy that assists the involved agencies to meet the needs of the youth we serve. The network, when in place all the way to the grass roots level should provide a structure for service agencies to identify youth in need of services, available services, service gaps, service overlaps, available funding sources, manpower commitments, shared responsibilities, local, regional and statewide links and many other ways of sharing information and resources to assist youth to get information, assistance and training to get them employed and integrated into the mainstream of jobs and industries currently in the state and those evolving in the next ten years.
- **DCFS Advisory Board:** Advises DCFS on policies, management, planning, use of resources, and service delivery. The DCFS Advisory Board will: reflect on the interest of the citizens of the State of Arkansas, especially Arkansas children and their families; reflect the demographic of the State of Arkansas (i.e. will reflect the geographic, racial, and cultural diversity of the state); ensure the organization's policies and performance uphold to the public interest; include consumers of DCFS services, and serve as the link between DCFS and the public (i.e. will serve as a source of information and communication both ways)
- **Youth Advisory Board:** AR Youth Advisory Board: Youth served by the foster care system provide representation on the Arkansas Youth Advisory Board (YAB) and are involved in the CFSR process. The members of the YAB are involved with the agency and the community as a whole. The YAB has been gaining a better understanding of Robert's Rules of Order and the Parliamentary procedures that will assist them with their advocacy efforts. The YAB provides Peer to Peer Support for other youth in care; Develops Training/Workshops/Conferences for transition aged youth; and provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy,

programs and normalcy.

The YAB is incorporated in planning, policy initiatives, the annual Teen Leadership Conference and other program development efforts. These efforts include community based development within the DCFS, along with the implementation of any component that impacts or could impact the likely outcomes of youth leaving care. These youth receive Board Training from DCFS staff and training partners including the National Resource Center for Youth Development and MidSOUTH.

These youth are engaged as partners in program improvement plans and fully communicate with the DCFS Executive Staff on a monthly basis and provide recommendations for program improvements. The YAB is a valued and involved stakeholder and assists with the agency's efforts to promote and provide the best supports and opportunities for youth making their transition from foster care to adulthood.

- **The Arkansas Pilot Court Team Project:** is a new project between the DHS Division of Child Care/Early Childhood Education (DCC/ECE), the DHS Division of Children and Family Services (DCFS), and Zero to Three that will be piloted in Judge Joyce Warren's court located in Pulaski County.

The Arkansas Pilot Court Team Project is based on the Zero to Three Court Team Project for Maltreated Infants and Toddlers. This is a systems change initiative focused on improving how the courts, child welfare agencies, and child-serving organizations work together, share information, and expedite services for young children. The local Community Coordinator for the Arkansas Pilot Court Team Project works with Judge Warren to support local Court Team activities by facilitating coordination and collaboration among community stakeholders, scheduling Court Team meetings, and conducting follow-up activities related to Court Team goals.

- **The Arkansas Early Childhood Comprehensive Systems (AECCS):** is administered by the DCC/ECE in partnership with the Arkansas Department of Health (ADH) to "increase the health and well-being of Arkansas's young children and their families by creating a comprehensive and coordinated early childhood system that will maximize existing early childhood investments, address critical needs and assure that children in Arkansas are healthy and ready to learn by the time they enter school." The DCFS Policy and Professional Development Administrator serves as a DCFS representative in this partnership.
- **Assuring Better Child Health Development (ABCD) III: AR LINKS**  
Arkansas was one of five states selected to participate in National Academy of State Health Policy's (NASHP) Assuring Better Child Health Development project. The Arkansas specific ABCD III project is entitled, Arkansas AR LINKS (Arkansas Linkages Improve Networks and Knowledge of Services). The goal of AR LINKS is to improve the state's ability to support quality, efficient linkages

and services for healthy child development and build lasting policy and practice improvements. The DCFS Policy and Professional Development Administrator serves on the AR LINKS Core Team. AR LINKS objectives include but are not limited to:

- 1) Continue to promote the use of standardized tools (ASQ and Modified Checklist for Autism in Toddlers or M-CHAT) for developmental screening as part of EPSDT.
  - 2) Improve feedback from service providers to PCPs, which will lead to system improvements to help prevent children from falling through the cracks between health care providers, early intervention, and early care/education programs.
  - 3) Make the referral process easier for PCPs, addressing practice and system improvements.
  - 4) Develop a communication plan to educate parents and physicians on auxiliary services/ resources/ support.
  - 5) Support efforts to improve the quality of developmental assessments and increase provider comfort in treating children with developmental disabilities.
- **Children Trust Fund:** We believe our support of programs and initiatives that promote positive parenting practices and encourage strong, healthy families will ensure a brighter future for all Arkansans. The Arkansas Children's Trust Fund provides a permanent funding source for the prevention of child abuse in Arkansas. Collected funds are disbursed in the form of grants to organizations or individuals that operate programs with a proven child abuse prevention component.

DCFS plans to continue to build upon our community partnerships and build the service array necessary to meet the needs of our population for individualized and community based services and supports focused on safety, permanency, and well-being. In order to have a true child and family services continuum, we must acknowledge that one entity cannot be responsible for meeting the needs of children and families and that it is through true collaboration and partnerships that we coordinate and integrate into other services to prevent child abuse and neglect as well as achieve positive outcomes for children and families who are within the child welfare system. Over the next five years, it is anticipated that our formal and informal partnerships will grow and strengthen to work together to achieve positive outcomes for children and families of Arkansas.

#### **Service Descriptions: Status for FY2012**

The Division delivers services directly and purchases services from private and public agencies, universities and individuals, using state and federal funds. Programs and services of other Divisions within the Department of Human Services (DHS) are also available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, Food Stamps, Social Services Block Grant, and other federal entitlement programs. DCFS continues to work with the state Community-Based Child Abuse Prevention Program (CBCAP) State Lead Agency funded under Title

II of CAPTA to develop child abuse prevention programs, in addition to the ones DCFS purchases.

DCFS staff provides child maltreatment investigations, family assessment, case planning, referral, and case management services. If a child cannot be maintained safely in their own home, DCFS will petition the court for custody and place the child in an approved foster home or licensed residential facility.

Child Welfare Services are a broad category of services to children and their families.

**These services include a variety of services described below:**

- **Prevention/Support:** The Division primarily manages prevention/support through community based contracts, communication strategies, and opportunities for families to request voluntary or Supportive Services.  
  
Intervention and Treatment: The Division offers several services to children and families. Including Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Drug Screenings, Assessments and Treatment (limited), Respite Care, and Counseling to safely maintain children in their own home.
- **Child Protective Services:** When an investigation is determined to be true, DCFS opens a protective service case and works with the child(ren) and family in the home or, if the abuse is severe, DCFS places the child in a safe and home-like setting. DCFS will also provide services to the child(ren) and family in order to support a continuous, safe and stable living environment, promote family autonomy, strengthen family life where possible, and promote the reunification of the child with the parent, guardian or custodian, when appropriate.
- **Foster Care Services:** The Division cares for children who cannot remain in their biological/legal parents' homes by locating temporary placements in least restrictive environments, usually approved foster homes. These children, who are usually removed from their families due to alleged abuse or neglect, are cared for while biological families complete the steps put into place by the courts to bring their children home. Plans are immediately put in place for the children, including reunification with biological parents, placement with relatives or significant people in their lives, adoption, or other permanent living arrangements. Permanency is paramount to these plans. The Division works with the families to offer all services in conjunction with court orders in order to reunify the family and place the child back in their home. Arkansas implemented the Subsidized Guardianship Program 11/1/11.
- **Transitional and Independent Living Services:** Each child in DHS/DCFS custody, age fourteen or older, in care for 30 days or more shall be provided with opportunities for instruction for development of basic life skills. Each child, beginning at 14 but no later than age sixteen shall be assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood until age 18 or as competency is achieved in the assessment score (90% or above). Services identified in the assessment to help the

child achieve independence will be provided directly by staff, foster parents or placement staff, through contract or through arrangement by staff. The Chafee Foster Care Independence Program provides service to youth in foster care that are often unavailable or unfunded through other program funds such as Title IV-E-Foster Care. Services provided are those supports and services that will enhance the likely of a transition to a successful adulthood. CFCIP also serves those youth adopted after age 16 and will be expanded to youth entering the Subsidy Guardianship program when available. CFCIP also provides services to youth leaving care after age 18.

- **Adoption:** All children have a right to a safe, permanent family. The Division of Children and Family Services shall develop and implement permanency plans for children. One option is to terminate parental rights to a child for adoptive placement, when it has been determined that reunification with the family is not a viable option. The court may consider a petition to terminate parental rights (TPR) if the court finds that there is an appropriate permanency placement plan for the child. It is not required that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights, or as a prerequisite to the court considering a petition to terminate parental rights.

**Purchased Services include the following:**

- Statewide comprehensive medical examinations for foster children through a contract with the University of Arkansas Medical School's Department of Pediatrics
- Assessment, diagnosis and therapy services for adolescent sexual offenders through a contract with the University of Arkansas Medical School's Department of Pediatrics
- Individual, family, and group therapy and various individual and group counseling services from private agencies, mental health associations, or private practitioners throughout the state
- Professional language interpreters statewide when serving families that do not speak English
- Sign Language Interpreter services
- Emergency shelters for children and teens
- Purchased services to children in the custody and care of DCFS include therapeutic foster home programs, psychiatric residential treatment, comprehensive residential treatment, residential treatment, respite care, health services, and independent living
- Respite care
- Therapeutic groups for foster and adopted teens
- Adoption and foster home approval activities
  - Training for DCFS staff, prospective adoptive and foster parents, and current/ active adoptive and foster parents

Additional Adoption Promotion and Support Services include:

- In-home consultation visits with prospective adoptive families
- Adoption home studies
- Adoption summaries on waiting children

### **Purchased Services Decision Making Process: Overview**

The RFP is issued to seek proposals from qualified organizations to provide services. The respondents submit proposals in two separate parts, technical and cost. The proposals are then evaluated in four phases. Phase 1 is mandatory. Proposals must pass the phase before being moved forward for further review. Phase 2 is the evaluation of the technical proposal. Phase 3 is evaluation of the cost proposal. Phase 4 is ranking of the proposals after the final scores for each respondent for the technical and cost proposals are added together for a final overall score. The highest number of points is ranked number 1. The other proposals are ranked in descending order based on their number of points. A contract is awarded to the respondent whose proposal is determined to be most advantageous to DCFS and DHS based on the selection criteria, not necessarily the lowest price.

In the technical section, the respondents must demonstrate how they are able to effectively and efficiently deliver the service.

### **How these agencies are community based:**

Respondents operate community based businesses, serving designated client populations. Moreover, they must be listed as being in good standing with the Secretary of State's office.

### **Child and Family Services Review Results and Program Improvement Plan**

Arkansas 2<sup>nd</sup> Round of CFSR was conducted in January 2008. The Final report was received October 2008 and our PIP was submitted in January and is pending approval.

Despite a successful completion of a Program Improvement Plan after the 1<sup>st</sup> CFSR Round, it was obvious that Arkansas plan was not a systemic change for effective and ongoing improvement.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect.

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 76.9% of the cases reviewed

Safety Outcome 2: Children are safely maintained in their own homes wherever possible and appropriate.

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 58.5 % of the cases reviewed

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

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 41.0% of the cases reviewed  
Permanency Outcome 2: The continuity of family relationships and connects is preserved for children

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 53.9% of the cases reviewed  
Well Being Outcome 1: Families have enhanced capacity to provide for the children's needs

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 27.7% of the cases reviewed  
Well Being Outcome 2: Children receive appropriate services to meet their educational needs

Status: not in Substantial Conformity

The outcome was determined to be substantially achieve in 71% of the cases reviewed  
Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 62.3% of the cases reviewed.

Arkansas Program Improvement Plan after the Final report established four broad strategies to make significant and systemic changes to improve outcomes for children and families. They are:

1. Develop and Implement a Sustainable Practice Model to ensure consistent and appropriate services are provided to children and families that lead to positive outcomes
2. Establish a System for Effective Communication, Professional Development, and Organizational change to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency, and well-being for all children and youth
3. Build Arkansas Service Array to have available, appropriated, and accessible services to children and families based on their identified needs
4. Develop an Effective Quality Assurance and practice improvement process to ensure the consistency of quality practice and the flexibility to improve based on the data gathered through our Quality Assurance processes

**Program Strategy Plan**

Goals and Objectives

<p><b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b></p>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Design a practice model change strategy	9/30/09	<ul style="list-style-type: none"> <li>a) Outline for casework process completed-Flow chart of child journey through AR DCFS</li> <li>b) Meeting map strategy implemented and ongoing tool to track meeting opportunities</li> <li>c) Continuing to engage internal and external stakeholders</li> </ul>	
<p><b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b></p>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Convene PIP Practice Model Workgroup	3/30/10	The advisory board has been serving as stakeholder group. The practice model framework is developed which includes goals and principles.	
Implement strategy for Information Sessions to gather information and create ownership	6/30/10	The practice model consultation and tools were developed so that DCFS could begin the messaging and feedback process for development of practice model. Beginning July1,2009 and continuing to present time consultations in field were conducted to gather	

		feedback to develop practice model framework and continue to educate and develop leadership of Area Directors and Supervisors during meeting, case reviews, and consultations	
Review Protocol for CACD/DCFS/LLE relationships	6/30/10	CPS manager and field stakeholders reviewed the roles and responsibilities of each position and discussed needed change. DCFS reviewed the CACD agreement and shared practice model. Executive staff meets monthly with CACD to discuss and problem solve issues of conflict related to policy and practice. Reviewed protocol and tools and guides used for assessing safety and risk and change as needed	
Integrate NGA plan into Practice Model	6/30/10	This plan was reviewed and cross walked with the PIP so that we were operating from one primary plan.	
Transform training partnership and professional development approach	6/30/10	Intake of review and discussion of roles of training partnering with field staff and supervisory staff. Completed overview of CORE and began integrating practice model language into curriculum until review of curriculum takes place. Overview of OJT was conducted with no changes made. (This included Field Instruction/Mentoring manual)	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET</b>	<b>STATUS ACCOMPLISHMENT/PROG</b>	<b>REVISION</b>

	<b>DATE</b>	<b>RESS</b>	<b>NEEDED</b>
Transform Foster/Adopt Parent Training	6/30/10	Clarified roles and responsibilities into practice model language to include leadership response. The F/A process were reviewed for clarity as well as updating curriculum to 2010 version. The agency decided to adopt the SAFE home study process so implementation planning is in process. We have some challenges with tracking training records but continue to problem solve	
Review and Revise Policy	6/30/10	Convened a workgroup to develop framework for restructuring policy-TOC outline completed and shared for feedback. Subject matter experts have been identified and will be reviewing all policy and providing feedback.	
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	6/30/10	CACD agreement revised monthly meeting continue to discuss and resolve issues and concerns. Random review of substantiated and unsubstantiated reports conducted to identify areas of concerns and develop training to address. The next steps with this strategy were to use the outcomes of these random reviews to assist in the development of the Investigation Training. The results of these reviews indicated that the focus of the training needed should be related to three primary elements: policy focus and "refresher" training on procedures, skill improvement related to assessing safety threats and risk assessment, and the	

		<p>development of protection plans. Investigation training was conducted in the first quarter to address the policy and "refresher" elements identified. Structured Decision Making model was selected as the training to improve the skills of the improvement needed for assessing safety threats and risk assessment as well as improve the quality of protection plans. The SDM training is scheduled from May through July for Area Directors, supervisors, and investigators.</p>	
<p>Develop strategy for phase in sites for staged implementation and sustainability of practice model statewide</p>	6/30/10	<p>The written criteria for startup was developed and two counties identified (Saline and St. Francis) snapshot of each county developed to support decisions and initial planning development. Expansion criteria developed.</p>	
<p>Implement revised casework process designed strategically for Prevention/Support Services</p>	6/30/10	<p>Integrated practice model language in field and central office staff. Each area develops practices; implement plans to address ANI from COR, meta-analysis, and QSPR results. As different skill needs are identified, coordinate with PDU to determine training needs and scheduled training. We identified cases and analyzed the data on children entering and leaving care 30, 60, 90 days.</p>	
<p>Implement revised casework process designed strategically to</p>	6/30/10	<p>Revised functional to include behavioral elements and practice model language conducted SDM; and have reviewed current assessment tools and instrument</p>	

improve investigation and safety of children		for effectiveness.	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/10	Clarified and added behavioral and practice model language to functional job description met and trained on investigation expectations with supervisors and conducted SDM training. HZA review cases and each area developed plan for closing overdue investigations.	
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/10	Clarified and added behavioral and practice model language to functional job responses. Each area has a PIP that addresses the outcome of QSPR and Meta-analysis. Each area Director reports monthly progress and challenges. As skill needs are identified, training is considered.	
Provide safe and permanent adoptions for all children needing adoption as their best permanency	6/30/10	Clarified and added behavioral and practice model language to functional. Previous to the creation of this Flow Chart, there was not one and Adoptions were handled differently in the 10 different Areas. This Flow Chart was an	

option		<p>attempt to ensure adoptions were handled the same statewide and that adoptive applicants would receive the same level of service no matter what part of the state they lived in. This chart will change when DCFS makes a decision and sets a timeline for changes to the home study process. Adoption staff were given information on SAFE (Structured Analysis Family Evaluation) and all foster and adoptive home studies will be conducted by Mid-South. The Adoption Field Staff are excited about the prospect of this new study process. Adoption provides monthly training to adoption staff to clarify expectations. Adoption manager works closely with adoption staff to identify systemic barriers to finalization and has developed monitoring tools, enhancing the supportive role of adoption coalition.</p>	
Implement revised casework process designed strategically for Youth Services including National Youth Transitional Database	6/30/10	<p>DCFS has identified and developed partnership with key stakeholders such as housing, education, workforce, a planning meeting was conducted and plan outlined to develop foundation for program. List of positive outcomes to expect provided DCFS had identified barriers to youth and transitional services so that we can problem solve. DCFS has provided transition service definitions to ensure consistency. DCFS has developed CHRIS scopes for NYTD elements and overall</p>	

		youth survey. DCFS has had youth leadership conferences led by youth. DCFS conducted training for internal and external stakeholders.	
Develop an ongoing process for ensuring the Quality Services peer review process aligns with the practice model and federal requirements	6/30/10	The QSPR unit (part of QA) is outsourced. The tools and skills of staff were assessed. The tools are in process of being enhanced. Staff was trained on tool and was taken through practice courses.	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/10	Case reviews are conducted local, by QSPR, and by QA staff (Admin. Review and Meta-analysis) Arkansas continues to develop material and implement strategies discussed in document 67b, submitted 1st qtr. We continue to use e-mail, meeting map strategy, and phone conferences as our primary strategy to disseminate changes and other information. We continually provide the AR Practice Model Framework and recently developed a pamphlet as supporting material. Once the communication specialist is hired, communication will be strengthened.	Ongoing.

Strengthen the QA process	6/30/10	Finalized the Administrative Review process and methodology and conducted the review. We transitioned the licensures unit to the Division of Child Care and Early Childhood Division. They developed training guides for licensing visits. DCFS and DCCEC have been meeting to develop a partnership with clear roles and responsibilities. DCCEC have trained all their staff on licensing of Foster Homes. DCFS have developed functional job responsibilities for resource workers that clarify expectations. DCFS has a process in place for follow-up on non-compliance	
<b>Specify and/or identify data elements</b> Test, and train for Decision Support system	6/30/10	Several meetings have taken place with the personnel from UAMS, and the CHRIS Technical Staff. The P.A.C.E exams are going to be scanned into the CHRIS system, and the medical recommendations screen in the system is being modified to track medical outcomes from the recommendations made by medical personnel.	
Enhance the Quality Services Peer Review	6/30/10	The QSPR process now includes a coaching session in the 2 <sup>nd</sup> part of year as follow up	
<b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b>			
<b>FIRST YEAR</b>	<b>TARGET</b>	<b>STATUS</b>	<b>REVISION</b>

	<b>DATE</b>	<b>ACCOMPLISHMENT/PROGRESS</b>	<b>NEEDED</b>
Create an effective communication plan that reflects DCFS message	6/30/10	Communication plan developed and communication strategies training with Executive staff. The communication plan will include strategies to improve our messaging about the work of child welfare and reflect our practice model. This benchmark will not require ongoing reporting but will advise if stakeholders are added. The division is in process of hiring an extra help to develop the messages and tools needed and assist in developing strategies to meet varied audiences	
Continue to improve collaboration and communication between courts and DCFS to improve outcomes for children and families	6/30/10	The Director meets monthly with Ms. Tanner on legal practices and issues. Director spoke at children of court conference. She has one on one conversations with Judges as need arises. We are making progress with DNET which is data sharing.	
Implement training review in casework process to identify overall skill set	6/30/10	<b>DCFS has revised Family Service Worker or FSW job description/functional to include behavioral and practice model language</b>	
Design organizational strategies that will support and sustain the DCFS transformation	6/30/10	Area Directors report monthly best practices and employee of month an approach with how we will assess and determine practice leaders develop DCFS receives technical assistance from Casey Family programs, NRCYD, NGA, and Children	

process		<p>Defense Fund. DCFS personnel have been identified as practice leaders and represent all ten geographical areas of the state. Although these personnel are identified in monthly reports at “Employee of the Month,” their performance has in fact been evaluated over a lengthy period of time. Many have also been identified for demonstrating “best practices” by their Area Directors, County Supervisors, and in several instances, by providers. The majority of them have been performing as both formal and informal leaders for quite some time; however, the division did not adopt a formal recognition program for top performers until November of 2009. Whether they are caseworkers, investigators, resource workers, supervisors or managers, and support personnel, these personnel have demonstrated their willingness to change the child welfare system in Arkansas, and support the principles and philosophies of our new practice model.</p>	
Enhance worker recruitment strategies for effective recruitment within DCFS	6/30/10	<p>DCFS receives reports on worker and caseloads, turnovers, exit interview, as well as statewide trends. Director analyzes all data reports and trends when making decisions related to the assignment to the field.</p>	
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps</b></p>			

<b>children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop strategies for Retention of workers at all levels within DCFS	6/30/10	DCFS has developed several strategies to share information- DHS share, e-mail, consultant, quarterly meeting, newsletter etc. Conduct survey with workers, youth, and foster parents and follow up on plans based on feedback	
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	6/30/10	DCFS used AFCARS and NCANDS to assess to determine statewide needs. Also in development is process to survey local communities for informed services and have available online. Stakeholders are identified.	
Conduct a statewide assessment of contracted, purchased, and free services for children and families	6/30/10	DCFS contracted with HZA to conduct evaluation on contract services. Final reports are being analyzed and meeting with providers conducted. Amended contracts will be developed based on these for July 1, 2011. We have communication with other divisions to try to avoid	

		duplicate of services we utilize monthly reports to provide information on effectiveness of program as well as meeting with field	
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Conduct Overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	6/30/10	The meeting map strategy is used to schedule meeting and educate on child welfare and practice model.	
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	6/30/10	After identifying report needs, they are being utilized to effectively strategize in recruitment/retention efforts. The “Current Foster Children by Latest Removal County and Placement County Summary” is used to identify the percentage of foster children who are placed outside of their originating county and area. This report allows a snapshot of the needs of each county and area, which aids in county-specific recruitment. Other reports used are the “Provider Placement Preference”, which determines characteristics that foster homes will accept, the “Active, Available Foster Home” report shows current numbers of homes, and the “Monthly Count of Foster Children by Age”	

		<p>shows trends of the age of children in foster care by county and area, which determines the types of foster homes needed. The data and trends received from the reports were used in creating county-specific recruitment plans for each area. By analyzing the trends of characteristics of current children coming into foster care, along with looking at the characteristics currently accepted by foster homes, Resource Workers are able to create strategies to recruit foster homes to meet the needs of children in foster care. The report which shows monthly foster home closures is analyzed monthly, with contact being made to ensure best practice with these homes. This aids in retention of foster homes. Using the Current Foster Children by Latest Removal County and Placement County Summary” report allows Resource Workers to see what percentages of children are being placed out of their originating county, which aids in recruitment efforts. These statistics are also used to create a sense of urgency within the community. The Recruitment/Retention Manager continues to work with Resource Workers regarding recruitment plans for county and area. Resource Workers submitted their draft plans for review. Unfortunately, several of the plans did not reflect the AR Practice Model or best practice. These plans seemed to use duplicate strategies for different counties, did not build on the</p>	
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		<p>strengths of the individual counties, and missed key community partners. A couple of the area plans were good in that they showed individual focus on each county's strengths and challenges, identified active community partners, and were tailored to the demographics of each county. After the plans referenced in 4.6 are finalized, existing data reports, and if necessary, custom data reports will be developed and utilized in the management and tracking of the recruitment and retention of foster homes. Both successful outcomes and deficiencies will be continuously communicated to members of the Executive Staff, Area Directors, County Supervisors, and Resource Workers in order to enhance communication for this critical tasking and improve the overall effectiveness of foster home recruitment and retention. These counties include Pulaski, Lonoke, Saline, Ouachita, Faulkner/Conway (acting as 1), Sharp/Izard/Fulton (acting as 1), Crittenden, Arkansas, Crawford/Sebastian (acting as 1), White, Johnson, Jefferson, and Cleburne. There are 3 counties that are working toward launching the C.A.L.L. but are not yet active. To date, over 400 foster, adoptive, and respite homes have been recruited and are either opened/approved or are in the process of approval by the C.A.L.L. Mentoring initiatives and Visitation Centers are projects also in the process of implementation by the C.A.L.L.</p>	
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Develop a strategy for retention of foster parents	6/30/10	A written retention plan was developed and is being implemented. The Foster Care website was created to further positive communication with current Foster Parents and allows easy access to information on all things Foster Care. This page is updated by the Foster Care Unit, maintained by the DCFS webmaster, and is used as a mechanism to direct prospective Foster Parents to for basic information, and keep current Foster parents informed of DCFS updates, changes, resources, and upcoming events. This website is kept current with information that will help further the cause of Foster Care and the AR Practice Model. Maintain a list of Foster Parent Associations and have a plan in place to expand and support Foster Parent Association. A recognition program has been developed that will be implemented this next year	
Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	6/30/10	Data reports have been developed to better determine trends and gaps. Adoption staff analyzes data and follow up as needed. Recruitment material has been developed and is utilized	
<p><b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b></p>			

<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop improvement plan for the Quality Assurance of the QSPR process	6/30/10	DCFS contracts this with HZA and a work plan with timeline is developed. The QSPR is similar to the CFSR tool and process. Staff was trained by CFSR consultant. New QA levels by managers are in place. The training and QA process should address the interrelated reliability issues	
Feedback for practice improvements and service development	6/30/10	The QSPR results are shared with Director, Assistant Director, and Area Directors. The QSPR teams follow up in 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of year to review and its effectiveness of PIP based on QSPR results	
Consolidate existing data reports to improve accessibility of effective management of data	6/30/10	HZA completes a Meta-analysis annually to provide this information. it is reviewed by Executive staff and Area Directors on determining ANI and problem solving	
Review and assess current process and recommend changes including necessary relationship within the process for policy changes, data implications and CHRIS	6/30/10	Priority data elements techniques were identified from CFSR finding report and Admin. Review conducted in 2009. A process for CHRIS enhancements are in place	

enhancements			
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**Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.**

<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop training on how to access reports and understand the data including the analysis of the data	6/30/10	Access to reports is simple but ensuring reports provide information can use in challenging. We have many conversations and data is used. Require to report monthly progress. Challenges and what you are doing about them in monthly report. QSPR assist in monitoring	
Conduct annual surveys that collect information in regard to client satisfaction and needed improvements for quality and practice improvement	6/30/10	Surveys have been revised to reflect more strength based and practice model language	

**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.**

<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Assess and continue staged practice model change strategy	6/30/11	As we continue to work our Program improvement Plan, every activity reflects our goals and principles of the practice model. We keep our framework in front of us for review of policy, procedures, meetings, development of practice guides and other resources. As we move forward, and “go deeper”	Requirement met

		into implementation, we will be assessing the goals and principles and assuring that they continue to align with the standard of practice and vision of the Division.	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/11	The Advisory Board continues to meet periodically throughout the year. Each agenda includes discussion of changes, initiatives, consideration of changes in policy, practices, or new implementation of programs which includes consideration and discussion on how this aligns with the goals and principles of our practice model.	Complete with 8 <sup>th</sup> Quarter reporting.
Continue information sessions to gather information and create ownership	6/30/11	Through our meeting map process and the continued community development work at the local level, information sessions and modeling practices and communication which reflect our practice model continue at various levels with varied internal and external audiences.	Complete with 8 <sup>th</sup> Quarter reporting.
Continue Protocol for CACD/DCFS/LE relationships and implement recommended	6/30/11	The DCFS/CACD Mutual agreement of understanding has been amended to add clarification related to History checks, investigative procedures and documentation. Monthly meetings are conducted to discuss and obtain input related	Operational as annual review no longer part of CFSP strategy plan

change		to potential policy or statutory changes.	
NGA plan activities are integrated into strategies of the practice Model development	6/30/11	N/A	Requirement met
Transform training partnership and professional development approach	6/30/11	Consistently participate in quarterly regional training meetings; started and maintained annual site visits to Academic Partnership Universities; Increased participation and responsiveness to partners in the development of policy and programs affecting contractual relationship; Increased participation in monthly planning meetings between IVE Coordinators and Area Directors; Increased involvement of Central Office staff in training initiatives; increased participation in trainings provided to staff to assess and monitor effectiveness and responsiveness of staff to instruction.	Continues as part of strategy in 3 <sup>rd</sup> year of CFSP  Complete with 8 <sup>th</sup> Quarter reporting.

**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.**

<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Transform Foster/Adopt Parent Training	6/30/11	Training was review with no revision recommended	AR Adopted the SAFE Home study model
Review and Revise Policy	6/30/11	Document numbers 358, 375, and 464a-464n. A total of 16	Complete with 8 <sup>th</sup> Quarter reporting

		<p>documents.</p> <p>The Policy Unit has steadily worked to update and reorganize the DCFS Policy Manual (as well as related forms and publications). The Policy Unit works closely with internal and external stakeholders, including the DCFS Policy Review Team (established in April 2010), in its effort to revise and streamline DCFS policy and other supporting documents. The DCFS Policy Review Team is comprised of several different representatives from across the state. This team reviews all documents prior to promulgation using the Policy Review Team website. The process that the Policy Unit uses as it moves forward with the policy, procedure, form and publication revisions as is follows:</p> <ol style="list-style-type: none"><li>1) Policy Unit Staff Member reviews policy and may make any of the following changes:<ol style="list-style-type: none"><li>a. Adjustment to formatting</li><li>b. Addition of Practice Model language</li><li>c. Needed updates</li></ol></li><li>2) Policy Unit Staff Member meets with subject matter expert to review initial changes and then discuss any other revisions needed to ensure that the policy is accurate, clear, and family-centered.</li><li>3) Mark up version of the</li></ol>	
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		<p>policy is posted to the Policy Review Team SharePoint Site for approximately two weeks to allow Policy Review Team Members time to review and post comments, questions or concerns.</p> <ol style="list-style-type: none"> <li>4) Policy Unit Staff Member reviews comments and discusses with subject matter expert. Additional changes made as necessary.</li> <li>5) Policy Unit Staff Member responds to any questions or comments from Policy Review Team Members, if applicable.</li> <li>6) Promulgation Packet is prepared and sent to Executive Staff as well as other key partners such as CHRIS representatives, CACD representatives and MidSOUTH representatives for comment.</li> <li>7) Policy Unit Staff Member reviews comments and discusses with subject matter expert. Additional changes made as necessary.</li> <li>8) Promulgation Packet is initially filed with Bureau of Legislative Research. Thirty day public comment period begins.</li> <li>9) Any public comments</li> </ol>	
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		<p>received are reviewed and discussed with subject matter expert. Additional changes made as necessary.</p> <p>10) Final Promulgation Packet filed with Bureau of Legislative Research, Secretary of State and Arkansas State Library.</p> <p>11) Promulgation Packet Reviewed by Rules and Regulations Committee.</p> <p>12) DCFS all email sent alerting staff that new policy is effective. All effective policy can be accessed through the online DCFS Policy Manual:  <a href="http://www.arkansas.gov/dhs/chilnfam/masterpolicy.pdf">http://www.arkansas.gov/dhs/chilnfam/masterpolicy.pdf</a></p> <p>Forms can be accessed at  <a href="https://ardhs.sharepointsite.net/CW/FormsByNumber.aspx">https://ardhs.sharepointsite.net/CW/FormsByNumber.aspx</a>.</p> <p>Publications can be accessed at  <a href="https://ardhs.sharepointsite.net/CW/DCFS%20Publications/Forms/AllItems.aspx">https://ardhs.sharepointsite.net/CW/DCFS%20Publications/Forms/AllItems.aspx</a>.</p> <p>During the past year, the DCFS Policy Unit has revised (and submitted as part of PIP reporting requirements) the following document numbers:</p> <ul style="list-style-type: none"> <li>• 358</li> <li>• 375</li> </ul>	
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		<ul style="list-style-type: none"> <li>• 464a-464n</li> </ul> <p><u>Revision Needed:</u> Over the course of the next year, the Policy Unit will continue to review and revise policy with the support of internal and external stakeholders. Immediate next steps include 2011 Legislative Session updates and incorporation of policy outlining the Guardianship Assistance Program (target implementation date October 2011) and the Differential Response Program (target date October 2011). The Policy Unit will also continue to rewrite and reorganize policy in an effort to ensure accuracy and consistency, eliminate redundancy, and more thoroughly reflect the Arkansas Practice Model with the ultimate goal of restructuring the policy manual in a manner that more accurately reflects the casework process.</p>	
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	6/30/11	Ongoing monthly meeting between CACD and DCFS are conducted to discuss potential policy/procedural and statutory changes.	Complete with strategy 8 <sup>th</sup> qtr. reporting.
Implement staged phase in of 2 counties/with identified practice model projects in other	6/30/11	N/A	Requirements met

counties across state			
Implement revised casework process designed strategically for Prevention/Support Services	6/30/11	Completed 7 <sup>th</sup> quarter PIP reporting	3 <sup>rd</sup> year plan will include strategy for Differential Response System and other prevention activities
Implement revised casework process designed strategically to improve investigation and safety of children	6/30/11	The Department is working to implement a Differential Response system which deflects low risk neglect cases to an assessment tract. The maltreatment allegations are being revised to ensure child safety along with a thorough investigation	PIP requirement met
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/11	Structured decision making training for new staff and a refresher for veteran staff will ensure structured decisions when assessing child safety and when conducting investigations. Implementation of the Alternative Response will allow the Department to conduct assessments instead of investigations on low risk cases, this change will allow more time for investigator to conduct thorough investigations on situations involving serious child maltreatment. The	Completed PIP 7 <sup>th</sup> quarter reporting

		maltreatment allegations are being revised to provide a prescriptive investigative process.	
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/11	Clarified roles and responsibilities into practice model language to include leadership response. The F/A process were reviewed for clarity as well as updating curriculum to 2010 version. The agency decided to adopt the SAFE home study process so implementation planning is in process. We have some challenges with tracking training records but continue to problem solve	Completed PIP 7 <sup>th</sup> quarter reporting
Provide safe and permanent adoptions for all children needing adoption as their best permanency option	6/30/11	Adoption staff were given information on SAFE (Structured Analysis Family Evaluation) and all foster and adoptive home studies will be conducted by Mid-South. The Adoption Field Staff are excited about the prospect of this new study process.  The Adoption Committee on Policy, Practice, and Procedures continues to assess and determine the training needs of Adoption staff. As the training curriculum review occurs with the completed revision of functional job descriptions, training curriculum may be recommended for all staff in regards to adoption and other permanency options. These identified curriculum revisions or new development will not be identified until 7th quarter.  Adoption manager review	Complete with 8 <sup>th</sup> quarter reporting.

		<p>sections of policy at every field staff meeting, will</p> <p>Be providing adoption information at the Foster Parent Conference, and will speak at Area meetings regarding adoption issues when invited.</p> <p>Training for Adoptions are related to Permanency Strategy such as Permanency Round Tables Values Training, preparing children for adoption, concurrent planning, etc. All these types of training are a part of the training review process that is taking place to determine what training is needed to address specific skill sets.</p> <p>Adoption Supervisors are advised to review CHRIS Net reports, workloads, and monthly trend reports monthly and report what they are doing to ensure timely placements of children waiting for adoption. They provide written feedback on status of cases. Examples include Children in Pre-Adoptive Placement six months or more, children not on our Heart Gallery (may need TPR's entered in CHRIS so they will automatically download). The monthly reports are also compiled and sent to Adoption Supervisors to review with their staff. This approach to analyzing data and trend reports will be an ongoing process for adoption manager and will not require further reporting.</p>	
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<p>Implement revised casework process designed strategically for Youth Services including National Youth Transitional Database</p>	<p>6/30/11</p>	<ul style="list-style-type: none"> <li>• Worked with Housing Authorities in Pulaski, Johnson &amp; Crittenden Counties on F.U.P voucher</li> <li>• Planned and executed “2011 Educational Achievement Award Ceremony”</li> <li>• Planned 2011 “Teen Leadership” Conference with NRCYD</li> <li>• “Shadowed” TYS Coordinators to assess skill sets and gain a better perspective of the daily activities associated with their job duties</li> <li>• Attended 2011 National Pathways to Adulthood Conference</li> <li>• Developed a “comprehensive” Coordinator monthly report to address concerns &amp; assist with the identification of gaps in the service delivery system</li> <li>• Participated in Permanency Roundtables</li> </ul>	<p>Complete with 8<sup>th</sup> Quarter reporting.</p>
<p>Process implements for peer reviews that align with</p>	<p>6/30/11</p>	<p>Please reference to Pages 89-91</p>	<p>PIP requirement met</p>

practice model and federal requirements			
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/11	Please reference to Pages 89-94	PIP requirement met  Will continue strategy 3 <sup>rd</sup> year CFSP Plan
Evaluate and change the QA process to include strategies that are effective in appropriate identifying area needing improvement	6/30/11	Please reference to Pages 89-94	PIP requirement met
Spec (identify data elements)  Test, and train for Decision Support system	6/30/11	Several meetings have taken place with the personnel from UAMS, and the CHRIS Technical Staff. The P.A.C.E exams are going to be scanned into the CHRIS system, and the medical recommendations screen in the system is being modified to track medical outcomes from the recommendations made by medical personnel.	PIP requirement met
Enhance the Quality	6/30/11	Please reference to Pages 89-94	Completed with 7 <sup>th</sup> quarter reporting

Services Peer Review			
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Assess effective communication plan that reflects DCFS message	6/30/11	<p>A Communication Specialist was hired for DCFS in January 1, 2011. His responsibilities include developing and implementing communication tools, researching and writing topical material related to DCFS message and practice model, respond to media request, develop feature articles for the Division, assist in planning press events and prepares press kits for events, develops talking points, develops materials for presentation as needed, and works with DCFS to coordinate media inquiries regarding child welfare issues.</p> <p><u>Public Information Coordinator activities over the past 6 months</u></p> <ul style="list-style-type: none"> <li>• Served as primary agency liaison for DCFS related public events.</li> <li>• Gathered positive success stories surrounding DCFS.</li> <li>• Reviewed and have revisions in process around the DCFS communications plan</li> <li>• Developed and assisted</li> </ul>	Completed with 8 <sup>th</sup> quarter reporting

		<p>with overall statewide Foster Care Recruitment Plan-12 separate earned media appearances through TV, Radio, and Print stressing the extreme need for more foster homes in Arkansas.</p> <ul style="list-style-type: none"> <li>• Met with DCFS stakeholders, partners, and media educating them on all aspects of child welfare.</li> <li>• Coordinated and assisted with DCFS conferences and community day events.</li> <li>• Assumed lead on DCFS Newsletters.</li> <li>• Began development other DCFS promotional products and brochures.</li> </ul> <p><u>Goals over the next Fiscal Year</u></p> <ul style="list-style-type: none"> <li>• Meet with all County Supervisors to see what they would like to see out of DCFS's Communications Plan.</li> <li>• Create a consistent message (talking points) for all DCFS employees to be able to use when speaking to the public or DCFS partners and/or stakeholders on what is going on within DCFS.</li> <li>• Setup a DCFS</li> </ul>	
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		<p>Communications Steering Committee to continuously update the DCFS Communications Plan.</p> <ul style="list-style-type: none"> <li>• Develop a DCFS logo and updated tagline that can be used to update brochures, literature, letterhead, videos, etc.</li> <li>• Develop new media materials and a video that focus on foster care recruitment.</li> <li>• Update the presentation given to potential foster parents in inquiry meetings.</li> </ul>	
Continue to improve collaboration and communication between courts and DCFS for better outcomes for children and families	6/30/11	The Director meets monthly with Ms. Tanner on legal practices and issues. Director spoke at children of court conference. She has one on one conversations with Judges as need arises. We are making progress with DNET which is data sharing.	Completed with 8 <sup>th</sup> quarter reporting
Continue training review in casework process to identify overall skill set	6/30/11	Initiated Comprehensive Review of established training system. Review process included the comparison of revised functional job descriptions for FSW and FSW Supervisors to established training competencies. No competencies were deleted; One Teamwork Competency was added for FSWs. We added one	Completed with 8 <sup>th</sup> quarter reporting

		<p>OJT exercise to New Worker training related to teamwork and SOC referrals and are currently proposing revisions to the New Supervisor training provided by MidSOUTH. Proposed revisions place a heavier emphasis on performance accountability through coaching and mentoring by the supervisor. Training Initiated partnering with DHS Organizational Development and Training Unit to enhance training resources available to staff. Applied for Mountains and Plains Child Welfare Implementation Center Technical Assistance grant to help with review of and establishment of enhanced supervisory practices in the State.</p>	
<p>Design organizational strategies that will support and sustain the DCFS transformation process</p>	<p>6/30/11</p>	<p>Area Directors report monthly best practices and employee of month an approach with how we will assess and determine practice leaders develop DCFS receives technical assistance from Casey Family programs, NRCYD, NGA, and Children Defense Fund. DCFS personnel have been identified as practice leaders and represent all ten geographical areas of the state. Although these personnel are identified in monthly reports at "Employee of the Month," their performance has in fact been evaluated over a lengthily period of time. Many have also been identified for demonstrating "best practices" by their Area Directors, County Supervisors, and in several instances, by providers. The</p>	<p>Completed with 8<sup>th</sup> quarter reporting</p>

		majority of them have been performing as both formal and informal leaders for quite some time; however, the division did not adopt a formal recognition program for top performers until November of 2009. Whether they are caseworkers, investigators, resource workers, supervisors or managers, and support personnel, these personnel have demonstrated their willingness to change the child welfare system in Arkansas, and support the principles and philosophies of our new practice model.	
Assess and develop new worker recruitment strategies within DCFS	6/30/11	3 <sup>rd</sup> year CFSP Strategy Plan	PIP Requirement met
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop strategies for Retention of workers at all levels within DCFS	6/30/11	DCFS has developed several strategies to share information-DHS share, e-mail, consultant, quarterly meeting, newsletter etc. Conduct survey with workers, youth, and foster parents and follow up on plans based on feedback	Completed with 8 <sup>th</sup> quarter reporting

**Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.**

<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	6/30/11	Based on results of a statewide assessment, a snapshot was developed to identify population served and services needed. Current data reports, DCFS area staff and county-by-county surveys were conducted to determine service availability, appropriateness and accessible services. Data along with Information was submitted to the DCFS Director. Information was compiled and forwarded to the Service Array committee technical support person to devise an online resource directory.	PIP Requirement met
Complete statewide assessment of contracted, purchased, and free services for children and families and develop strategies for improving performance indicators that lead to improved services	6/30/11	HZA conducted a statewide assessment of Counseling, Intensive Family Services and Psychological Evaluation services. The statewide assessment found areas of strength and weaknesses as well. HZA discovered that one counseling provider was not in compliance with the performance indicators. This provider had to submit a corrective action plan. The HZA report mentioned that the system of care was not functioning consistently statewide as it should as well as some billing issues. HZA has	PIP Requirement met

		not submitted their final report for psychological evaluations services. However; an informal review of psychological services did not reveal to be family friendly nor did some reports address means of strengthening families. Prevention support staff conducted research and revamped the service where the primary focus must be the child's health and welfare.	
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Conduct overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	6/30/11	DCFS Director during executive staffing sessions provides an overview of the outcomes, analysis and assessment of service from meta-analysis, and QSPR results etc.	PIP Requirement met
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	6/30/11	After identifying report needs, they are being utilized to effectively strategize in recruitment/retention efforts. The "Current Foster Children by Latest Removal County and Placement County Summary" is used to identify the percentage of foster children who are placed outside of their originating county and area. This report allows a snapshot of the needs of each county and area, which aids in county-specific recruitment. Other reports used are the "Provider	Completed with 8 <sup>th</sup> quarter reporting

		<p>Placement Preference”, which determines characteristics that foster homes will accept, the “Active, Available Foster Home” report shows current numbers of homes, and the “Monthly Count of Foster Children by Age” shows trends of the age of children in foster care by county and area, which determines the types of foster homes needed. The data and trends received from the reports were used in creating county-specific recruitment plans for each area. By analyzing the trends of characteristics of current children coming into foster care, along with looking at the characteristics currently accepted by foster homes, Resource Workers are able to create strategies to recruit foster homes to meet the needs of children in foster care. The report which shows monthly foster home closures is analyzed monthly, with contact being made to ensure best practice with these homes. This aids in retention of foster homes. Using the Current Foster Children by Latest Removal County and Placement County Summary” report allows Resource Workers to see what percentages of children are being placed out of their originating county, which aids in recruitment efforts. These statistics are also used to create a sense of urgency within the community. The Recruitment/Retention Manager continues to work with Resource Workers regarding recruitment plans for county and</p>	
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		<p>area. Resource Workers submitted their draft plans for review. Unfortunately, several of the plans did not reflect the AR Practice Model or best practice. These plans seemed to use duplicate strategies for different counties, did not build on the strengths of the individual counties, and missed key community partners. A couple of the area plans were good in that they showed individual focus on each county's strengths and challenges, identified active community partners, and were tailored to the demographics of each county. After the plans referenced in 4.6 are finalized, existing data reports, and if necessary, custom data reports will be developed and utilized in the management and tracking of the recruitment and retention of foster homes. Both successful outcomes and deficiencies will be continuously communicated to members of the Executive Staff, Area Directors, County Supervisors, and Resource Workers in order to enhance communication for this critical tasking and improve the overall effectiveness of foster home recruitment and retention. These counties include Pulaski, Lonoke, Saline, Ouachita, Faulkner/Conway (acting as 1), Sharp/Izard/Fulton (acting as 1), Crittenden, Arkansas, Crawford/Sebastian (acting as 1), White, Johnson, Jefferson, and Cleburne. There are 3 counties that are working toward launching the C.A.L.L.</p>	
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		but are not yet active. To date, over 400 foster, adoptive, and respite homes have been recruited and are either opened/approved or are in the process of approval by the C.A.L.L.	
Assess and enhance strategies for retention of foster parents	6/30/11	Previously reported Foster Parent Retention Plan	Completed with 8 <sup>th</sup> quarter reporting
Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	6/30/11	The Adoption Recruitment plans have not been revised to date. Adoption Specialists are following the original recruitment plans and the Supervisors report monthly on activities. We have added a local radio station, Power 92, to our recruitment efforts. This station reaches most all of Arkansas and is geared specifically to African-American audiences. Broadway Joe is the personality who talked about adoption and has done an interview with two Adoption Specialists in Pulaski County. He was adopted, so he gives a personal perspective to adoptions.	Completed with 8 <sup>th</sup> quarter reporting
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Continue to	6/30/11	DCFS contracts this with HZA	Completed in 7 <sup>th</sup>

develop improvement plan for the Quality Assurance of the QSPR process; Assess and review plan developed as implemented		and a work plan with timeline is developed. The QSPR is similar to the CFSR tool and process. Staff was trained by CFSR consultant. New QA levels by managers are in place. The training and QA process should address the interrelated reliability issues	quarter reporting
Feedback for practice improvements and service development	6/30/11	The QSPR results are shared with Director, Assistant Director, and Area Directors. The QSPR teams follow up in 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of year to review and its effectiveness of PIP based on QSPR results	PIP requirement met
Consolidate existing data reports to improve accessibility of effective management of data	6/30/11	On a quarterly basis, supervisors within each of DHS's 83 county offices review each active foster care and in-home case in their respective counties. The tool enables supervisors to complete their required quarterly review of all open cases in their respective counties, and supervisors must review 100 percent of their cases for a given quarter. The review provides supervisors with a one-on-one training tool to staff and discuss individual cases with caseworkers, including working with caseworkers on practice issues. The tool allows the supervisor to determine whether caseworkers know how to utilize best practice concepts; and if not, the supervisor can work with them on developing these skills. After all of the reviews have been completed for a given quarter, reports are generating offering case review	Completed with 8 <sup>th</sup> quarter reporting

		information by county, area and statewide.	
Begin to develop strategies to revise the process and request enhancement to align CHRIS with practice model	6/30/11		PIP requirement met
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop training on how to access reports and understand the data including the analysis of the data from 1 <sup>st</sup> year	6/30/11	<p>MidSOUTH training academies provide CHRIS COR training when requested. This training helps staff understand the COR elements used in CHRIS and the relationship of data entries to the COR report findings. Hornby and Zeller have also provided training to Executive Staff on the Quarterly Performance Report.</p> <p>Greg Moore, Manager of the Quality Assurance Unit, lead a discussion about the QSPR data reports to university partners at the regional Partnership meeting in November. The focus of this discussion was to help field trainers and</p>	Completed with 8 <sup>th</sup> quarter reporting

		<p>coordinators better understand the relationship of the data reports to training needs/issues.</p> <p>The following items were highlighted as the most relevant to field staff training:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Services to family to protect children in the home and prevent removal or re-entry into foster care, (Item # 3)</li> <li><input type="checkbox"/> Risk assessment and safety management (Item # 4)</li> <li><input type="checkbox"/> Child and family involvement in case planning (Item # 18)</li> </ul> <ul style="list-style-type: none"> <li>• Caseworker visits with the child (Item # 20)</li> </ul> <p>The PDU and QSPR manager developed a training reporting template to help DCFS supervisors begin to link training activities specifically to the casework model as well as to think through how training relates back to specific QSPR items and Practice Model goals.</p> <p>The intent of this tool is that each Area Director and county supervisor uses the local QSPR findings and the Practice Model goals as a reference for identifying appropriate training/skill development activities for</p>	
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		<p>that area/county.</p> <p>CHRIS staff also conducted CHRIS overview training to new Central Office personnel in four 3 hour sessions. This training focused on organizational CHRIS screens, contract provider payment processes and CHRIS Net data reports.</p>	
<p>Conduct annual surveys and align with practice model that collect information in regard to client satisfaction and needed improvements for quality and practice improvement</p>	6/30/11	<p>Surveys conducted from July 1, 2010 and June 30, 2011 include:</p> <p>DHS Cultural Survey</p> <p>Foster Parent Survey</p> <p>Finalizing Results of the 3C Training feedback (field staff</p>	<p>Completed with 8<sup>th</sup> quarter reporting</p>
<p><b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b></p>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
<p>Assess and continue staged practice model change strategy</p>	6/30/12	<p><b>Community Services (CS)-</b>  As needed provides feedback on the reports and plans to support timeframe work, encourage staff, continue assessment of skills and provide written follow ups to the Area Directors regarding their monthly reports and corrective action plans. Also conducts face to face monthly meetings with each Area Director and phone conferences as needed.</p>	<p>3<sup>rd</sup> year CFSP Strategy Plan supports</p>

		<p><b>Professional Development Unit (PDU)</b>-Continued work with the Mountains and Plains Child Welfare Implementation Center (MPCWIC) has helped the Division develop a strategic plan specifically designed to support the development of supervisor capacity, through skill development, support systems and a structured change management tool referred to as Learning Circles. This project utilizes stakeholder feedback and participation throughout all phases of planning. With Technical Assistance support, the implementation process models both the Practice Model Principles/Values and the established tenets of Implementation Science.</p> <p>PDU has increased participation in Area Director and IVE Partnership monthly training assessment meetings. While more consistent participation is still needed, these meeting forums have helped the PDU manager and administrator identify common professional development concerns across the state. As a part of these meetings, PDU has been able to reinforce the importance of the QSPR as a planning tool related to professional development activities and has facilitated collaboration opportunities with the Department's Organizational Development and Training (ODT) Unit. Currently ODT is participating in the Learning Circle "arm" of the MPCWIC project and is helping two Areas assess and</p>	
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		<p>develop plans promoting team development and collaborative work across counties.</p> <p>DCFS and the Partnership continued collaborative work with UAMS to develop Trauma Informed Workforce training for all field staff. A Train the Trainer was held in December 2011 and field staff training began in February 2012. Collaboration with UAMS continues.</p> <p>The PDU Manager and Administrator have also used the “parallel” process to help identify new areas of continued development in the IVE Partnership. Examples include researching Field Training Competencies, developing a stronger OJT structure for new DCFS Supervisors and assessing needed professional development activities for field trainers.</p> <p>The PDU Training Coordinator models Practice Model Values when helping employees (especially new staff) learn how to use the Departmental Travel Reimbursement system. She has received numerous emails expressing appreciation for her responsiveness and assistance. This specific example also reflects the efforts of all PDU members in other administrative areas.</p>	
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**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent**

<b>manner that lead to positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/12	<b>The Advisory Board</b> continues to meet periodically throughout the year. Each agenda includes discussion of changes, initiatives, consideration of changes in policy, practices, or new implementation of programs which includes consideration and discussion on how this aligns with the goals and principles of our practice model.	
DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development)	<b>6/30/12</b>	<b>CS-Interaction</b> with central office staff, AD Meeting agenda, Case consultation, Attendance of Quarterly trainings and area meetings in the field, Work with other key central office staff to attend area & quarterly meetings in the field.  <b>The DCFS Policy Review Team</b> continues to exist to review newly proposed and/or revised policies, procedure, forms, and publications. The DCFS Policy Review Team is comprised of several representatives from across the state including an Area Director, unit supervisors, and FSWs. Other staff and stakeholders are also contacted on an as needed basis when policy is being developed or updated to review policy. The Policy Unit also continues to use feedback received from staff and stakeholders regarding	

		<p>policy issues to improve policy (i.e., functionality, clarity, address gaps, etc.).</p> <p>The National Family Preservation Network provided a one day training (June 2011) for DCFS staff ,and IFS contract providers on the Fundamentals of Intensive Family Preservation Services along with case planning and engaging families. Providers and caseworkers are now more aware and can better assist families in identifying their own needs. People can and do change. When families are engaged in identifying their supports and needs, staff can expect change and improvement.</p> <p>Inter-Divisional Staffings on Complex Cases has continued twice monthly throughout this past year with increasing requests for assistance in case planning, especially for those children and youth with serious mental health issues. An additional staffing has been added, once monthly beginning June, 2012 to target foster children in custody of the Division of Youth Services (DYS). All dual-custody youth committed to DYS within the past month will be reviewed; recommendations provided for best practice and ensure ongoing case plans by both agencies are working toward the same goals. With increasing utilization of Inter-Divisional staffings, it may be necessary move to a weekly schedule.</p>	
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		<p>The mental health specialist continues to provide case-specific consultation on an informal basis, as needed to support and guide field staff in cases involving children with major mental health issues. Involvement has included appearances in court to provide expert witness, consultation with mental health facilities, inpatient, residential and outpatient's services, and facilitating meetings with local community mental health and DCFS staff to assist in development of formal and informal mechanisms for communication to address mental health service needs for foster children and their families.</p> <p><b>The Adoption</b> recruitment plan includes involvement of field staff, particularly the Action Plan written as part of the 2012 Regional Roundtables. In that initiative we will select the 100 children who have been waiting the longest for an adoptive placement, review the case, and schedule permanency roundtables to include adoption staff, the county worker assigned to the case, AAL's, CASA, OCC attorneys, and anyone else who has involvement in the case, in order to make decisions on the appropriate goal, possible placements, and needed services.</p> <p>Adoption Manager has met with judges and will continue to do so to address what is needed in the selection process,</p>	
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		<p>workloads, recruitment, and feasibility of contacting relatives in some cases. Adoption Manager has met and will continue to meet with Area Directors on these same issues.</p> <p>Adoption Manager meets at least every other month with all adoption staff to discuss new programs, training concerns, placements, recruitment, and other issues of concern. Program Managers are invited to share information about their programs including mental health, independent living, policy, CHRIS issues, Medicaid, and others.</p> <p>MPCWIC Learning Circle Workgroup along with the Care, Commit and Connect Workgroups</p> <p>Quarterly and Monthly Training Meetings at MidSOUTH and with IVE Coordinators</p>	
DCFS will continue the development of practice guides and other tools as outlined in plans developed.	6/30/12	The Policy Unit plans to assist in the development of practice guides the next year which include Subsidized Guardianship (in development) and psychotropic medication management.	
Shift in the number of children entering foster care and increase in the	6/30/12	<p><b>(CS)</b>--Data and reporting, and Coaching:</p> <ul style="list-style-type: none"> <li>• Children entering foster care SFY2011: 4,229</li> <li>• Children entering foster</li> </ul>	

number of children being supported in their own homes		<p>care SFY2012 as of 6/26/12: 3,890</p> <ul style="list-style-type: none"> <li>• Open protective service cases of children that were open at the end of SFY2011 and were not removed from the home: 2,618</li> <li>• Open protective service cases of children that are open as of 6/26/12 (SFY2012) and were not removed from the home: 2,506</li> </ul>	
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**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.**

<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Effective Training that focus on parenting children in foster care	6/30/12	<b>PDU</b> -Requested and received two names of parenting education programs designed to better meet the needs of parents with children in the Child Welfare system.	
Continue analysis of policy	6/30/12	<b>Policy</b> analysis is an ongoing activity within the Policy Unit. The unit continues to try to strengthen the clarity of policy as well as incorporate more family-centered directives while also attending to other needed revisions to comply with changes in the law or other directives received from the agency. The desired outcome of this continued policy analysis and revision is to achieve better outcomes for the children, families, DCFS staff, and other	

		<p>stakeholders affected by DCFS policy.</p> <p>Major tasks for the Policy Unit over the past year have included (please see attachments for more complete summaries of packets promulgated during SFY 2012):</p> <ul style="list-style-type: none"> <li>• Updating all policies, procedures, forms, and publications to comply with acts passed during the 88<sup>th</sup> General Assembly, Regular Session 2011;</li> <li>• Developing Arkansas's Subsidized Guardianship policy and procedures and related forms;</li> <li>• Revising the Name Removal Committee policy and procedures to provide more clarity which should allow qualified and appropriate individuals to be removed from the registry in a more timely manner.</li> </ul> <p>Upcoming projects include rewriting the Foster Parent Handbook so that it more thoroughly addresses issues affecting foster parents and the children placed in their home as well as reworking the Transitional Youth Services policy to more fully address issues such as sponsorship programs for youth in extended foster care and minor mothers and their children.</p> <p>The mental health policy</p>	
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		<p>requiring DCFS staff to obtain an assessment from the local community mental health center prior to referring a child under the age of ten years to psychiatric inpatient facility resulted in 68% diversion rate in SFY1. Reports indicate that 125 children were diverted from institutionalized care to more appropriate community-based services. As a result of this success, DCFS promulgated policy extending the requirement of a community-based assessment for <b>all</b> children in foster care. This policy also now requires that all children, age 3 and above must be referred to the local community mental health center within 5 days of entering care. The previous policy required referral of children school-age and above but with increased research on mental health needs and outcomes of young children, it was determined that DCFS would quickly address the mental health needs of younger children.</p>	
<p>Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children</p>	<p>6/30/12</p>	<p><b>CS</b>--Monthly meetings with CACD and develop and implementation of DCFS participation in CACD meetings.</p>	
<p>Improved assessment of families &amp; support to prevent removal &amp; keep children safely in own</p>	<p>6/30/12</p>	<p>Contract providers as well as staff are able to link our families to resources to ensure that their basic needs are met. Once needs are met, vendors can provide crisis intervention which would provide the support to prevent</p>	

<p>home</p>		<p>removal and keep children safely in their own homes. DCFS is beginning to see improvement in assessing families based on results of surveys of families receiving services and data submitted by vendors. Clients are linked to community resources. This prevents removal and keeps the family stabilized.</p> <p>Tools and resources that are utilized to determine whether we are improving the assessment of families and support to prevent removal and keep children safely in their own home are: Data (COR, 120 day in home &amp; placement visit report), Support &amp; participate of QSRP &amp; review of data follow-up, Review of cases &amp; assessment for practice and compliance Consultation reflective conversations and coaching on practices when addressing targeted complaints, and</p> <p><b>PDU--</b>Provided a second round of Structured Decision Making (SDM) training to DCFS Supervisors, Investigators and CACD investigators</p> <p>Identified basic components of modified Structured Decision Making training for all FSWs; including a focus on safety/risk assessment for in-home and out-home cases</p> <p>Identified basic components of Structured Decision Making Supervisor training</p>	
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<p><b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b></p>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/12	<p>Access to services is still problematic for some areas. Performance Indicators for some services were amended to ensure that services when possible is provided in the home to prevent clients from missing work and or school. This appears to be working well for the families. However; this is the first year that the amended PI's were implemented therefore unable to report outcomes.</p> <p><b>PDU</b>-See above SDM comments</p> <p>Created planning workgroup to identify appropriate topics for an intermediate level FSW training. Assessment of needs and services will be evaluated.</p>	
Timely and appropriate match for children in adoptive families	6/30/12	<p>The Matching Website is up and running and we are in the process of ensuring all home studies are scanned into a folder which connects to the CHRIS system. The file is named from the provider ID. Staff are now using the website. This will assist in not only timeliness, but also in better matching of children with prospective adoptive families.</p>	
Established	6/30/12	<b>CS</b> --Continued assessment of	

<p>casework process for youth in foster care and ways of measuring success when transition to adulthood</p>		<p>needs and strategies on how youth can be supported. Assessing and developing NYTD plans monitor with log and Additional NYTD Training</p> <p><b>Transitional Services Unit (TSU)</b> - Developed a pilot initiative that would create a “Transitional Youth Services Unit” This unit will be comprised of Family Service Workers, TYS Coordinators and local County Supervisors. The unit will primarily work with the 14-21 year old population. The goal is to provide additional supports to staff that would in turn allow them more time to “engage” the 14-21 year old population.</p>	
<p>Continue QSPR process that aligns with practice model developed and implemented</p>	<p>6/30/12</p>	<p>The QSPR Manager is actively involved in a variety of professional development activities. This includes strengthening supervision coaching practices, and accountability. DCFS Director conducts a meeting to review the findings of each Area’s QSPR. The County Supervisors, Area Manager, relevant front line staff, QSPR manager, Planning manager, and Assistant Director for Community Services participates in these meetings. Discussions include strengths, challenges, trends, innovative practices, and problem solving.</p>	
<p><b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent</b></p>			

<b>manner that lead to positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Continue to evaluate case progress and make improvements through the development of quality improvement strategies	6/30/12	The QSPR Manager is actively involved in a variety of professional development activities. This includes strengthening supervision coaching practices, and accountability. DCFS Director conducts a meeting to review the findings of each Area's QSPR. The County Supervisors, Area Manager, relevant front line staff, QSPR manager, Planning manager, and Assistant Director for Community Services participates in these meetings. Discussions include strengths, challenges, trends, innovative practices, and problem solving.	
Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement	6/30/12	The QSPR Manager is actively involved in a variety of professional development activities. This includes strengthening supervision, coaching practices, and accountability. DCFS also plans to strengthen the follow up on recommendations from special studies conducted by HZA. The 3 C's Commit workgroup is working on a revision of the Supervisory Review tool to develop something more user friendly and practice outcome oriented.	
Dashboard accessible for data	6/30/12	The department has moved from individual data warehouses to a consolidated warehouse with a decision support system and is	

management		<p>working on dashboard capabilities for all divisions.</p> <p>The planning has recently started and in the near future, working groups will be formed to survey Senior Managers and Program Managers from the individual divisions to formulate dashboards that cover high-level snapshot views, down to functional day-to-day operational dashboards that provide Central Office Program Managers and Field Staff with pertinent, up to date operational information.</p> <p>In addition, the division utilizes data reports that are static for staff at all levels to both manage and perform mission critical day to day operations.</p> <p>These reports are grouped by functional areas and are produced by the CHRIS Support Staff, and by contract personnel from Hornby Zeller and Associates.</p>	
Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	6/30/12	DCFS is working to expand the impact of the QSPR process through continued engagement of stakeholders. The Division intends to increase stakeholder involvement in the actual review process by training select individuals on how to conduct the reviews and having them review real cases. DCFS continues to focus on ensuring inter-rater reliability through a tiered case review system in	

		which every reviewer's case ratings are reviewed and approved for accuracy and adherence to the protocol.	
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Continue message consistent with practice model	6/30/12	<p>Activities completed in SFY 2012</p> <ul style="list-style-type: none"> <li>• Developed numerous brochures <ul style="list-style-type: none"> <li>○ Differential Response</li> <li>○ What is DCFS?</li> <li>○ Care Commit Connect</li> <li>○ Foster Care</li> <li>○ Extended Foster Care Program</li> <li>○ Answering the Call</li> <li>○ Worked with Transitional Youth Director – on Aging Out – Don't Miss Out booklet</li> </ul> </li> <li>• Developed PSA – short and long versions – for Foster Parent Recruitment</li> </ul>	

		<ul style="list-style-type: none"> <li>• National Child Abuse Prevention Month activities <ul style="list-style-type: none"> <li>○ Radio Stations appearances</li> <li>○ TV station appearance stories</li> <li>○ Press release to all media outlets including print media</li> <li>○ Press conference</li> <li>○ Statewide advertisements in regions impacted by Arkansas Press Association</li> <li>○ Spanish Newspaper in NWA “La Presna Libre” – did 2 weeks of advertisements</li> <li>○ Hola Arkansas – Spanish/English newspaper – 5 weeks of advertisements</li> <li>○ Helped with design and messaging on bookmarks</li> </ul> </li>   <li>• Worked with design/print materials for Youth Empowerment Institute</li>   <li>• Worked with</li> </ul>	
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		<p>design/print materials for Youth College Tour</p> <ul style="list-style-type: none"> <li>• Set up statewide community stakeholder meetings regarding Differential Response</li> <li>• Attended Inquiry meetings statewide to see impact, hear issues, etc.</li> <li>• Developed and submitted Divisional newsletter – 2 times during SFY 2012</li> <li>• At statewide supervisor meeting – gather information regarding communication needs and styles <ul style="list-style-type: none"> <li>○ Staff indicated – DCFS All emails are being deleted <ul style="list-style-type: none"> <li>▪ Need to bullet point information</li> </ul> </li> <li>○ Staff would like to see Director Radio Address monthly</li> <li>○ Discussed methods of newsletter distribution</li> </ul> </li> </ul> <p>APSR – Communications Activities for SFY 2013</p> <ul style="list-style-type: none"> <li>▪ Refill Communication Specialist position</li> </ul>	
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		<ul style="list-style-type: none"> <li>▪ Continue with DCFS Director communication activities <ul style="list-style-type: none"> <li>○ Speaking at conferences</li> <li>○ Speaking at legislative committees</li> <li>○ Speaking at annual Judicial summit</li> <li>○ Speaking at foster parent association meetings</li> <li>○ Speaking at staff meetings <ul style="list-style-type: none"> <li>▪ Central Office</li> <li>▪ Area Director meetings</li> <li>▪ Adoption meetings</li> <li>▪ Statewide supervisor meeting</li> <li>▪ DHS</li> </ul> </li> </ul> </li> </ul> <p>Leadership meetings</p> <ul style="list-style-type: none"> <li>▪ Continue communications through Mountains and Plans Child Welfare Implementation project</li> <li>▪ Develop feature articles for DCFS</li> <li>▪ Assist with planning press kits for events</li> </ul>	
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		<ul style="list-style-type: none"> <li>▪ Develop specific talking points about DCFS and our vision for various audiences</li> <li>▪ Continue to review, revise and develop Divisional brochures</li> <li>▪ Update Inquiry meeting PowerPoint</li> <li>▪ Newsletter development and submission</li> <li>▪ Develop specific messaging as Division implements new ideas, etc.</li> </ul>	
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/12	<p><b>Community Services</b>-attended quarterly meetings, Judge’s meetings, attending court and attending Judge’s conferences</p> <p><b>TYS</b>-State Coordinator for Transitional Youth Services is currently serving on the DYS Special Populations Committee, this committee meets at the Administrative Office of the Courts and AOC staff facilitates the meetings. The group is looking at ways to provide appropriate placement options for “hard to place” populations.</p>	
Integrate at priority level 1 strategies that support and will sustain the DCFS transformation process	6/30/12	DCFS assesses the effectiveness of contracts by reviewing outcomes which are due according to Performance Indicators the end of June. DCFS <del>can</del> also assess the effectiveness of services by conducting surveys with families as well as pre and post results of the NCFAS for IFS	

		services. Family Satisfaction Surveys are conducted however participation is voluntary. The amounts of surveys returned are low however generally they are positive feedback and we do use all comments in assessing the effectiveness of the program.	
Annual activities for recognition of worker and decreased turnover	6/30/12	CS-Implementing successes and recognition @ Quarterly Supervisors Meetings, Services recognition at statewide meeting, MPCWIC, Feedback on site visits	
<b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Implement strategies for retention of workers at all levels of DCFS	6/30/12	CS-follows up with a call with staff that resigns and ask questions about their work with and for DCFS.	
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
DCFS will continue the contracts monitoring process implemented in	6/30/12	Performance Indicators for the Human Service Worker in the Schools, IFS, counseling, home studies and psychological evaluations were amended to ensure that services build on the	

<p>the PIP to improve purchased and contract services provided and continue with follow up processes to sustain effectiveness.</p>		<p>strength of families to foster prevention and reunification when possible. Outcomes were added to all of the mentioned contracted services in order to determine the effectiveness of the programs. These programs are monitored monthly through the certification of compliance and amendments will be implemented as needed. Some purchased service request for counseling, medication management and psychological evaluations is now sent to the Prevention unit for review and approval. This is done to ensure that the purchased services aren't duplicated with contractual services, appropriateness and assistance in locating vendors in rural areas.</p> <p>This is the first year that the amended PI's were implemented therefore unable to report outcomes. There have been some challenges with an attorney ad litem and a judge adjusting to change for one of the services.</p> <p>The mental health specialist began increasing review of issues related to seclusions and restraints of foster children while in psychiatric inpatient facilities. Incident reports and viewing videos of the incidents are included in the review. These reviews have resulted in requirement corrective action plans by facilities and revision of treatment plans for individual youth.</p>	
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		If a report of abuse is made regarding a child in a psychiatric facility, the mental health specialist began monitoring action taken by those facilities, ensuring that until an investigation in substantiates the allegation; the alleged offender at the facility does not have contact with children in foster care.	
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**Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.**

<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Services developed to meet the individualized needs based on accurate data reports for families within the local community	6/30/12	<b>Prevention Unit</b> -reviews the intake and closure results from the North Carolina Family Assessment Scale. The Unit also reviews the contract monitoring results from HZA and review results from family satisfaction surveys.	

**Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.**

<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Assess data reports and feedback on accuracy and develop strategies to improve practice with	6/30/12	QPR, QSPR COR & Mustang reports for in-home and foster care placement are reviewed by Area Directors and follow-up provided.	

families			
Accurate data management reports for managers and supervisors to focus on items and practices to improve	6/30/12	QPR, QSPR COR & Mustang reports for in-home and foster care placement reviewed by Area Directors and follow-up provided	
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
DCFS will continue with annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model.	6/30/12	The only survey conducted this year was integrated as a part of the special study on foster home development process. In partnership with AOC, their youth staff conducted studies with our foster parents and we assisted with that survey.	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Assess status of each County practice model	6/30/13		

**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/13		
Continue information sessions to gather feedback of practice model implementation	6/30/13		
Continue strengthening CACD/DCFS/LE relationships	6/30/13		
Continuing shift in the number of children entering foster care and increase in the number of children being supported in their own homes	6/30/13		
Training partnership is repositioned and providing effective	6/30/13		

support to field			
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Improved well-being of children and support and retention	6/30/13		
Continue analysis of policy	6/30/13		
Working relationship that are effective and ensure safety of children	6/30/13		
Evaluate practice model implementation across the state to determine need training, resources, and other supports to integrate into every day practice.	6/30/13		
Statewide revised casework process with increased ability and practice in prevention	6/30/13		

support activities			
Improved risk assessments and planning for safely keeping children in own home	6/30/13		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/13		
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/13		
Timely and appropriate match for children in adoptive families	6/30/13		
Continue to improve casework process for	6/30/13		

youth in foster care and ways of measuring success when transition to adulthood			
Improved practice statewide are reflected in the QSPR results	6/30/13		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Continue to evaluate case progress and make improvements through the development of quality improvement strategies	6/30/13		
Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model	6/30/13		
Dashboard accessible for data management	6/30/13		

Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	6/30/13		
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Effective messaging for community and stakeholders understanding of DCFS role	6/30/13		
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/13		
Integrate at priority level 2 strategies that support and will sustain the DCFS transformation process	6/30/13		
Varied strategies on	6/30/13		

statewide level for recognition and recruitment of staff-decreased turnover			
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**Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to implement and assess and evaluate effectiveness of retention strategies and change as needed	6/30/13		

**Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Data reports available to accurately identify resources in local communities	6/30/13		
Continue to implement strategies and assess	6/30/13		

effectiveness of changes made to improve contracts and purchased services for children and families to achieve better outcomes			
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Services developed to meet the individualized based on accurate data reports for families within the local community	6/30/13		
Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth	6/30/13		
Specialized foster families with experience to meet the individualized needs of	6/30/13		

children entering foster care and families mentoring new foster families			
Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	6/30/13		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to assess and make needed changes to ensure the QSPR process remains aligned with the practice model	6/30/13		
Assess data reports and feedback on accuracy and develop strategies to improve practice with	6/30/13		

families			
Accurate data management reports for managers and supervisors to focus on items and practices to improve	6/30/13		
Prioritize and complete when possible due to fiscal capacity CHRIS enhancements necessary for practice model alignment	6/30/13		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Align process of training on how to access reports and understand the data including the analysis of data with the training system	6/30/13		
Survey results are utilized to make changes in practices and integrates within the QSPR process	6/30/13		

for continuous quality improvement and customer satisfaction			
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Practice model change strategy implemented statewide	6/30/14		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Report out progress over the last 4 years	6/30/14		
Assess and gather feedback from practice model implementation	6/30/14		
Overall statewide good working relationships with CACD/DCFS/LE statewide	6/30/14		
Appropriate children are	6/30/14		

entering the foster care system and increased number of children are able to remain in their own homes with appropriate services and supports with positive outcomes			
Evaluate training partnership and professional development	6/30/14		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Improved well-being and stability of children in foster care	6/30/14		
Policy supports and is user friendly	6/30/14		
Working relationship that are effective and ensure safety of children	6/30/14		

Continuing to build practice model statewide with improved outcomes for children and families	6/30/14		
Improved outcomes for children and families; decreased removal from home	6/30/14		
Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care	6/30/14		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/14		
Improved assessment of family's needs	6/30/14		

and access to services to safely maintain children in their own home			
Timely & appropriate match for children in adoptive families & decreased adoptive disruptions	6/30/14		
Improved outcomes for youth in foster care	6/30/14		
Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families	6/30/14		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
QSPR is an effective process with	6/30/14		

inter reliability to ensure that the division is able to continually improve services and support and families achieve positive outcomes			
Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model	6/30/14		
Dashboard accessible for data management	6/30/14		
QSPR process in place that aligns with Arkansas Practice model and state and federal regulations and is strong in inter-reliability and validity	6/30/14		

**Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.**

<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Effective messaging for community and stakeholders understanding of DCFS role	6/30/14		
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/14		
Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices- (how to)	6/30/14		
Organization has supports and strategies in place to sustain the DCFS transformation process	6/30/14		
Varied strategies on statewide level	6/30/14		

for recognition and recruitment of staff-decreased turnover			
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover	6/30/14		
<p><b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b></p>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Data reports available to accurately identify resources in local communities	6/30/14		

Appropriate, Available, and Accessible and Quality services are available to children and family services to achieve positive outcomes	6/30/14		
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Accessible, available and quality services to meet the needs of families at the local level	6/30/14		
Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies	6/30/14		
Specialized foster families with experience to meet the	6/30/14		

individualized needs of children entering foster care and families mentoring new foster families including peer mentoring			
Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	6/30/14		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Effective QA process in place that includes various strategies	6/30/14		
Assess data reports and	6/30/14		

feedback on accuracy and develop strategies to improve practice with families			
Accurate data management reports for managers and supervisors to focus on items and practices to improve	6/30/14		
Continue to prioritize and complete CHRIS enhancement when possible due to fiscal capacity to further alignment with practice model	6/30/14		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</b>	<b>REVISION NEEDED</b>
Training system include training on how to access reports and understand the data including the analysis of the	6/30/14		

data			
Survey results are utilized to make changes in practices and integrates within the QSPR process for continuous quality improvement and customer satisfaction	6/30/14		

**AREA DIRECTORS STRATEGIES AND ACTIVITIES FOR JULY 1, 2011-JUNE 30, 2012**  
**FOR FIELD**

Each area director reports on the steps in implementing the continuing program improvement strategies in their area. Their reports provide detail related to the PIP strategies to enhance DCFS services which supplements the accomplishments provided in the matrix above."  
(Added additional information 9/1/12)

**Area 1 Director-Brenda Richard**

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- 8/2011: Area 1 conducted an area-wide staff conference “Be the Change You Seek” to message our practice model and engage staff in assessing and brainstorming means of improving staff retention, improving worker-supervisor relationships, and developing stability of supervision. On-call duties were changed and increased face-to-face weekly scheduled supervision of staff became a part of supervisory duties to increase safety assessments, worker-supervisor relationships, and services to clients.
- 01/2012: partnership with ODT focusing on team building for area supervisors with skills flowing down to units and to frontline staff; Messaging this partnership included initial meeting between training coordinator, area director, and ODT representative to address the needs of the area and means of approaching supervisors with partnership. Supervisors were made aware of the assessment and training program via Area supervisor meeting in late January. Further area supervisors meetings are scheduled to increase supervisory skills in the area of working cooperatively for the best interest of our clients and staff.
- 8/2012: Area director continued with assessment of staff skills; reassignments of staff were made as necessary to best utilize their skills as well as support counties in crises.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Area 1 embraced SDM practice early in its introduction to AR child welfare. A reduction in the number of children entering the foster care system was noted although not necessarily reflected in case numbers. This is thought to be a result of an increase in the number of investigation referrals received monthly. No actual statistical comparison has been completed to support this data.

Training partnership is repositioned and providing effective support to field:

- Area 1 DCFS IV-E training partners provided bi-monthly group meetings for Benton County supervisors to address team work and management of staff. Meetings resulted in supervisors increasing a positive working relationship with one another and better communication between units on case information. Field trainers provide support to front line staff on an almost daily basis which has resulted in better assessments of a new

employee's skill level, support of staff retention, and assisting supervisors in addressing new workers' continued training needs.

- Area 1 DCFS staff along with Area 2 staff engage in annual partnership meetings e.g. one day supervisor conference and one all staff conference which are provided by our training partners. This past year guest speakers presented information pertaining to field work and supervision of child welfare staff to support frontline staff and supervisors.
- All staff area encouraged to participate in state level meetings. Supervisors attend quarterly supervisors meetings which have provided increased communication between state level staff and field staff, communicated program changes and expectations. Staff are recognized for their work efforts. Staff have also been selected to service on state level committees to assess means of improving how we do the work we do e.g. MPCWIC, health services case management, permanency round table reviews. Staff also participates in external death reviews to communicate lessons learned and address concerns of stakeholders.
- A monthly case task tracking log was developed in cooperation with MidSouth Training partner to assist supervisors and frontline staff in tracking completed and coming due case tasks e.g. home visits, court reports, case plans, case plan staff meetings, number of cases assigned per FSW. Supervisors are directed to track in-home visits monthly.
- Direct supervision of at least two supervisors by area director included coaching of CHRIS documentation of individual case supervision with frontline staff. Supervisors were coached on how to document case staffing, progress on case plan goals, actions by all parties.

Effective Training that focus on parenting children in foster care:

- Area 1 DCFS partnered with our local mental health agency, OGC, to develop an in-home program focusing on increasing foster parents' parenting skills to stabilize placements and meet the mental health needs of our foster children. Therapists and case managers meet with foster children and the foster parents in the foster home to address means of dealing with behavioral problems, mental health issues, crises.

Continue analysis of policy:

- Area 1 staff are continuously encouraged to address policy discrepancies and concerns via supervisor meetings, unit meetings, face-to-face contacts and emails. One policy conflict was noted by area office staff; policy unit was notified and changes to policy were made accordingly. All new policies are addressed during area supervisors meetings as well as individual county staff meetings. Staff attends mandatory trainings pertaining to new policy changes when offered. Supervisors are encouraged and directed via meetings, face-to-face supervision, and email to review policy with frontline staff during all individual case supervisory meetings to increase frontline staff's knowledge of policy and to keep all staff abreast of policy changes.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- Investigation supervisors and other designated investigators attend twice a month MDT meetings to partner with children's safety centers and children's advocacy centers in addressing the safety of children, prosecution of offenders, and services to families.

- Area director, County Supervisors, and Investigation Supervisors attend quarterly MDT meetings to address changes in the law, policy updates, teamwork collaboration, and education of community concerning Child Abuse/Neglect. MDT meetings are primarily attended by DCFS, CACD and LLE. All priority 1 investigations are staffed to ensure that the children are safe and services are provided to the family.
- At least two special multidisciplinary meetings between DCFS, law enforcement, CAC staff, CACD and prosecutor were held this past year to address concerns about specific investigations and how our agencies can increase a positive working relationship. As a result, any agency staff can verbalize their concerns about a specific case to the children's advocacy center knowing that their concerns will be addressed. These special meetings increase communication about what DCFS can or cannot do, relate our limited resources/needs, provide additional information on investigations, and help increase positive working relationships.
- CACD and DCFS concerns are addressed by contact between CACD supervisor and DCFS area director to reduce negative communication between frontline staff as well as increase positive working relationships.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- All investigators, unit supervisors and county supervisor are trained in Structured Decision Making (SDM). Eventually, all FSWs will be trained in SDM. All FSWs and FSWS use the SDM health and safety checklist to determine if removal of children from their home is imminent. Investigators make service referrals for families during the investigation process. Protection plans that address safety concerns and how and who will monitor this plan to keep children safely in their homes are developed between frontline staff and supervisors as needed.

Improved assessment of family's needs and access to services to safely maintain children in their own home:

- January 2012: Area I implemented an advanced form of case transfers from investigations to PS or FC. This face-to-face case staff meeting process will assist case worker in better assessing the family's needs so that appropriate and timely services are increased. This will also ensure the family is aware of the allegation outcome and role DCFS will have after the investigation phase. Best practice of case transfer with a family will be put into practice.
- Improved and timely CHRIS documentation of Family Strengths Assessment to determine appropriate services for families so children can safely maintain in their home is regularly addressed in supervisory meetings. With the implementation of the advanced form of case transfers, FSNRA are expected to improve as a team of staff will be assessing families' needs as well as the family. DCFS staff regularly makes referrals to multi-disciplinary teams such as CASSP and SOC to obtain services to support children to remain in their own home.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Area Director reviews QSPR reports, COR, individual case reviews to assess areas that need improvement as well as provide feedback to staff on higher level practice outcomes.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Quarterly meetings with Judges and court personnel are held to improve communication between DCFS, CASA, court staff, attorneys, to address judges' expectations, and to develop action plans for increased working relationships between DCFS/Court so children have improved outcomes. DCFS policy changes and available services for families are presented during meetings.
- Cross training meetings were held between DCFS and Benton County JPO this past year to increase communication and case collaboration so that children's needs are better met. Cross training with Benton County Detention staff was also held to increase each agency's understanding of their roles and job duties. Washington County supervisors meets quarterly with the court's FINS unit to increase collaboration and case decision in effort to achieve better services and outcomes for families and children involved in FINS and DCFS cases. Carroll County supervisor also meets quarterly with court staff to address work related issues.
- Email and face-to face contact with Benton County Judge and area director addressed confidentiality and professional behavior of court staff/DCFS staff to improve working relationships. This is an ongoing working relationship as both are invested in a higher level of collaborative efforts to attain improved outcomes for children and families.
- Benton County Judge provided training to all court staff upon his appointment to the bench. His expectation of cooperation, professionalism, and collaboration among all agencies involved in court cases was communicated.
- Area 1 partners with our regional NCPTC (National Child Protection Training Center) in Bentonville for ongoing training opportunities for DCFS and other community stakeholders involved in the investigation of child abuse/neglect. The training is offered free to DCFS staff. NCPTC, located at the local community college, constructed a model house on site to assist with improving the assessment skills of investigators. The program is supported by local partners and courts.
- Meetings with children's advocacy staff, CACD, law enforcement and prosecutors is held quarterly to improve working relationships, address client services, case needs, and ongoing prosecution of alleged offenders.

Annual activities for recognition of worker and decreased turnover:

- County Supervisors recognize staff during monthly staff meetings for years of service with DHS, outstanding case work, and team work efforts. Our IV-E partners host annual area wide staff conference whereby staff is recognized for their achievements.
- Supervisors work closely with our IV-E training partners to work toward retention of DCFS workers. The county office has provided individualized support and training to staff that are having difficulties sustaining with the agency.
- An annual foster parent conference is developed by resource staff to recognize foster parents and staff for their diligent efforts in providing services to clients.

DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provide and continue with follow up processes to sustain effectiveness:

- Area 1 increased face-to-face meeting with contract providers in the area to address service provision, contract issues, and means to improve client services while address finances. This process will continue to increase our working relationships, address concerns/needs of contract and service provision to improve or sustain effectiveness of services provided.
- As needed, Area Director addresses safety issues with residential contract providers as needed to ensure children's safety while in facilities and increase communication with ad Litens about the care of children in residential facilities.

### *Area 2 Area Director-Lisa Jensen*

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- Suggestion box for staff to provide possible solutions for identified problems; supervisors work together as a team to support each other in implementation of the practice model; supervisor's staff with workers to provide case consultation and model behaviors for improving case practice.

DCFS will continue the development of practice guides and other tools as outlined in plans developed:

- Staffing form, check lists to assist workers when children are removed from home and placed in foster care, investigation check list, and intake log to monitor timely completion of initial physicals and ensure relatives are being notified when children are placed in foster care.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Increase the number of provisional foster homes and relatives for placement of children.

Effective Training that focus on parenting children in foster care:

- Partnership has been providing continuing education for foster parents to address behavioral specific problems, i.e. ADHD, ODD

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- Improving communication and collaborative efforts through MDT meetings.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- Providing services during investigation process make IFS referrals to prevent removal.

Timely and appropriate match for children in adoptive families:

- In Sebastian county one FSW has been assigned to work cases once TPR has been completed in order to complete TPR packets and coordinate efforts with adoption

workers in order to fast track permanency for children and ensure continued services for children following TPR.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Supervisory reviews and case staffing/ identifying areas needing improvement and developing individual plans of action in order to improve specific areas as they arise.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Reinstate quarterly judicial meetings with Judge and court staff/ OCC and AAL are invited to case staffings

Annual activities for recognition of worker and decreased turnover:

- Worker of the month is identified through supervisors and co-workers nominations. Worker is recognized during monthly staff meeting and provided with individualized gift. Individual unit supervisors recognize individual accomplishments throughout the month verbally and through email. Co-workers send out emails of recognition for good work and collaborative efforts.

Implement strategies for retention of workers at all levels of DCFS:

- Support team work, development of teams

Services developed to meet the individualized based on accurate data reports for families within the local community:

- Thorough FSNRA, supervisors work with staff to ensure thorough assessments are being completed

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- PS home visit report, FC home visits report, COR, other CHRIS Net report.

### **Area 3 Area Director-Jennifer Wuntsel**

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- DCFS Supervisors in Area 3 are practicing more structured case consultation during the case review process. They are to conference at least monthly with each worker on their cases. Mts. and Plains project has just started and Garland County will be one of the first 4 counties to start this process which will allow staff to have more of a role in input for supervision.

DCFS will continue the development of practice guides and other tools as outlined in plans developed:

- DCFS supervisors are using the 120 CHRIS net reports to monitor visits provided by staff. Area Director has developed a spreadsheet for supervisors to report back monthly

as to reason case not visited, attempts made, corrective actions needed. This tool is to assist supervisors in ensuring workers are visiting all FC and PS families at least monthly.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Area 3 is working to do more in home services and provides IFS if possible to provide services in the home. Provisional homes are looked for when a child does have to be placed into foster care so that children can be placed with relatives.

Effective Training that focus on parenting children in foster care:

- MidSouth has been offering ongoing training to foster parents to address training needs to handle children placed in foster care.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- Area 3 staff participated in MDT meetings and work together with CACD and LLE on joint cases. Area 3 staff continues to provide safety responses on cases where CACD is primary and in need of a safety assessment on children in the investigation.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- Area 3 works to provide preventative services during the investigation. If the family wants services a Supportive Service case is opened to assist family during the investigative process. The Structured Decision Making tool is utilized to determine if children can safely remain in the home. When possible a protection plan is put in place when a child can safely remain in the home with a plan of safety. IFS services are offered when this is needed to prevent removal of foster kids.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Area 3 will now be completing random case reviews for each county. These reviews will be completed by the Area Coordinator for each county on a monthly basis. Supervisors are to ensure they are looking at quality and appropriate services to meet needs of families when approving case contacts, case plans, and court reports.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Area Director is going to court in the counties in Area 3 to meet the judges and attorneys. The AD and supervisors will attend the quarterly judges meetings in the counties that currently have judicial meetings.

Annual activities for recognition of worker and decreased turnover:

- The MidSouth partners are holding an appreciation breakfast for each county that they cover in area 3. Supervisors have been recognizing workers who have good COR compliance and provide awards. Some hand out certificates and some do group lunches to honor those who have meet goals.

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- Area Coordinator sends out weekly reports from CHRIS net reports. These reports assist supervisors and the AD in determining cases where corrections are needed. This has been a great tool to use for monitoring cases.

#### *Area 4 (Acting) Area Director-Charlotte Jewel*

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- The previous Area Director, Sue Bruner, required that each Supervisor have at least monthly case consultations with their staff regarding their cases on their caseloads and when more formalized meetings are required make arrangements to complete as necessary and required by policy. The family input and participation is key in working toward resolutions of problems and issues that caused Agency involvement. The Quarterly case reviews are a positive impact on written documentation for the workers when handling their assigned families.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Each county puts forth every effort to assess and contact relatives or family members that have an active role in the life of the child. The Resource unit is on call 24 hours a day, seven days a week to assist with in home consultations and assessments for provisional homes. Therefore, the stay in foster care isn't so traumatic for the child or children. The counties continue to maintain working relationship with community stakeholders and other connections to provide services prior to looking at any removal of a child.

Effective Training that focus on parenting children in foster care:

- The program assistants participate in annual trainings provided by the Agency to address any needs in the area of parenting sessions dealing with our parents as well as foster parents are provided updated trainings on a quarterly basis through Resource Worker. The State has contracted with Community Mental Health Centers to provide training to DCFS foster parents to enhance parenting skills for children diagnosed with ADHD, Dealing with the Defiant Child, and Love and Logic training. The mental health centers are also providing needed training for foster parents dealing with specific issues dealing with corrective action requirements. Training has been provided for foster parents at the yearly Foster Parent conference regarding issues of Autism. Trauma Focused Behavior Treatment is also offered for the children/foster parents and child.

Continue analysis of policy:

- Policy updates are received just about daily via email with website information given to refresh and review. The complete DCFS policy is available on CHRIS.net and easily accessible. Supervisor often refers DCFS staff to Policy for a better understanding of

issues faced on a daily basis. Previous Area Director, Sue Bruner, included Policy review and updates at each Area Meeting.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- There is an open line of communication is maintained in each County by attendance at MDT meeting held on a bi-weekly basis and CACD is always at the meetings and LLE attends. This has created an open communication between the different service providers and problems are resolved more timely and consistently. CACD is housed in several of the county offices in Area IV. There is an ongoing dialogue with them and our investigative unit completes health and safety assessments on a daily basis with CACD.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- Every effort is being made to provide services in order for some of the most recent removals to be returned home or to relatives. The investigative team works diligently to work with the family to put in place a protection plan if the family has the ability to work to keep the child in the home safely. The case is opened immediately and services are provided to the family by the county. IFS is available and begins immediately if necessary. SOC funds and wraparound services are accessed to assist the family to maintain the child in the home. Interdivisional staffing are held to access services to prevent foster care.

Improved assessment of family's needs and access to services to safely maintain children in their own home:

- The FSNRA is used by our families to provide key information on history and most important strengths the agency can build on within the family structure. The assigned workers assist the families when necessary in order for the questions to be answered in detail. This assessment along with the maltreatment investigation is used to work with families to create the most appropriate case plan and services. Area Director reviews the COR monthly to assure that the FSNRA is completed timely. The county supervisor is included in the staffing to assure that all services such as IFS, counseling, wrap around services, homemaker services, and parenting are provided to the family.

Established casework process for youth in foster care and ways of measuring success when transition to adulthood:

- The County Supervisor reviews all reports that reflect services to the teenagers in foster care. The ILP worker has ongoing contact with teens in the area to assure that they receive appropriate training. Training is provided at least twice monthly to the area for the teenagers in foster care. The foster care cases are staffed every three months and the ILP worker is invited to the staffing. The staffings are a method to measure success of the case plan and Youth Transition Plan. QSPR reviews also review some foster care with youth in foster care. Some cases continue to be reviewed in court and followed by the AALs to assure that services are delivered. Our ILP worker provides monthly reports to the Area Director and central office about work and successes with youth in foster care.

Continue QSPR process that aligns with practice model developed and implemented:

- The QSPR reviews are taken seriously by the staff in all counties and the Area Director. Once the reviews are completed and the conferences held with the workers, the supervisor focuses on any necessary corrective action. The County Supervisors review previous deficiencies to assure that they are corrected.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Cases are reviewed quarterly and sometimes daily depending on circumstances in each County. The areas of weakness are discussed with the FSWs and through the goals listed on PIP the staff is constantly reminded of the importance to have both of these areas always in compliance. There has been marked improvement in visitation and the workers are bringing all of the case plans into compliance. Area IV has continued to improve their percentages in most COR elements and had the highest percentage of foster and protective service visits in March in the state.

Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement:

- The various tools that are provided for monitoring purposes easily identify those areas that need improvement. The workers are reminded on a consistent basis of what needs to be improved upon. The current Acting Area Director is meeting with the county supervisors on a monthly basis to assess how they monitor services to families. The COR is reviewed with the county supervisors to assure that services are timely to families. Percentages are reviewed with the County Supervisors and plans to improve are implemented at each monthly meeting.

Improved QSPR process with involved stakeholders and inter reliability for consistent reviews:

- The QSPR reviews are completed and proper notification is always given with no apparent problems with this area of implementation. Area IV met with the DCFS Director in 2012 and accepted recommendations that would improve quality service to our families. The counties have used these suggestions to make their services more family centered.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Area IV counties do not have weaknesses in the court or with other community providers as each county supervisor continues to work diligently to establish long lasting working relationships and team efforts. The open line of communication has provided very positive interaction between the staff and judicial system. Each county is encouraged to participate and plan quarterly meetings with their judges. These meetings have been held in most judicial districts. The area continues to work well with CASA and AALs who have a great influence on our relationship with the court system.

Annual activities for recognition of worker and decreased turnover:

- The current staff range in length of employment from 1 year to 18 years. There has been very little turnover in most of the counties in Area IV in the past 5 years. The previous

Area Director continued to recognize the counties in Area Meeting for their support to each other and to other Areas. Each year we hold a foster parent conference and there is a FSW, PA, County Supervisor, Foster Parent, and Story Award that is recognized for their work. These awards are nominated by all staff and voted on by the Area Director and IV E staff.

Implement strategies for retention of workers at all levels of DCFS:

- Area IV continues to maintain county staff on an extremely high level with very little turnover. Retention has not been an issue in the area. Area IV County Supervisors have supervisors that have been with DCFS 10-30 plus years. Our IVE providers continue to provide quarterly training for the County Supervisors, FSWs and PAs for training and support. The area also provides support to each other to assist when a county has an issue with staff out on FML or other crisis. The Area has also provided support to other Areas who are experiencing staffing difficulties while completing their own casework supervision or management.

DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provide and continue with follow up processes to sustain effectiveness:

- Contracted and purchased services remain stable in the area. The Area Director and financial coordinator gather information from the county regarding problems, concerns and positive input regarding the contracts. This is also discussed in monthly area meeting. This information is forwarded to the central office before the end of the fiscal year and at the time of renewal of contracts.

Services developed to meet the individualized based on accurate data reports for families within the local community:

- Interdivisional staffings and SOC meetings assist with development and accessing appropriate services for the family. Family centered meetings with the family include providers and CASA who assist with brainstorming to determine services that are needed for the family. The close working relationship that we have with our local mental health centers enable us to access services for families also. We contact them on a weekly basis to assist us with families, foster parents and foster children.

Assess data reports and feedback on accuracy and develop strategies to improve practice with families:

- Reports are already provided and implemented to address the improvement of practice model. Such reports as 120 day; COR; case plan; Supervisor Box within CHRIS system to allow review of narratives being written. The Area Director and all supervisors review numerous daily through CHRIS Net Reports that assist them with case management. Reports indicate how long a child has been in care, frequency of visits, if there is a current case plan in effect, permanency planning goal, and number of children with TPR and ready to adopt. These reports are all beneficial in managing the counties and area.

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- There are several reports already available in the CHRIS.net for review and use by supervisors and workers. The 120 day protective and foster care visit reports have improved our ability to monitor the home visits by the staff. This has improved our ability to acquire the information needed to determine the strengths and weaknesses of each county. The Area Director has the ability to view caseload size through CHRIS and through monthly reports. COR reports also reflect accurate data that assist the Area Director in assessing needs of the county.

DCFS will continue with annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model:

- The counties continue to complete their quarterly case reviews and monitor monthly COR reports. The QSPR reviews provide hands on approach and inform the staff of quality services or lack of by an objective third party.

#### *Area 5 Area Director-Janis Matlock*

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- Area V Supervisors Monthly Meeting. Conference Calls, as needed.

Supervisors need to work together as a team to support each other; supervisors staff with workers to provide case consultation and model behaviors for improving case practice.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Increase number of Provisional and relative placements. Ensure timely notification of relatives when children come into care.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- Attend MTD meetings regularly.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- All investigative staff completed Structured Decision Making Training.
- Staff is to implement protection plans, when possible, to keep children in the home. Get services started during investigative process, make appropriate referrals a.s.a.p. Good communication between investigative and casework staff.

Improved assessment of family's needs and access to services to safely maintain children in their own home:

- All investigative staff completed Structured Decision Making Training.
- Staff is to implement protection plans, when possible, to keep children in the home.
- Get services started during investigative process, make appropriate referrals a.s.a.p.
- Good communication between investigative and casework staff.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Regular case staffing/Supervisor reviews, regular monitoring of CHRIS NET reports and COR report, corrective action plans.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Quarterly Judicial Meetings

Annual activities for recognition of worker and decreased turnover:

- Worker of the month is identified, given praise and lunch. All staff given verbal and written praise due to accomplishments. Staff encouraged to work as a team to help each other in times of high stress; for example, on call, finding placements, placement disruptions.

Implement strategies for retention of workers at all levels of DCFS:

- Encourage team work and support

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- Maintain regular monitoring of CHRIS NET and COR reports. By monitoring these reports you can catch incorrect information and correct. PS and FC home visit reports

#### **Area 6 Area Director-Milton Graham**

Assess and continue staged practice model change strategy:

- Ongoing weekly Friday supervisors meeting to conduct case reviews for quality, best case practice, appropriate service referral i.e. IFS, WRAP or MAP. Monthly County Supervisors Meetings and Resource Worker Meetings. Quarterly Judicial Leadership Team Meetings with 10<sup>th</sup> division.

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- Field Staff Participating in Quarterly State Wide Supervisors Meeting, Quarterly Area Meetings, Implementation of MPCWIC/AR C.I.R.C.L.E.S., Unit Supervisors conduct random Case Consultation with workers and Friday Case Reviews during Supervisors Meetings

DCFS will continue the development of practice guides and other tools as outlined in plans developed:

- Area Director in Collaboration with Program Administrator, Program Coordinator, County Supervisors, and Area Assessment Manager developing written protocols for implementation of best practices in conjunction and agreement with DCFS Policy Procedure and Practice Model i.e. On-Call, Placement of Children while on-call, Overdue Investigation Monitoring, Transfer of New Cases from Investigation to Services, Carrying out courtesy request from other Areas for foster children and families residing in Pulaski, appropriate handling of in and out of state runaways.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Increased efforts to open Relative Provisional Foster Homes, More emphasis on more thorough assessments of safety and family strengths and family support systems in order to seek to provide more in home services to safely prevent removal whenever possible. IFS Provider participation in Friday Supervisors Meetings to assist in reviewing and screening families for appropriateness of services, Community Mental Health Provider participating in Friday Case Reviews to assist in screening families for appropriate WRAP referral services.

Effective Training that focus on parenting children in foster care:

- Parenting The Defiant Child, Training offered and provided by Community Mental Health Providers, on-going training provided by Resource Staff during Monthly Foster Parent Meetings, MidSouth Foster Parent Training, C.A.L.L. Foster Parent Training.

Continue analysis of policy:

- Monthly County Supervisors Meeting, Weekly County Office Meetings, etc.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- Continuous Collaboration and weekly participation in MDT

Improved assessment of families & support to prevent removal & keep children safely in own home:

- Structured Decision Making training offered for all assessment staff and services supervisors, continuous case reviews for all opened cases each week.

Improved assessment of family's needs and access to services to safely maintain children in their own home:

- Supervisory Reviews, case consultation with supervisors, Friday Supervisors Meeting updates of ongoing cases, effective implementation of area protocol of services worker and investigator teaming up to go out to the first home visit together.

Established casework process for youth in foster care and ways of measuring success when transition to adulthood:

- Ensure that each youth in foster care ages 14 and up have an appropriate Transitional Living Plan developed in conjunction and in agreement with the foster youth and all relevant potential lifelong ties and stakeholders to include the AAL, FSW, FSW Supervisor, OCC and Transitional Living Coordinator track the youth's progress through regular case consultation and ensuring that the foster youth has completed the NYTD survey

Continue QSPR process that aligns with practice model developed and implemented:

- Cooperate with QSPR Process and Protocol which are initiated by the Quality Improvement Unit

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Continue conducting weekly case reviews and receiving weekly updates on families referred to WRAP, and IFS and any other family services which families have been referred to in order to safely prevent children from removal and/or provide appropriate quality best case practices services to improve probability of placement stability, wellness and permanency.

Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement:

- Cooperate with QSPR Process and Protocol which are initiated by the Quality Improvement Unit, give feedback and implement Area Q.A. process to parallel the process and complement those process initiated during annual QSPR

Dashboard accessible for data management:

- Continuous regular weekly review of CHRIS net Reports

Improved QSPR process with involved stakeholders and inter reliability for consistent reviews:

- Increase efforts to communicate and collaborate effectively with therapist, school officials, law enforcement, agency OCC, Judges, AAL's, foster parents, and CASA etc.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Continue regular quarterly Judicial Leadership Meetings and increase attendances and participation of all field staff.

Integrate at priority level 1 strategies that support and will sustain the DCFS transformation process:

- Ensure that all assessment workers, assessment supervisors and on-call staff have been trained to initiate all priority level 1 reports of maltreatment and assess for safety 1<sup>st</sup>. Ensure that all field staff understand and can translate the agency practice model and can apply all principals using practical application so that all families and children receive the same level of professional child welfare services.

Annual activities for recognition of worker and decreased turnover:

- Continue with Monthly recognition of worker of the month awards from each unit, and recognition of units and workers during Quarterly Area Meetings and build toward the Annual or last Quarterly Meeting of each year with employee appreciation and involve University Partnerships Mid-South and Philander and include other stake holders such as the C.A.L.L and Arkansas Baptist College.

Implement strategies for retention of workers at all levels of DCFS:

- Continue worker support group and implement supervisory support groups, regularly set up opportunities to ensure that workers at all levels have a voice and continue to seek out new and innovative ways to show appreciation for good work performance.

DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provide and continue with follow up processes to sustain effectiveness:

- Continue to provide effective communication and feedback to improve communication coming from central office financial support and contracts monitoring staff concerning all services which have been received and/or referred out to children and families we serve.

Services developed to meet the individualized based on accurate data reports for families within the local community:

- Continue to participate and collaborate with MDT, CASSP, CCC, working to improve collaboration with C.A.L.L. and seeking to engage other community stakeholders.

Assess data reports and feedback on accuracy and develop strategies to improve practice with families:

- Weekly review of online CHRIS net Reports by or directed by Area Director, Program Administrator, County Supervisors Unit Supervisors and provide regular feedback to central office staff, CHRIS Support and contract staff Hornby and Zellor.

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- Weekly review of online CHRIS net Reports by or directed by Area Director, Program Administrator, County Supervisors Unit Supervisors, continue to review those reports during monthly and weekly supervisors meetings for accuracy and follow up.

DCFS will continue with annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model:

- Continue to participate and fully cooperate with the DCFS State wide QSPR process, monitoring COR developing plans for corrective action and improvement in areas of deficiencies, Utilize Supervisory Review Tool, Weekly Case Consultation by Supervisors with FSW's and, weekly Supervisors Meetings along with Monthly County Supervisor and Resource Unit Meetings. Working in conjunction with the Court Improvement Projects for Zero to Three Initiative.

#### **Area 7 Area Director-Angela Newcomb**

For Area 7, I am sharing some of the areas needing improvement and the strategies that are being implemented to shift this Area not only in practice areas but improving outcomes for children and families. Area 7 has experienced quite a bit of crisis, leadership and direct service staff turnover, court issues, inconsistent policy practices, and disorganization of DCFS processes. There is a plan in place that covers many areas to develop processes that are effective including case conferencing and weekly site visits by Assistant Director of Community Services. There is an assist team that is assisting with various activities such as completing overdue investigations, recruiting and developing relative foster homes, and case work visits. The following are top priorities that are or have been addressed, but are not reflective of ALL the work that is ongoing to try to support and assist in Area to stabilization and adequate responses to child safety and risk as well as serving and supporting the families with Area 7. There are some analysis occurring in regards to next steps that include: time studies regarding court activities; assessment of

provisional foster families and their approval status, assessment of workload and caseload needs in regards to staffing, and monitoring of data related to children entering care, leaving care, investigation case reviews, and quality of investigations among other priorities.

- Issue: Foster Parents in Area VII needed training in Licensing Requirements.
- Resolution: On March 30, 2011, Area VII held a yearly foster parent conference in which the Licensing Unit came and went over licensing requirements in foster homes.
- Issue: FSW's needed improvement in developing FSNRA's and Case plans
- Resolution: In March 2011, Area VII had an Area staff meeting covering specific policy and procedures in regards to time frames to complete FSNRA's and case plans. They were also given information on how to get family members engaged in the case planning process. QSPR came to the meeting to discuss the outcomes of Area VII QSPR with all FSW's.

Next Steps: In discussion about how to continue to strengthen the practices and conduct quality follow ups and provide coaching.

- Issue: ILP process was not being followed per policy/procedure.
- Resolution: ILP coordinators skills and abilities were assessed and staff reassignments were made considering the strengths of each staff in Area VII. Due to this change over the past year of ILP coordinators, a higher number of youth are being provided ILP services and services that are more appropriate for them.
- Issue: Inconsistent preparation and inadequate performance in court overall.
- Resolution: Jefferson County Court Improvement- We are working on this process daily in Jefferson County. Numerous changes have been made such as new spreadsheets put into place for tracking and monitoring, court prep scheduling, court report calendars, etc. This is an ongoing activity.
- Issue: Lack of monitoring of On Line Reports to assess improvements and priority areas of focus.
- Resolution: Area Director has pulled reports from CHRIS net on a weekly basis to see what is being done and what is not being completed. This will remain ongoing along with each county supervisor.

Next Steps: Once the reports show incremental progress in compliance, then we can begin to assess the quality of the work and determine the training needs or coaching that staff need to improve their skills and abilities in serving families and improving outcomes for children and families.

### **Area 8 Area Director-Suzann Henry**

Assess and continue staged practice model change strategy:

- Invited Greg Moore to speak with all the supervisors in Area 8 regarding the elements in the QSPR. Discussed expectations of the work needed with our families that reflect our Practice Model Goals and Principles of Best Practice.
- Invited Greg Moore to speak with all the staff in Area 8 to review the results of our recent QSPR and develop a plan of action for improvement of services provided to our families.

- Partnered with the ASU IV-E Academic Partnership to host the forums with the supervisors and staff in Area 8 to develop an action plan based on the results of the QSPR.

Effective Training that focus on parenting children in foster care:

- Supervisors in Area 8 received Trauma Focused Training which helped us to understand the trauma that foster children go through and to better understand their needs. This training will be presented to the entire Area 8 staff by the ASU IV-E Academic Partnership.
- MidSouth Training Academy presented Trauma Focused Training at the Area 8 Foster Parent Conference held in October.
- MidSouth Training Academy will continue to meet with the individual foster parent associations in Area 8 to provide ongoing training focusing on parenting children in foster care.
- Area 8 has partnered with MidSouth Health Systems to pilot a program where specific foster parents and the children in their homes are assigned to a specific therapist and case manager.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- Supervisors and investigation staff attended Structured Decision Making Training. This was excellent training that provided staff with the knowledge and tools to do a better job of assessing safety as well as determining whether children can safely remain in their own homes.

Improved assessment of family's needs and access to services to safely maintain children in their own home:

- Clay, Greene, Craighead, Mississippi, Lawrence and Randolph Counties participate in Care Review Teams through the Child and Youth Care Coordination Council and Wraparound with MidSouth Health Systems. The youth/family, natural supports, and service professionals partner to develop and implement a strength-based, culturally competent and highly individualized wraparound plan. These plans are geared towards maintaining children in their own homes if at all possible.

Continue QSPR process that aligns with practice model developed and implemented:

- Invited Greg Moore to speak with all the supervisors in Area 8 regarding the elements in the QSPR. Discussed expectations of the work needed with our families that reflect our Practice Model Goals and Principles of Best Practice.
- Invited Greg Moore to speak with all the staff in Area 8 to review the results of our recent QSPR and develop a plan of action for improvement of services provided to our families.
- Partnered with the ASU IV-E Academic Partnership to host the forums with the supervisors and staff in Area 8 to develop an action plan based on the results of the QSPR.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Invited Greg Moore to speak with all the supervisors in Area 8 regarding the elements in the QSPR. Discussed expectations of the work needed with our families that reflect our Practice Model Goals and Principles of Best Practice.
- Invited Greg Moore to speak with all the staff in Area 8 to review the results of our recent QSPR and develop a plan of action for improvement of services provided to our families.
- Partnered with the ASU IV-E Academic Partnership to host the forums with the supervisors and staff in Area 8 to develop an action plan based on the results of the QSPR.

Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement:

- Invited Greg Moore to speak with all the supervisors in Area 8 regarding the elements in the QSPR. Discussed expectations of the work needed with our families that reflect our Practice Model Goals and Principles of Best Practice.
- Invited Greg Moore to speak with all the staff in Area 8 to review the results of our recent QSPR and develop a plan of action for improvement of services provided to our families.
- Partnered with the ASU IV-E Academic Partnership to host the forums with the supervisors and staff in Area 8 to develop an action plan based on the results of the QSPR.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Supervisors in the 2<sup>nd</sup> Judicial District met with Judge Halsey and Judge Thyer to discuss what is going well and areas that need improvement. Judges clarified procedures to be followed as well as time frames, completion of court reports, as well as their expectations of staff regarding casework and testimony in court.
- Judge Halsey had a Team Meeting Luncheon with all the staff in Greene County as well as OCC to maintain communication in order to continue to improve outcomes for children and families.
- Area Director, Supervisors in IZard and Fulton Counties and OCC met with Judge Herrod to discuss his expectations and ways to improve outcomes for children and families.

Annual activities for recognition of worker and decreased turnover:

- Quarterly meeting held in February with all staff in Area 8. At the end of the meeting each county supervisor was given the chance to recognize their staff. Area Director provided certificates to workers that had done a good job of visiting their children and families throughout the quarter and workers that had improved in the month of January 2012. Area Director also provided certificates to individual staff and counties that had maintained zero overdue investigations throughout the quarter. This seemed to go over very well with staff and this practice will continue during each quarterly meeting.

Implement strategies for retention of workers at all levels of DCFS:

- Area 8 Supervisors have taken a close look at each of their staff and evaluated their strengths and weaknesses. Staff has been moved to the job duties that best suit their strengths whenever possible. For example, some staff does better than others when it comes to testifying in court so these workers are assigned to foster care and FINS cases. Some workers do a better job of assessing safety and these workers are assigned as investigators. Other workers are excellent case managers and they are assigned to foster care and protective services cases. Supervisors have also looked at other duties that Program Assistants can do such as adoption packets and Medicaid Waiver Packets to assist the workers and to utilize their skills in the best way possible.

Services developed to meet the individualized based on accurate data reports for families within the local community:

- Clay, Greene, Craighead, Mississippi, Lawrence and Randolph Counties participate in Care Review Teams through the Child and Youth Care Coordination Council and Wraparound with MidSouth Health Systems. The youth/family, natural supports, and service professionals partner to develop and implement a strength-based, culturally competent and highly individualized wraparound plan. These plans are geared towards maintaining children in their own homes if at all possible.

Assess data reports and feedback on accuracy and develop strategies to improve practice with families:

- Area Director and Supervisors have been closely monitoring the 120 Day Visit Report for Protective Services and Foster Care. Protective Services cases that had not been visited in over 60 days were assessed to determine current safety and need for continued services. These cases were either closed or workers were to staff these cases and develop a case plan with the family immediately. The Foster Care 120 Day report is reviewed to make sure that foster children are being visited monthly. Supervisors are to monitor this report to ensure that foster children placed out of the area are visited monthly. If not, they are to send emails to the supervisors in the secondary counties to remind them to visit our foster children.
- The Sibling Report is updated each month to monitor our progress in placing siblings in foster care together. By completing this report it has helped the supervisors become more focused on the siblings that are not together and assess at least once a month what can be done to get them together or at least ensure that they are visiting.

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- Area Director and Supervisors have been closely monitoring the 120 Day Visit Report for Protective Services and Foster Care. Protective Services cases that had not been visited in over 60 days were assessed to determine current safety and need for continued services. These cases were either closed or workers were to staff these cases and develop a case plan with the family immediately. The Foster Care 120 Day report is reviewed to make sure that foster children are being visited monthly. Supervisors are to monitor this report to ensure that foster children placed out of the area are visited monthly. If not, they are to send emails to the supervisors in the secondary counties to remind them to visit our foster children.

- The Sibling Report is updated each month to monitor our progress in placing siblings in foster care together. By completing this report it has helped the supervisors become more focused on the siblings that are not together and assess at least once a month what can be done to get them together or at least ensure that they are visiting.

**Area 9 Area Director-Ruthie Brown**

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development):

- We will continue to include field staff on committees to incorporate field practice for input in developing practice models and policies. (Care, Commit, Connect) (LAP) (IV-E review team)

DCFS will continue the development of practice guides and other tools as outlined in plans developed:

- Continue to accept feedback from the QSPR unit analysis and data computations provided from their case reviews and implement needed changes to meet the needs of the families.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- Consistent practice in visiting the homes of the Protective Services cases making needed referrals with follow up to ensure the services needed are in place for the families. Consistent monitoring of the CHRIS reports by Supervisors to ensure the families are having regular contact with the Department.

Effective Training that focus on parenting children in foster care:

- We need to provide appropriate training to the Program Assistants to teach parenting. In addition the Department utilizes local community resources that are willing to provide free appropriate parenting classes that are consistent with the learning materials provided to the Program Assistants. We will continue to meet with the community resources to ensure continuity of discipline techniques.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- We will continue to work with CACD following appropriate prodigals. DCFS, CACD, and LLE leaders along with committee of supervisors will meet quarterly to discuss policy and field practice to ensure consistent procedures are followed that ensure the safety of the children.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- DCFS workers will be consistent in completing the FSNRA with the family face to face in the home monitoring and recording changes and provide referrals for services as needed.

Improved assessment of family's needs and access to services to safely maintain children in their own home:

- DCFS will monitor the family and record on going changes to provide needed services utilizing the FSNRA assessment to provide consistency in the assessment process. DCFS will follow up with the service providers for reports of ongoing family services.

Established casework process for youth in foster care and ways of measuring success when transition to adulthood:

- Continued monitoring with Transitional Plans and staffings that include all parties involved in the youth in foster care. Continue youth committee using surveys to assist with monitoring progress of youth.

Continue QSPR process that aligns with practice model developed and implemented:

- Continue reviews of files by supervisors and the QSPR unit to ensure the Department workers are following policy and improving in deficient areas.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Supervisors will continue timely case reviews and work with case workers to make case improvements to ensure family services are being provided.

Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement:

- Supervisor will continue to work with QSPR implementing strategies to ensure services are provided to the families.

Improved QSPR process with involved stakeholders and inter reliability for consistent reviews:

- Local meetings are scheduled with stakeholders to continue improving services provided to families in need. Differential response meeting currently being schedule with local stakeholders in the area.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Ensure that the staff annually scheduled meetings with DCFS and Judges to discuss new policy and concerns.

Annual activities for recognition of worker and decreased turnover:

- We can develop a staff appreciation day.

Implement strategies for retention of workers at all levels of DCFS:

- Increase staff and or the supervisors need to review cases that can be closed to lower case load ration to meet the Federal requirements.

Data reports available to accurately identify resources in local communities:

- Address in Foster Parent Recruitment Plan Communicate with Program Coordinator services needed to ensure proper services are in place to meet the needs of the families.

DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provide and continue with follow up processes to sustain effectiveness:

- Supervisors will communicate with the Program Coordinator to ensure proper service contracts and funding is available to meet the needs of the families.

Assess data reports and feedback on accuracy and develop strategies to improve practice with families:

- MidSouth training academics provide CHRIS COR training when requested to ensure staff understand the COR elements used in CHRIS.

Accurate data management reports for managers and supervisors to focus on items and practices to improve:

- Supervisors will utilize CHRIS reports to correct errors on weekly basis.

DCFS will continue with annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model:

- DCFS will continue to participate in Culture Survey and Supervisors will encourage in any other surveys.

**Area 10 Area Director-Cassandra Scott (AD effective 6/18/12)**

Assess and continue staged practice model change strategy:

- The QSPR was completed for Area 10 and sent to all supervisors in the area to assist in completing the PIP for 2012. The areas for improvement are locating fathers and the reduction of placement changes for our foster children.

DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as needed. (I.e. case consultations; practice guide and policy development):

- The PIP for the area should be completed near the end of January. Once completed, it will be distributed to the entire staff in Area 10. Monthly meetings are held with County Supervisors and Quarterly meetings are held with area staff and supervisors. It is mandatory that supervisors meet with staff after each area meeting to discuss the PIP and reports are sent with monthly reports at the end of each month as a way of tracking when supervisors held their meetings and their topics of discussions with staff. Director and supervisors review cases to better ensure the practice model is being practiced in the field and staffings are held when they are not.

DCFS will continue the development of practice guides and other tools as outlined in plans developed:

- Tools have been developed by Central Office and staff in the state to assist staff in improving skills for staff. Monitoring reports have been developed to assist in increasing visits with PS and FC cases. The COR reports have continued to be a great asset in knowing the exact cases and workers that have not met the guidelines of effective

practice and more reports have been created when there is a need. Area 10 staff uses a monitoring report in closing investigations in hopes this will improve how we assess families and work with others within the community.

Shift in the number of children entering foster care and increase in the number of children being supported in their own homes:

- There has not been a noticeable decrease in the number of children not entering care, but there has been an increase in the number of provisional homes that are being opened; especially in the northern section of the area. Staff have been informed they are to provide outside services to our families to help prevent removal, but due to the seriousness of the maltreatment and removal by Judges there has not been much of a decrease.

Effective Training that focus on parenting children in foster care:

- The state has provided traumatized informed training for foster parents, but this needs to continue due to not all foster parents attending and due to the need for further training for our foster parents.

Continue analysis of policy:

- The state needs to gather information from foster parents and staff about what type of training they feel is needed and training needs to be continuous.

Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children:

- This is not a problem for my area. If there has been a problem it has been minimal. Director knows CACD staff and if there is a problem then it I communicate with CACD and my staff and the problem is resolved. So, I have to educate my staff at times. Working as a team within our own staffs and communities has been stressed to staff. We all have to communicate effectively and work together as a team for the best interests of our children. Also, to know these individuals and be available when needed.

Improved assessment of families & support to prevent removal & keep children safely in own home:

- Staff is very well aware of wrap services in assisting clients to assist in preventing removal and referrals are being made as needed.

Established casework process for youth in foster care and ways of measuring success when transition to adulthood:

- Transitional plans are required to be completed at age 16. These plans are being monitored for completion by supervisors and central office. Being involved with the permanency roundtable has assisted staff in being aware of locating permanency for our children at the moment they enter care.

Continue QSPR process that aligns with practice model developed and implemented:

- The yearly QSPR review has assisted in knowing the needs of improvement in the area. A PIP is devised from this review each year.

Continue to evaluate case progress and make improvements through the development of quality improvement strategies:

- Supervisors are responsible to monitor the activity of staff to ensure quality work is being performed in the field. Area staff are required to carry case plans and court orders at each visit with families so each will know what is expected to complete improve the family unit and for no further involvement with the agency. Face to face home visits are improving by talking specifically about the case, reason why it was opened and what it will take to close the case. More referrals are being made in the community to assist in trying to maintain the family unit.

Improved collaboration between courts and DCFS for improved outcomes for children and families:

- Quarterly meetings are held with the 2 Judges in the area except with Judge Henry who feels there is no need for these meetings. There are no problems with court personnel and all work well together for what is in the best interests of our children. If and when there are issues then the Director becomes involved and they are resolved

Annual activities for recognition of worker and decreased turnover:

- The area recognizes employees by having an employee of the month who attends the area meeting and receives a plaque. Suggestion and recognition boxes are set up in each county for staff to have a chance for their input as well. Supervisors have been advised to assess their employees and to make new arrangements in the office as needed. Supervisors praise and have luncheons with staff and have an open door policy for their staff. Staff is learning to work together as a team as well. Luckily, worker turnover is low in the area and I think that is contributed to treating staff with respect and praise/recognition as needed.

DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provide and continue with follow up processes to sustain effectiveness:

- Each county are required to have 1 recruitment activity each month and this is documented in their reports each month. Director meets with foster parents at Foster Parent Association meetings and visit with them at their home; supervisors will begin visiting foster parents in their home as well. Director and supervisor are accessible as needed by a foster parent to address any issues.

Assess data reports and feedback on accuracy and develop strategies to improve practice with families:

- COR reports are assessed bi-weekly and are distributed to staff by Director and supervisors. Corrective actions plans have been designed to better ensure the needed data is completed timely. Time limits are set for when assignments are to be completed to better ensure data is entered timely.

DCFS will continue with annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model:

- QSPR reports

## DCFS SERVICE QUALITY AND PRACTICE IMPROVEMENT UNIT

### 2012 APSR ITEMS

Quality Services Peer Reviews (QSPR) are monitoring tools used to evaluate Arkansas' child welfare system. The Service Quality and Practice Improvement Unit employs an ongoing, two-phase annual process for conducting Quality Services Peer Reviews (QSPRs) in each of the Division's ten geographical service areas. During the full, scoring rounds of QSPRs, a stratified, random sample of thirty cases is drawn from each Area prior to the beginning of the reviews. The manager then assigns a relatively equal proportion of cases to each of the reviewers. The review process begins with an evaluation of the records contained in the Children's Reporting and Information System (CHRIS), Arkansas' SACWIS. The reviewers are then deployed into the county offices for an onsite review. During the onsite review, the physical case files are reviewed and individuals pertinent to the cases are interviewed, e.g. children, parents, foster parents, ad litem, etc. The quality assurance reviewers write up their findings while in the county offices.

The manager of the unit reviews all of the reviewers' scoring of the cases in the same way that someone reviews all of the cases in the federal CFSR process. When scores are not sufficiently well documented, staff are required to produce additional justifications for their scores. The intent is to ensure inter-rater reliability and fidelity to the process. Following each review, the findings are compiled and a report is generated to convey the results. Each Area is required to develop a practice improvement plan relating to the two issues on which the Area scored lowest, unless the Area passed all issues.

The second phase targets specific deficient cases to provide coaching and guidance to caseworkers and supervisors as to how to improve casework and service provision to ensure compliance with all federal and state requirements and conformance with the Arkansas Practice Model. Four cases are reviewed in three pre-selected counties in each service area during the second phase of the review process, thus totaling 12 case reviews per service area. Following the case reviews, coaching sessions are conducted with caseworkers and supervisors in each of the counties focusing on helping them to internalize the federal standards and the guiding tenants of Arkansas' practice model and casework supervision and its role in practice improvement.

Below is a table comparing Arkansas' performance during the third round of full, scoring QSPRs to that during the 2009 and 2010 rounds of reviews as well as the second round of the CFSRs in 2008. Some of the highlights from the attached table are as follows:

- Although its' performance slipped back to levels equal to that during the last federal review on one of the seven outcomes, Arkansas' performance has improved on the remaining six outcomes since that time. The State's performance has also improved on 18 of the 23 individual items since the 2008 CFSR as well.
- Arkansas' performance improved on six of the seven outcomes and 15 of the 23 individual items between the 2010 and 2011 rounds of reviews.

**Statewide QSPR / CFSR Comparisons**

	<b>2011 QSPR</b>	<b>2010 QSPR</b>	<b>2009 QSPR</b>	<b>2008 CFSR</b>
<b>SAFETY 1: Children are first and foremost protected from abuse and neglect</b>	<b>77%</b>	<b>85%</b>	<b>76%</b>	<b>77%</b>
ITEM 1: Timeliness of investigations	85%	91%	83%	77%
ITEM 2: Repeat maltreatment	88%	83%	82%	95%
<b>SAFETY 2: Children are safely maintained in their home when possible and appropriate</b>	<b>63%</b>	<b>62%</b>	<b>60%</b>	<b>59%</b>
ITEM 3: Services to prevent removal	70%	67%	62%	68%
ITEM 4: Risk of harm	64%	63%	61%	61%
<b>PERMANENCY 1: Children have permanency and stability in their living situations</b>	<b>67%</b>	<b>66%</b>	<b>62%</b>	<b>41%</b>
ITEM 5: Foster care re-entry	97%	85%	93%	100%
ITEM 6: Stability of foster care placement	74%	69%	74%	64%
ITEM 7: Permanency goal for child	90%	92%	84%	72%
ITEM 8: Reunification, guardianship, and placement with relatives	78%	88%	85%	72%
ITEM 9: Adoption	68%	71%	56%	33%
ITEM 10: Alternative planned permanent living arrangement	63%	77%	71%	57%
<b>PERMANENCY 2: The continuity of family relationships and connection is preserved</b>	<b>68%</b>	<b>67%</b>	<b>73%</b>	<b>54%</b>
ITEM 11: Proximity of placement	93%	92%	90%	96%
ITEM 12: Placement with siblings	75%	83%	92%	82%
ITEM 13: Visiting with parents and siblings in foster care	73%	69%	69%	59%
ITEM 14: Preserving connections	77%	80%	87%	79%
ITEM 15: Relative placement	77%	68%	84%	67%
ITEM 16: Relationship of child in care with parents	70%	69%	70%	48%
<b>WELL-BEING 1: Families have enhanced capacity to provide for children's needs</b>	<b>48%</b>	<b>45%</b>	<b>45%</b>	<b>28%</b>
ITEM 17: Needs/services of child, parents and foster parents	62%	56%	56%	37%
ITEM 18: Child//family involvement in case planning	53%	49%	53%	31%
ITEM 19: Worker visits with child	52%	60%	54%	46%
ITEM 20: Worker visits with parents	42%	37%	42%	33%
<b>WELL-BEING 2: Children receive services to meet their educational needs</b>	<b>80%</b>	<b>78%</b>	<b>75%</b>	<b>71%</b>
ITEM 21: Educational needs of child	80%	78%	75%	71%
<b>WELL-BEING 3: Children receive services to meet their physical &amp; mental health needs</b>	<b>79%</b>	<b>75%</b>	<b>69%</b>	<b>62%</b>
ITEM 22: Physical health of child	90%	85%	84%	74%
ITEM 23: Mental health of child	77%	74%	68%	67%

## ARKANSAS CAPTA PLAN

The Arkansas CAPTA State Plan assures that Arkansas directs funding to the CAPTA allowable and required programmatic areas. A varied collaboration of stakeholders developed this plan throughout the year utilizing multiple strategies. Stakeholders included, but were not limited to: community based providers; court personnel; Division of Children and Family Services (DCFS) field staff; foster parents; youth in foster care; families who receive services; and other child-serving divisions and agencies (e.g., Division of Youth Services, Division of Disabilities Services).

Strategies to elicit feedback and identify needs included: surveys; focus groups; individual meetings; contract monitoring activities; Quality Service Peer Review (QSPR) interviews; and unsolicited letters/correspondences to DCFS.

Steering committees comprised of internal and external stakeholders guided new initiatives from development to implementation to follow up.

Arkansas annually reviews and revises plans to reflect any changes in the State's strategies or programs and so note in the APSR as well as directly notify the Regional Office (RO) for Arkansas.

There were no laws or regulations that would negatively impact CAPTA eligibility. Effective July 27, 2011 there were statues established to allow for development and implementation of:

- Differential Response System (DRS);
- Requirements for referral of services for children diagnosed with Fetal Alcohol Spectrum Disorder (FASD);
- Plan of safe care.

The CAPTA State Plan for Arkansas will continue to align with the strategic plan developed and implemented to continually improve child welfare services and child and family outcomes in Arkansas.

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### CAPTA funding specifically supports

- *Case management including ongoing case monitoring and delivery of services and treatment to children and their families through:*
  - Family Treatment Program contracts which provide parents and caregivers of sexually abused children with treatment services (assessment, diagnostic, interview, psychiatric review, and individual/group psychotherapy);
  - Intensive Family Services (IFS) contracts;
  - Funding for 3 Citizen Review Panels; however, the Citizens Review Panel in Jefferson County terminated their contract effective March 31, 2012, due to family and health issues.
  - Statewide Language Interpreter Services contracts for county staff with families who are not proficient in English.

Interpretation and telephone services are provided 24 hours a day, seven days a week.

This service also assists staff in document translation. Translation services were provided last fiscal year for the first time for legal documents, as well as some of DCFS publications. There are no planned changes to this service.

- *Developing, strengthening, and facilitating training topics including:*
  - Research based strategies and differential response to promote collaboration with the families;
  - Legal duties/activities of DCFS staff;
  - Early childhood, child, and adolescent development for Human Service Workers, IFS providers, and DCFS staff.
- *Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions including:*
  - Social and health services;
  - Financial assistance;
  - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption through an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to “Baby Doe” reports.
- *Developing and delivering information to improve public education relating to the role and responsibility of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect through:*
  - Child abuse prevention materials and promotional items distribution;
  - Prevention website updates;
  - Mandated reporter training for Human Service Workers, IFS providers, and Resource Center staff.

The following strategy plan for year FY 2013 will incorporate additional requirements into policy and practice

*Goal: Address Fetal Alcohol Spectrum Disorder in referral for services when identified.*

- 1) Educate health care providers of new requirements through development of educational materials.
- 2) Transition current FASD Project protocols (project initially funded by a grant through SAMSHA) into policy and practice to include FASD awareness, prevention, and screening, referral for assessment and diagnosis, and referral for intervention services.
- 3) Update policy and procedure to include plan of safe care for infant born and identified as being affected by FASD. (In process)
- 4) Provide training to DCFS staff on FASD and new policy/procedures.

*Goal: Develop and implement a Differential Response Program (DRS) in Arkansas.*

- 1) Identify specific DRS allegation types. (Completed)
- 2) Establish a workgroup to assist in development and review of program. (Completed)
- 3) Develop functional job descriptions for staff working with DCFS DRS. (Completed)
- 4) Outline roles/responsibilities for hotline and providers of DRS. (Completed)
- 5) Develop Request for Proposal (RFP) for potential DRS providers. (Completed)
- 6) Coordinate technical assistance with Casey Family Programs. (Completed)
- 7) Develop DRS policy and procedures. (Completed)
- 8) Develop initial and ongoing DRS training. (Completed)
- 9) Develop an oversight process to evaluate DRS implementation and sustainability of DRS program. (In process)

*Goal: Address McKinney-Vento Homeless Act in DCFS practice.*

- 1) Review DCFS policy to assure it reflects McKinney-Vento Homeless Assistance Act and revise as necessary. (In process)
- 2) Create a Question and Answer format to address specific questions from DCFS staff about McKinney-Vento.
- 3) Develop practice guide for field staff on how to best serve the homeless youth population.

If at any time Arkansas changes policies, procedures, or statutes that impact CAPTA requirements, the Children's Bureau will be notified and the State will make any corresponding changes to the APSR.

### **Juvenile Justice from APSR**

Provides the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system:

- 85 distinct foster children placed in Division of Youth Services (DYS).
- 15 distinct foster children exited foster care for 'Custody Transfer to Another Agency.
- 1 foster child placed in DHS and exited foster care for "Custody Transfer to Another Agency."

DCFS has children that are in Foster Care that at times are adjudicated and enter the Juvenile Justice System which we reference as Division of Youth Services (DYS). Although they are considered in the custody of DHS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding with DHS so that we can ensure smooth transfer of custody upon entering and discharging from the DHS system. The discharge process could mean a transfer back to DCFS custody and authority, reunification with parent/relative, or the youth ages out on their own. Our goal would be in the aging out circumstance that they would have a support system established upon discharge. DCFS has an identified liaison that works closely with DHS on youth and the custody. DHS tracks these

numbers and provided to DCFS so that we can align and ensure that we have accurate counts of the children that are apart of both systems.

### **Specific Activities related to Services & Training utilizing CAPTA & Prevention Support Funding**

The Fatherhood Initiative is a component of the Family Resource Centers. There are nine (9) fatherhood programs. This program provides resources and services to fathers to help them develop meaningful relationships with their children, obtain employment, and contribute to the support of their families. A total of 413 fathers were served through this initiative compared to 303 last fiscal year.

- Fathers were assisted with Job training
- Fathers were assisted in finding jobs
- Fathers were enrolled in parenting classes
- Fathers attended support groups
- Fathers planned appropriate activities for their children

The agency partnered with the Family Resource Centers to provide parenting education training as well as providing service to their community. The Family Resource Center services are community based and family focused directed toward prevention, intervention and alleviation of community identified problems. Services include but are not limited to, family support, employment services and community outreach services. Demographics from July 1, 2011 through May 2012, revealed 7,900 children and 13, 541 families received services through the Family Resource Centers. Due to budget cuts this program will not be continued.

- Contracted Language Interpreter services provided statewide for county staff with families who are not proficient in English. Interpretation and telephone services were provided 24 hours a day, seven days a week. This service assists staff in the translation of documents and provides an avenue by which family service workers are able to communicate with Non-English speaking families. Translation services were provided last fiscal year for the first time for legal documents, as well as some of DCFS policies. There are no planned changes to this service.
- Contractual agreements with the Family Treatment Program provided opportunities for parents and caregivers of sexually abused children to receive treatment services. Participants receive an assessment, a diagnostic interview, a psychiatric review and individual and or group psychotherapy. Services were offered state wide and there are no planned changes to this program.
- The Human Service Workers in the Schools is a partnership between DCFS and school districts across the state. The Human Service Workers work collaboratively with DCFS to deliver services meeting the Division's philosophy of protecting and preserving children. Human Service Workers in the Schools provided services including, but not limited to problem solving, home visits, transportation, parent training activities and supportive service referrals. Child abuse prevention materials and promotional items were distributed to the Human Service Workers in an effort to promote child abuse and neglect prevention in schools across the state. The Human Service Workers in the Schools provided services to a

total of 10,722 children. Child abuse prevention materials and promotional items were distributed to the Human Service Workers during their training in September 2011 in an effort to promote child abuse and neglect prevention in schools across the state. This program will end June 30, 2012 due to funding reductions.

- Intensive Family Services (IFS) was modified to become more prevention focused. An RFP was re-issued last fiscal year statewide due to several changes to the Performance Indicators. Training was provided for DCFS staff and contract vendors. Providers and caseworkers are now more aware and can better assist families in identifying their own needs. This is based on the responses of the family satisfaction surveys. People can and do change. When families are engaged in the identifying their supports and needs staff can expect change and improvement.
- Performance Indicators and Scope of Work for Psychological Evaluation Services were amended to be more family focused and friendly. The primary focus must be the child's health and welfare. State fiscal year 2012 was the first year for the Performance Indicators. Outcomes should be available next fiscal year.
- DCFS maintains an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to "Baby Doe" reports. The Division has a policy that outlines procedures to be taken in the event a "Baby Doe" report is received. DCFS did not receive any "Baby Doe" reports during this reporting period. "Baby Doe" services are provided statewide.

**During the past year, the activities for CAPTA are listed below:**

- DCFS Program Assistants were trained and certified through Mid-South in Parenting Education.
- The agency distributed child abuse materials and promotional items including telephone magnets, two sided book markers, pens, brochures, etc. in an effort to educate the community. Throughout the year, DCFs receives request for child abuse materials from the Family Resource Centers, Human Service Workers in the Schools, Arkansas State Police, and Field Staff, community agencies, schools and medical facilities. County offices and the Human Service workers in the Schools held community awareness events in collaboration with members of the community.
- A prevention website is being used throughout the year to target the reduction and awareness of child abuse and neglect. The prevention website [www.arstopchildabuse.org](http://www.arstopchildabuse.org) . State fiscal year 2012 was the first year for the Performance Indicators. Outcomes should be available next fiscal year.
- Developed and facilitated training protocols for individuals mandated to report child abuse and or neglect. This service was provided to the Human Service Worker in the Schools and the Family Resource Centers. However, training will not be provided fiscal year 2013 due to both prevention programs being discontinued due to funding reductions.

- The Human Service Workers in the Schools provided one on one parenting classes and home visits for pregnant and single teen mothers. Services were provided to one hundred-thirty-six (136) teens compared to one hundred-six (106) last fiscal year.
- Parent Support Groups, where parents worked together to strengthen their families and build social networks was formed. There were three (3) groups formed through the Family Resource Centers in collaboration with community partners. One additional support group was formed this fiscal year by the Family Resource Center located in DCFS Area 6.

### **Outline of Activities for FY 2013**

- DCFS will maintain a prevention website for FY 2013. Several new topics were added to the prevention website this fiscal year. Some of the information added was based on phone queries from parents wanting to know if they could discipline their child and not have child welfare take them into custody. Information regarding myths and facts about child abuse was also added. Arkansas Practice model was added to the website to let visitors know that we care; we are committed to ensuring that children are safe; and we want to connect to our communities so we can all work together to keep children safe and strengthen families for a better Arkansas.
- DCFS will purchase promotional items and prevention materials to target the reduction of child abuse and community awareness on the importance of prevention. These materials will also continue to be distributed to DCFS staff and community stakeholders to raise the community's knowledge of the need to protect children.
- DCFS Program Assistants will be trained and certified through Mid-South in Parenting Education.
- Additional parenting training resources will be made available to field staff for guidance in providing services to families.

### **There were changes to the Citizens Review Panels during the last state fiscal year.**

CAPTA funded three (3) Citizens Review Panels operating in Jefferson, Carroll and Ouachita Counties. The panels are active and work diligently to evaluate child protective services. The citizens Review Panel Coordinators serve as Multi-disciplinary (MDT) Coordinators. MDT's are located in counties in which the Citizen Review Panels are located. The Panels play a very important role in the success of this initiative. Some of the responsibilities of the Panel include: convening meetings of the MDT; ensuring agreements of confidentiality are signed by members; coordinating information on all Hotline calls that meet the protocol for review by the MDT; reviewing information on pending child maltreatment investigations; making recommendations for services on each investigation reviewed at the MDT meeting and submitting to DCFS within seven days of the MDT meeting. The CRP located in Jefferson County terminated their contract due to family and health issues.

### **Program Areas Selected for Improvement for FY 2013**

- Parenting – Prevention Unit Staff will conduct research to determine a parenting curriculum that addresses the needs of DCFS families.

- Citizen Review Panel (CRP) – The CRP located in Jefferson County terminated their contract due to family and health issues. There is really a need for CRP in Jefferson County. Prevention Unit will make every effort to gain approval to replace this CRP. Additional Citizen Review Panels are much needed. Efforts will continue in the request to add 2 additional panels.
- A program for services for parents and caregivers of sexually abused children to receive treatment services in the Northwest part of the state was put in place as a sole source contract rather than client specific purchase orders. A new vendor for FY '13 will provide in home counseling with expertise in this area has agreed to provide this service in DCFS Area 4. Having providers for this service in DCFS area 4 will cut down on travel for families and staff. Families currently in need of this service have to travel to Little Rock or Ft. Smith.

*There were no substantive changes in state law that impacted the State's eligibility for the CAPTA State grant.*

**Update on Implementation of Differential Response:**

The Arkansas Division of Children and Family Services (ADCFS) decided to design a Differential Response system to allow the Division to respond to low risk neglect cases by conducting an assessment instead of a traditional investigation. During the spring 2011 General Legislative Session, Arkansas statute was amended to give DCFS the ability to triage procedures for accepting and documenting reports of child maltreatment of a child not at risk of imminent harm if an appropriate referral is made to a community organization or voluntary preventive service.

To gain a better understanding of the Differential Response process, Arkansas DCFS staff conducted exploratory research to obtain information about existing alternative response systems. During the month of April, 2012, a DR steering committee made up of state and private partners was convened to develop a structure which would support the development, Implementation and evaluation of the a differential response model for the state of Arkansas. The steering committee met several times to establish the criteria for differential response, rules of operation, the procedures and mandatory exclusions. The ADCFS was designed to make direct referrals to community provider. In an effort to solicit contractual providers, ADCFS issued a Request for Services Proposal. There were no viable providers so the Request for Proposal will be reissued during the fall of 2012. . In an effort to solicit contractual providers, ADCFS issued a Request for Services Proposal August 15, 2011 . There were no viable providers so the Request for Proposal was withdrawn. ADCFS will consider reissuing the Request for Services Proposal during the fall of 2013.

In an effort to obtain more information related to DR, ADCFS staff collaborated with Casey Family Programs. Casey family programs provided technical assistance to assist with designing and researching Differential Response models. With Casey Family Program's assistance and guidance, three business process mapping sessions were conducted in Little Rock, Arkansas. The sessions consisted of key ADCFS employees working to create the process for designing and implementing DR. At the conclusion of the sessions, ADCFS staff was given mapping guides to be used when implementing the DR initiative. Also during the past year ADCFS staff was selected to participate in a Shared Learning Collaborative hosted by Casey Family Programs.

The meeting consisted of four states that were in the early stages of designing a DR program, coming together to discuss their goals and objectives for DR model in their states. The Shared Learning Collaborative took place on November 15-18, 2011, in Las Vegas, Nevada. This collaborative meeting allowed ADCFS an opportunity to receive guidance from peer experts from Minnesota, Ohio and Tennessee.

In addition, ADCFS staff created a job description for the ADCFS DR Program coordinator. A program coordinator was hired to oversee the implementation of the ADCFS model, May 2012. Other tasks completed during last year, included state wide community forums, which allowed community members and stake holders an opportunity to learn about the DR initiative. In an effort to enhance the SACWIS database, a CHRIS committee was formed to meet biweekly to discuss the changes to the CHRIS data base.

The steering committee has faced several challenges regarding the implementation of a DR process. The greatest challenge was locating a funding source. Due to the budget restraints states are experiencing, DCFS has decided to conduct a staged implementation process beginning 10/1/12 with five counties and in February 2013 add an additional # of counties and continue this every other month until we are fully implemented statewide by 10/1/13. - The process will be cost neutral and will allow DCFS the ability to shift the way the work is done, and ensure the focus of DR is to safely maintain children in their own home while engaging and strengthening families. Our plan is to still issue RFP in 2013. Depending on where the providers are located, we anticipate having both contracted providers and internal staff delivering the DR program. This will give us an opportunity to evaluate how effectiveness of each of these approaches.

Strengths: ADCFS is committed to the implementation of Differential Response and have had to rework strategies to get the program off of the ground. We will be using our own staff to implement DR and this will strengthen the program in that the staff is currently in practice of ensuring child safety.

Next steps: Applications for the Differential Response implementation counties are due June 4, 2012. Applications will be reviewed and a decision will be held as to which counties will be chosen for implementation sites. An orientation will be held for the chosen counties in July and training will be held in August/September. Implementation should begin in October and subsequent counties will be chosen thereafter. We are in the process of determining what important issues we need to track for evaluation of our program.

### **Foster Care Services**

DCFS is fully aware of the complexities that face all child welfare agencies. That is ensuring the safety, permanency, and well-being for vulnerable children and families across the State. One of the most challenging tasks is working with birth families whose children have been removed from the home. Birth families that have children in the foster care system deal with multiple stressors; they not only struggle with the issues that precipitated the loss of their child, but also with the trauma of the loss itself. They also struggle with multiple challenges that include: poverty, single parenthood, domestic violence, substance abuse and mental/physical abuse. The agency understands that birth parents can be defensive about sharing about themselves and their

children. As a result, they are sometimes reluctant to respond to caseworkers and to services being offered.

Currently, the agency is reviewing best practice on how to engage birth families. Some research suggests relational approach is best practiced when centered on child/parent visitation. Training will be developed on giving workers the tools needed to engage birth families in the development of the case plan to meet both the parent and child needs as well as accepting the services provided by the agency. The agency continues in the belief that engaging birth families directly relate to outcomes for children. In this past year, little progress is noted. DCFS strongly urges case workers to work with birth families to achieve positive outcomes. The agency will continue working to take the necessary steps to infuse engagement of birth families into best practice. The agency will gather information from birth families to use in trainings developed for field staff.

The triangle of support (birth parent, foster parent and caseworker) for children in out-of-home care is one of the most important relationship dynamics that can evolve in the process of ensuring child safety, permanence and well-being. The agency has focused on facilitated dialogue with caseworkers, birth parents and foster families by having frank discussions regarding negative feelings, myths, and how to work together as a team to provide permanency for the child. In addition, we will begin identifying and documenting successful birth parent and foster parent relationships around the state. The agency will review training material and Foster/Adopt Pride curriculum to ensure that all complex issues are discussed and how to engage families. This next year will focus on implemented policy on recruited fosters parents to work with birth families and case practice that promotes foster parent/birth parent relationship that will impact safety, well-being and permanency for children in out of home placement.

Recruiting and retaining quality foster homes continues to be a top priority for DCFS. The agency continues to seek input from foster parents and other foster care providers on how we can improve in meeting their needs. Currently, the agency is conducting exit interviews of foster parents whose home closed (voluntary or involuntary) to obtain and to understand what makes the foster parent program successful and where we should continue to improve.

### **Permanency Roundtables**

Over the past two years, the Arkansas Division of Children and Family Services has worked toward positive transformation of the state's children welfare system. A key piece in our transformation efforts involves recognizing and communicating that every person within our system is a leader through his own daily demonstration of effective practices. We reinforce this message in our Practice Model values that "*how* we do the work is as important as the work we do." We are drawing from a complex evidence base to assist us in our transformation. We are presented with both urgency and opportunity to design a child welfare system that includes:

- a comprehensive practice model to guide the work of the field and central office support;
- change management strategies;
- a strategic communications plan;
- continued professional development;
- a service array with attention to variety, efficiency, and effectiveness of procured services as well as services and support organized through community partnerships; efforts to enhance quality assurance including development of a system for results

monitoring and practice improvement at all levels to ensure the safety, permanency, and well-being of families.

Arkansas's partnership with Casey Family Programs provides us with one another opportunity for transformation in the strategy of Permanency Roundtables. The values of this model align with the goals and principles of Arkansas Practice Model.

Permanency Roundtables are structured professional case consultations designed to expedite permanency for youth in care through innovative thinking, applications of best practices, and the "busting" of systemic barriers. At each Permanency Roundtable, a permanency status assessment determines where the youth rates on a permanency scale. The rating options are:

- poor
- uncertain
- fair
- good
- very good
- Achieved

The desired results all link to expediting permanency and include:

- increasing staff competencies (attitude, knowledge, skills);
- assessing training needs related to competencies related to expediting permanency; strengthening local capacity to sustain the process; building capacity to spread the process geographically; gathering data to address systemic and cross systems barriers to permanency (policies/protocols/procedures).

Arkansas targeted youth in care 24 months or longer regardless of the age, goal, and ethnicity. At the time we chose to implement Permanency Roundtables, there were approximately 4,000 youth in care with about one third of those youth having been in care 24 months or longer. As we began to identify youth who were appropriate for a round table, we began to also identify those youth that were in pre-adoptive placements. While these youth were already moving toward permanency, efforts to finalize the adoptions had stalled, so the urgency that the round table process provides was needed to finally achieve full permanency. Arkansas's Permanency Roundtables were completed in May 2011. There were a total of 353 roundtables conducted across the state. The Division of Children and Family Services has continued to implement sustainability practices of the Permanency Roundtables in our system. The Permanency Specialist coordinates our efforts by using the Arkansas practice model as the foundation for developing permanency strategies and activities that could potentially expedite the permanency process for children lingering in extended foster care. The Permanency Roundtable coordinators across the state continue to submit aggregated data along with summary reports on the cases quarterly.

As of December 2011, the statewide aggregated data results confirm out of 353 cases reviewed, 278 children remain in foster care. Of the 353 cases reviewed 17 children achieved legal permanence through adoption, 8 guardianship, 6 reunification, and 48 children were emancipated. About 22% of our children achieved some form of legal permanency.

The first quarter results from March 2012 indicated about a 2% increase in the number of children who achieved some form of legal permanency. However, the majority of the legal permanency achieved has been through emancipation with a poor permanency status. In other words, some children have aged out of foster care without making any permanent connections. Despite the marginal successes with emancipation, the division has had some success stories with children reuniting with family and making permanent connections with new families through adoption. The Division is committed to every opportunity to explore innovative ways to achieve permanency for our children and the permanency roundtables are demonstrative of the strategic planning involved in transforming our child welfare system in Arkansas.

Arkansas's continued partnership with Casey Family Programs provides us with the technical assistance and in service training opportunities needed to sustain this strategic effort in our system. Some of the sustainability efforts that have taken place this last year include developing a statewide protocol and a CFS 340 referral form has been developed to submit new case referrals, along with technical assistance, training, and case consultations. We have a Memorandum of Understanding in place with Eun Koh a Researcher from University of Fayetteville, who is conducting our evaluation of the outcomes and effectiveness of the permanency roundtables. Due to the researchers schedule and excessive data needed to complete the process the evaluation is has not been completed as of June 2012.

In March 2012, Casey Family Programs conducted a statewide Values Training to provide the state another learning opportunity to enhance our strategic efforts to improve permanency for children in foster care through the permanency roundtables. In this next fiscal year Arkansas will continue its partnership with Casey Family Programs to culminate our efforts to remove systemic barriers identified from the debriefing notes during the permanency roundtables in order to improve the quality of services we provide to children and families.

### **Health Care Oversight-Medical**

The Division of Children and Family Services (DCFS) policy requires that all necessary medical services be provided to children receiving out-of-home placement services. DCFS is dedicated to ensuring that all foster children receive a full range of health care services, including mental health services. An initial health screen is completed on each child within 24 hours, if the reason for removal is an allegation of severe child maltreatment or evidence of serious injury/illness. All other children receive the screening within 72 hours of removal from the home. All foster children age 3 and above are referred within 5 days for a mental health assessment with the local Community Mental Health Center. DCFS has an agreement with Community Mental Health Centers to provide an intake appointment within 5 days of the initial call by DCFS. Within sixty days (60) from the removal of the home, a comprehensive health assessment is completed on each child. DCFS ensures that all health and mental health services are provided periodically and conducted by qualified providers.

DCFS works with Primary Care Physicians, University of Arkansas Medical Sciences (UAMS) Project for Adolescent and Child Evaluations (PACE) Project and area mental health agencies in meeting the health and well-being of foster children. In addition, DCFS has increased the health staff around the state and re-established the quarterly training for Health Service Workers.

DCFS works with the medical profession, to ensure that all foster children's medical and mental health needs are met:

- 1) Collects sufficient history and medical data from appropriate sources to assess the child and formulate the problem.
- 2) Ensures that a mental health examination and physical examination is conducted as necessary.
- 3) Ensures that a diagnosis is established
- 4) Initiates a treatment plan. Children are referred to the Child and Adolescence Service System Program (CASSP), when they require intensive mental health services and inter-agency involvement on service plans. Compliance with the 24-hour & 72-hour health screenings and the comprehensive health screen has improved dramatically in several DCFS areas.

The Division utilizes the periodicity schedule for continued health care assessment and health planning for children in foster care. Each child has a primary care physician that will assess their health need and make referrals as needed to other specialties. Currently, licensing requires placement provider to log and track medication that children in foster care are taking and in response to Medicaid data that indicates increased utilization of psychotropic medication by foster children in addition to the general child population, a proposal has been developed that includes:

- 1) Implementation of a daily medication administration and monitoring form for all foster children that are prescribed psychotropic medications.
- 2) A guide for case workers and foster parents to assist them in asking pertinent questions regarding target symptoms, potential side effects and alternative approaches to address current problematic behavioral health issues. This guide has been distributed in meetings, foster parent newsletter and in response to individual case needs. In the next year, DCFS will explore the best method for making this information available through a website.
- 3) Back up consultation by a child psychiatrist through the Arkansas Division of Behavioral Health Services (DBHS).

An agreement has been reached with DBHS to provide consultation on policy, data analysis and case reviews, when concerning medication utilization are identified. This consultation has resulted in case specific intervention resulting in obtaining second opinions and decreasing or eliminating psychotropic medication in young children.

In addition, in response to growing concern about increasing numbers of young children being placed into inpatient psychiatric facilities, an Executive Directive was implemented on May 15, 2009, requiring that an administrative consult must be obtained prior to a foster child under the age of ten years being referred for inpatient services. An administrator is on-call twenty-four hours, seven days a week to provide guidance and consultation for field staff when a mental health crisis occurs. In addition, an assessment by a mental health professional from the local Community Mental Health Center must occur. This new policy has many implications for positive changes in practice for family service workers, foster parents, supervisors, children and

youth and collaborative community relationships. A new emphasis has been placed on the importance of keeping children in the community with more innovative services and supports, instead of relying on institutionally-based service models. This policy resulted in 68% diversion rate in SFY11. Reports indicate that 125 children were diverted from institutionalized care to more appropriate community-based services. Grand totals are 327 children diverted from hospitalization since implementation in 2009, which is 72% of all children assessed, as reported by the CMHCs. As a result of this success, DCFS promulgated policy extending the requirement of a community-based assessment for all children in foster care. This policy which was effective November 11, 2011 also now requires that all children, age 3 and above must be referred to the local community mental health center within 5 days of entering care. The previous policy required referral of children school-age and above but with increased research on mental health needs and outcomes of young children, it was determined that DCFS would quickly address the mental health needs of younger children.

The division utilizes a medical passport process that maintains the child health record to ensure that foster parents and other placement providers are aware of the child medical history. The division is exploring the capacity to develop an electronic health record.

“After Hours Resources Line” DCFS has partnered with the Division of Medical Services (DMS/Medicaid), Arkansas Children’s Hospital (ACH) and ANGELS/UAMS to provide an after hour’s call line available for Foster Parent to contact and contact and ask questions related to the medical needs of the children placed in your home. This line is to be used only after hours AND in situations when the child does not have primary care providers (PCP), the PCP is unknown or family doctor assigned cannot after hours.

DCFS is currently reviewing the functional for DCFS Health staff to assure continuity of care for foster children.

### **Health Oversight-Behavioral Health**

As the Arkansas Division of Children and Family Services moves toward implementation of the 2010 through 2014 Child and Family Services Plan (CFSP), the need for improvement in behavioral health services for the child welfare population has become a particular focus. In order to address these needs, the following changes and proposals have occurred in this past year.

The Mental Health Specialist has added a System of Care Director, who provides child welfare expertise in many multi-agency initiatives and committees. Evaluation of the quality and level of involvement by DCFS in System of Care activities has resulted in the development of a draft SOC toolkit that will be available within the next year. This position is also responsible for obtaining and analysis of outcomes data on specific services, special projects and Inter-Divisional Staffings (case-specific outcomes, as well as identification of systemic issues to be addressed).

DCFS continues to receive weekly electronic reports from the Division of Medical Services (DMS) utilization management contractor. These reports identify foster children admitted to inpatient psychiatric facilities, for either acute or residential treatment. They also indicate if Medicaid has denied requests for continued stays at these facilities. These reports have resulted in increased monitoring and provision of technical assistance to the field regarding more

appropriate discharge planning and placement. Based on these reports, in November, 2011, DCFS Behavioral Health Unit staff began sending weekly emails to all caseworkers who have a foster child in an acute or residential facility. This email requires information on the status of each child's plan for discharge placement, DCFS involvement in the treatment process, family involvement, visitation and what the youth is wanting upon discharge. If problems are noted, direction and support is given for field staff. It has been noted that this oversight has resulted in increased quality and quantity of involvement by the assigned case worker, as indicated by provider feedback and documentation in of best practices throughout the foster child's stay in inpatient programs. This oversight will continue with trends being noted in monthly reports.

### **Community-based Assessments Prior to Hospitalization**

The Community Mental Health Centers (CMHC) agreed to provide assessments for any foster child in their community to determine if psychiatric hospitalization is necessary and to provide services to divert a hospitalization, if possible. This agreement just basically extends the previous agreement from foster children under age 10 to all children based on the revised mental health policy that became effective in November, 2011.

It is hoped that with increased involvement by the by the community mental health system, institutionalized care will be reduced with more appropriate evaluations and crisis stabilization services.

### **Foster Home Support and Services Demonstration Project**

Community Mental Health Centers (CMHC) have agreed to pilot a new approach for assigning referrals of foster children to therapists/case managers. Instead of assigning the referral to the next available therapist, a therapist and a case manager, if needed, will be assigned to a foster home. The same therapist and case manager will provide services for all foster children in that home. This would mean that a foster home would have a consistent relationship with a therapist and case manager, instead of having multiple therapists (and providers) involved with children that are in their foster home. According to best practices in mental health with foster children, the primary focus for most children should be with the foster family, foster environment and biological/adoptive families (if re-unification is the goal).

Positive outcomes expected:

1. Increased support for foster parents
2. Decreased fragmentation of mental health services
3. Foster children would have access to mental health services more quickly, since the CMHC would know when another child was placed in the home.
4. Improved consistency in clinical direction on parenting skills and managing behavioral issues in the home
5. Over time, the foster parents will gain skills in maintaining children with behavioral problems in their home and community
6. Early intervention – if a child/youth's mental health status begins to deteriorate, interventions can be put into place more quickly, rather than the foster parent becoming frustrated and making the foster child leave their home, resulting in many children and youth admitted to inpatient facilities, unnecessarily

7. Decreased number of placement disruptions for foster children
8. More time-efficient for your therapists/case managers, cutting down on no-shows, decreasing travel time by case managers and/or therapists who will probably provide intervention for multiple children in one home, etc.
9. Improved accountability through increased monitoring of issues in the foster home that might require intervention by DCFS/mental health therapist or both
10. Better collaboration between DCFS and CMHCs
11. Less travel/time required by the foster parent/DCFS case worker when services are coordinated

Although this initiative has not been implemented as quickly as hoped, several mental health centers have been able to begin assignment of therapists to cover all children in particular foster homes. Varied approaches have been implemented. One CMHC that covers only one county, assigned a full-time therapist to this project with positive results, as indicated by increased satisfaction from county DCFS staff. Another mental health center has implemented the project in two counties, one a rural county in their catchment area and the other in a more populated county. Other mental health centers have assigned therapists a part-time caseload, specific to foster homes to slowly implement the concept. In northeast Arkansas, the CMHC is approaching this project by attending new foster parent training, and bringing those foster families on board with a consistent therapist to provide intervention and support. In the next year to eighteen months, evaluation of outcomes, barriers and viability of the project will occur to determine if expansion of the project should continue and result in policy and procedural changes.

**Oversight of Psychotropic Medication Utilization by Foster Children:**

Arkansas will attend the Summit on Psychotropic Medication Use with Children in Foster Care, Aug. 27-28 to obtain information from experts and other states on additional ways to improve our plan for oversight and monitoring. The Arkansas team includes two staff members from each of the agencies invited; Medicaid, Mental Health and Child welfare. Below is a table that summarized current practice, strategies for improvement and target dates for each of the identified plan elements. Although some strategies have been formulated with target dates, it is expected that information shared at the Summit in August will provide many ideas for improvement and additions to this plan.

Plan Elements	Current Practice	Practice Improvement Strategies	Target Dates
Comprehensive and coordinated screening , assessment, and treatment planning mechanisms to identify children’s mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary , to identify needs for psychotropic medication)	Policy requires referral of all foster children ages 3 and above to the local CMHC within 5 days of entering care. If the intake assessment indicates need for continued treatment, the CMHC is required by Medicaid to have their psychiatrist evaluate that client within 45 days.	Explore feasibility of including a specific trauma screening tool as part of the PACE Evaluation.  Identify trauma screening tool.  Plan to access TF-CBT certified therapists in state for those children identified through screen process.	July to Dec. 2012  Dec, 2012  July 2013
Informed and shared decision-making and methods for on-going communication between the prescriber, the child, his/her caregivers, other healthcare providers, child welfare worker	Currently have guidelines for caseworkers/ foster parents, to assist in asking specific medication-related questions. General Medication Administration Log is required.	Implement specific form for Administration and Monitoring of Psychotropic Medications. The form has already been developed through collaboration with DBHS Medical Director and other Child Psychiatrists.	Pilot form in TFC programs, July – Dec. 2012 Implement in all foster homes and residential group placements in February, 2013
Effective medication monitoring at client and agency level	Foster parents or other caregivers along with FSW monitor for compliance and	Develop strategy to improve consent protocol for psychotropic	March, 2014

	<p>outcomes.</p> <p>Medicaid, DBHS and the UAMS Department of Pharmacy currently monitor psychotropic medication utilization. Flags have been set to screen out prescriptions for children that are outside specific, best-practice guidelines. DBHS psychiatrist alert DCFS Mental Health Specialist before overriding the flag to allow the prescription for foster children. Information is available on trends and outcomes for general population but not readily available specifically regarding foster children.</p>	<p>medications, requiring specific staff training/ knowledge base for classes of medications prescribed.</p> <p>Develop data-sharing process to provide DCFS Executive Management with monthly/quarterly reports on Medicaid medication utilization by foster children.</p> <p>Determine if prescribing trends and medication utilization varies between general population and foster children. Develop system and client-specific intervention strategies if any concerning trends or prescribing practices emerge from data review.</p>	<p>October, 2012</p> <p>January, 2013</p>
<p>Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (agency and individual case level</p>	<p>DBHS Medical Director and Board Certified Child Psychiatrists with the Arkansas State Hospital and DCFS have a strong, collaborative relationship that includes involvement in our DHS Inter-Divisional staffings for Complex Cases, consultation on client-specific medication issues that arise and system-wide planning.</p> <p>Medicaid now allows for medication management for the under-age 21 through telemedicine to be billed. This policy change will enable increased numbers of foster children to receive medication management by</p>	<p>Develop statewide plan for board certified/eligible Child and Adolescent Psychiatrist oversight of medication management for each youth. The workforce issues will impact this plan but telemedicine availability will help tremendously.</p>	<p>July 2014</p>

	<p>the most qualified physicians.</p> <p>Agreement was made with the largest CMHC, covering 14 counties, to have all foster children seen by their board-certified child psychiatrist for the past 3 years.</p>		
<p>Mechanisms for accessing and sharing accurate and up-to-date information and educational materials related to mental health and trauma-related interventions to clinicians, child welfare staff and consumers.</p>	<p>DCFS has worked with UAMS Dept. of Psychiatry and the Partnership to develop and implement training for DCFS staff on trauma informed practices. All Management and supervisory staff have been trained, with FSWs currently being trained.</p>	<p>Explore policies and best practice from other states to help formulate a strategy for sharing data and information across systems.</p> <p>Develop realistic strategy for impacting cross-systems services.</p>	<p>July 2013</p> <p>June 2014</p>

**Early Intervention/Well-Being:**

*Services for Children under the Age of Five*

Arkansas has developed and/or accesses an array of services to ensure the well-being needs of the children under the age of 5 years population is being served. We have been working diligently on strengthening the relationship with our Division of Child Care and Early Childhood Education (DCCECE) as well as local community providers who focus on early intervention services for high risk populations. We utilize data reports as well as trending report at the executive level as well as lower level for identification of needs, services, and monitoring the effectiveness of services provided.

Our APSR reflects strategies within our Health and Mental Health Section and Training sections about various activities that will also impact ensuring the well-being needs of the population served. Some of those activities include:

- Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families
- Services developed to meet the individualized based on accurate data reports for families within the local community
- Dashboard accessible for data management
- Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model
- Trauma Informed Training

Our Annual Report Card has several data indicators that reflect the population between ages 0-5 years. The link is as follows:

<http://humanservices.arkansas.gov/dcfs/dcfsDocs/ARC%20SFY%202011%20Final.pdf>

Below are some Early Intervention /Well Being strategies and initiatives to improve the lives of Infants and Toddlers in Arkansas Child Welfare System

*Zero to Three Project*

*The Arkansas Pilot Court Team Project*

*Initiative between:*

- Division of Child Care/Early Childhood Education (DCC/ECE)
- Division of Children and Family Services
- Zero to Three Project

Purpose:

- To reduce the occurrence of abuse and neglect
- Increase awareness of the impact of abuse and neglect
- Improve outcomes for vulnerable young children

Criteria for AR Pilot Court Team Project:

- Children between 0 – 3
- Parents who are incarcerated for less than a year
- Minor mothers
- Drug and alcohol exposed population
- Children with special needs
- Homeless population

Program Results

- ❖ Serviced 17 children in twelve families:
    - *3 children have found permanence through adoption*
    - *6 children have been successfully reunified with their families*
    - *1 child has found permanence in permanent custody of a relative*
    - *7 current active cases*
- 2 potential cases to be accepted

*Fetal Alcohol Spectrum Disorder:*

- Funded by SAMHSA - contract between DCFS and Northrop Grumman for a period of 4 years 10 months – beginning February, 2008 ending in May, 2012.
- Provide early and timely screening, diagnosis and interventions for children ages 2-7 who are in the states custody – (Foster Care).
- Provide and communicate comprehensive, coordinated and timely case planning, case management, and follow-up to insure appropriate care for children with FASD and their families in order to decrease secondary disabilities.
- The Pulaski County FASD project is located within the Division of Children and Family Services in the foster care unit.
  - ⊙ *Pilot project looking only at Pulaski County children in foster care between the ages of 2 to 7.*

- ◎ *The project staff screens all children who came into foster care in the target age range in Pulaski County.*
- ◎ *If they screened positive, meaning there was some reason for concern, we worked with the UAMS PACE team who perform a comprehensive evaluation on all children in foster care and had them to take a closer look at the children who screen positive for an FASD.*

#### Difficulties in Infancy and Early Childhood

- Poor habituation
- Irritability in infancy
- Poor visual focus
- Sleep difficulties
- Mild developmental delays
- Distractibility and hyperactivity
- Difficulty adapting to change
- Difficulty following directions<sup>8</sup>

#### Protective Factors

##### *Environmental:*

- Living in stable and nurturing home
- Being diagnosed before age 6
- Not being a victim of violence
- Not having frequent changes of household
- Having received developmental disabilities services

##### The goal:

- To identify children as early as possible to begin the necessary interventions
- Help stabilize the home environment as much as possible
- Ultimately assist permanency planning with their biological family whenever possible or with an adoptive family when reunification is not possible. By identifying FASD early in life we can prevent the secondary disabilities that often occur when children are not diagnosed and appropriate interventions do not happen.

*Secondary disabilities associated with FASD include: Mental Health Problems, Disrupted School Experience, Trouble with the Law, Confinement – either inpatient treatment for mental health problems, or incarceration in the jail or prison system, Inappropriate Sexual Behavior, Alcohol/Drug Problems, Dependent Living, and Problems with Employment.*

As a result of the CAPTA (child abuse prevention treatment act) amendment in the 2010 legislative session

- Arkansas has the following new law affective July 2011 – Arkansas Law ACA 12-18-310
  - Mandates that all health care providers involved in the delivery or care of infants shall:

1) contact the department of human services regarding an infant born or affected with a Fetal Alcohol Spectrum Disorder;  
2) share all pertinent information including health information, with the department regarding an infant born and affected with a fetal alcohol spectrum disorder.

- *The department shall accept referrals, calls, and other communications from health care providers involved in the delivery or care of infants born and affected with a fetal alcohol spectrum disorder.*

The department shall develop a plan of safe care for infants affected with a fetal alcohol spectrum disorder.

### *Project PLAY*

Positive Learning for Arkansas' Youngest

- ⊙ Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services to facilitate collaboration between early childcare programs and specially trained mental health professionals.
- ⊙ The goals of Project Play are to:
  - *Promote positive social and emotional development of children through changes in the early learning environment; and*
  - *Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.*

### Key Goals for Project PLAY

- ⊙ Ensure that foster children have access to high quality, stable child care.
  - Outreach to Better Beginnings approved child care centers in targeted areas to identify high quality centers that are currently serving foster children or may be appropriate for future placements for foster children.
  - Work to increase quality in centers at the lower levels of Better Beginnings that are currently serving foster children.
  - Use Project PLAY staff to educate biological parents, foster parents, DCFS workers, and other on the importance of a high quality child care environment that remains consistent for the child regardless of changes at home or custodial changes.
  - Ensure that child care professionals have the support they need to maintain foster children in quality care settings.
  - Educate the childcare professionals about what to expect when working with children who may have experience trauma, and the importance of their role as a stable figure in the life of the child.
  - Provide support for the caregivers regarding ways to manage difficult behavior and support healthy social and emotional development.
  - Promote communication and consistency between home and school.
  - Provide one-on-one education to biological and foster parents about the importance of continuity of child care when the child is transitioning

between homes, or if a change in child care cannot be avoided, assist with the transition.

#### Child Care & Child Welfare Partnership Toolkit:

- ⊙ This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible.
- ⊙ Included in the toolkit:
  - A brief article about the impacts of trauma on young children and what caregivers can do to help.
  - An Information Exchange guide designed to ‘jump-start’ the sharing of information between the child care provider and the family service worker. You may choose to use this communication guide as is, or incorporate pieces of it into your normal paperwork. The important thing is to share information for the good of the child.
- A Child Progress Update form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child’s case plan and in reporting to the court.
- Information about how to obtain Immunization records when needed.
- “Saying Goodbye” – Suggestions for creating a smooth transition when it is time for the child to leave the center.
- A Developmental Milestones handout with information on typical behavior for children of different ages and suggestions for teachers/caregivers/parents to promote healthy development in young children.

#### *Natural Wonders:*

- ⊙ Home Visiting Services
  - Dept. of Health received \$1.2 M Maternal, Infant and Early Childhood Grant
  - Infant Mortality
    - ⊙ Support for infant death review and investigation
  - Injury Prevention
    - ⊙ Safety Baby Showers

#### *Strengthening Families & TIPS*

- ⊙ Strengthening Families promotes priority placement for infants and toddlers in quality Early Head Start/Quality Child Care programs.
  - It builds upon five protective factors;
    - ⊙ Parental resilience
    - ⊙ Social connections
    - ⊙ Knowledge of parenting and child development
    - ⊙ Concrete support in times of need
    - ⊙ Social and emotional competence of children
    - ⊙ TIPS
  - Is a parenting education toolkit for professionals working with families of young children

- Translates, recent research into brief, family-friendly messages
- Trains professionals to engage parents, respond to parents' concerns, and tailor parenting information to individual families
- Is available to all parents without attending parenting classes
- Is based on the Brief Parenting Intervention Model

*DCFS has the following initiatives in place to educate and shift practice:*

- Trauma Informed Care Training
- Values Training – Judges and staff
- Diversion Program for Inpatient Placements
- Structured Decision Making
- SAFE Home Studies
- Subsidized Guardianship
- Differential Response
- Ages and Stages Questionnaire (ASQ)

### **Other Early Childhood and Child Welfare Initiatives**

Our project is officially called the AR Collaboration for Maltreated Children's Care. This project is a response to the Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement grant opportunity. This project seeks to improve access to high-quality child care for foster children by two strategies.

- First, it brings together leaders from the early child care and child welfare systems along with other experts on children's well-being to review existing policies of both agencies. Funded project staff has/will also conduct(ed) qualitative interviews with stakeholders such as infant and child mental health providers, Part C early interventionists, court officers, child welfare workers, early child care providers, and other collateral professionals. These interviews will address the status of the current systems as well as the stakeholders' knowledge of child development and the impact child maltreatment has on child development. From these data sources, the project team is evaluating options for change, developing proposed changes, and supporting representatives from child welfare and early child care in implementing policy (or potentially other systemic) changes.
- Second, training across the state will be proposed to raise the quality of care provided by as many center- or home-based early child caregivers as possible. This project aims to leverage the Arkansas Better Beginnings initiative to raise the number of credentialed providers and increase statewide access to early child care for foster children (the project priority) and all children in Arkansas (a valuable side benefit).

### **Adoptions**

Adoption is considered a number one issue on Arkansas' Practice Model implementation agenda. We intend to clarify the methodology we use to determine the number of children waiting for adoption by incorporating the Administrative Office of the Courts data into our CHRIS system to ensure all TPR's are entered for every available child. We are analyzing the work process so all staff understand and improve the process we use to recruit adoptive homes, get them approved, match waiting children with prospective adoptive parents, and organize all the administrative and practice pieces that need to be in place to finalize adoptions in a timely manner. This is a part of

our changing practice that actually begins at the point of entry into foster care. We intend to increase the number of adoptions which may move forward in the areas of compliance, but at the same time, attending to the quality of adoptive practice to ensure permanent placements.

Training, consulting, and coaching with adoption specialists on successful matching and other key practice issues are critical points in improving the quality of the adoption process.

Within the next five years, DCFS would like to see a much improved adoption process with better trained staff, quality training and adoptive home studies for prospective adoptive families, and an increase in placements and appropriate matches for children with families that will last a lifetime.

Some of the problems encountered include not being able to get the same pull of families when you conduct a match on different days and the families are not listed by name in alphabetical order or by Area.

Staff is in the process of cleaning up the adoption provider's information, but would like for a group of adoption staff to be able to work with the tool and make recommendations for improvements.

### **Inter-Country Adoptions**

Reports the number of children who were adopted from other countries and who entered into State custody is zero (0).

### **Adoption Incentive money:**

Arkansas has received Adoption Incentive Money and listed below is the information:

CFDA#93.603 - Adoption Incentive Payment Program

Grant Award #- 0801ARAIPP - Amount- \$ 822,000.00

Grant Period- 10/01/2009 – 9/30/2011

These funds must be obligated no later than 09/30/2011 and liquidated no later than 12/31/2011.

The Adoption Incentive money was spent on a variety of services that include post-adoption, home studies, and Structured Decision Making (SDM) training. Arkansas is utilizing SDM for all assessments of families regardless of whether they're in home, out of home, or pre-adoptive families. The SD M training is scheduled for all FSW and Adoptive staff in the fall of 2012. Since children placed in pre-adoptive status are still considered in the legal custody of DCFS, we are responsible for ensuring health and safety of the children during this pre-adoptive time. Our expectation would be that as adoptive staff visit these families and ensure the stability of the placement they will use SDM techniques in accessing the health and safety of these children.

Arkansas Adoption Program will continue to invest resources in the following activities:

- To partner with Chanel 11 for their "A Place to Call Home", featuring children available for adoption. The cost includes thirteen weekly segments that will run from September through November and a monthly feature for one year. This is a valuable recruitment tool for adoptive families and we would include information on fostering, mentoring teens transitioning out of care, and other areas of need.

- Our Heart Gallery Website is featured with banners for viewing the Foster Care and Preventive Services Website.
- Promotional items and updating adoption informational material to be used at Heart Gallery presentations, recruitment activities, and other adoption events, using the Arkansas Heart Gallery Website logo (this included at least five digital frames for each of the Areas).
- Contracted Reactive Attachment Disorder RAD therapy for pre and post adoption services.
- Respite for post adoption services.
- Other post adoption services either not covered by Medicaid or for children who do not receive Medicaid.
- The Citadel Broadcasting Corporation for specific recruitment of African/American families
- Recruitment needs to include annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate and to purchase frames for pictures of our children featured in the coalitions' Heart Galleries. These professional portraits are given to the children after placement.

#### **Adoption Recruitment and Retention Plan**

The goals and objectives of our recruitment and retention plan are to identify process and maintain permanent homes for children placed in foster care. These families will be able to meet all standards required for approval as an adoptive resource in Arkansas. Adoption and Foster care work together to recruit homes for children in foster care since more than half of adoptions are foster parent adoptions.

**Table 21: Characteristics of Children Available for Adoption at the End of the Year**

**SFY 2012**

<b>Age</b>	<b>Gender</b>	<b>White</b>	<b>Black</b>	<b>Asian</b>	<b>AIAN</b>	<b>NAPI</b>	<b>Hispanic</b>	<b>More Than 1 Race</b>	<b>Total</b>
<b>0 to 1</b>	<i>Female</i>	7	0	0	0	0	0	1	<b>8</b>
	<i>Male</i>	4	1	0	0	0	0	3	<b>8</b>
<b>2 to 5</b>	<i>Female</i>	34	2	0	0	0	2	3	<b>41</b>
	<i>Male</i>	32	3	0	0	0	4	4	<b>43</b>
<b>6 to 11</b>	<i>Female</i>	56	8	0	0	0	5	7	<b>76</b>
	<i>Male</i>	72	21	0	0	0	3	8	<b>104</b>
<b>12 to 15</b>	<i>Female</i>	32	12	0	0	0	2	4	<b>50</b>
	<i>Male</i>	46	15	0	0	0	6	10	<b>77</b>
<b>16 to 18</b>	<i>Female</i>	11	6	0	0	0	1	2	<b>20</b>
	<i>Male</i>	10	3	0	0	0	0	2	<b>15</b>
<b>Total</b>		<b>304</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>44</b>	<b>442</b>

\*Demographic data had not been entered into CHRIS for two children.

**Below is the number of approved awaiting families by race (total 798):**

White—609

Napi--0

Black—173

Unknown--10

Asian—0

Hispanic--5

Aian—1

Combination—0

### **General recruiting plans:**

- To continue to use Websites and media to display information regarding adopting a child out of foster care and to offer education and support to adoptive parents-This would include Heart gallery websites, Power 92, and Channel 11.
- Contact with local civic and professional groups, churches and organizations- Maintaining communication with Pulaski County Adoption Coalition, The CALL, Project Zero, CASA, and utilizing these contacts to broaden into Teachers, Nurses, and Counseling Associations.
- Continue to work with volunteers and foster/adoptive parent to plan activities for children available for adoption-Girls Day Out, March Madness, and War Memorial Boys Night Out.
- Continue to display the Heart Gallery photos in area churches that includes the information and website to read about and begin the inquiry process of adoption
- Continue to hold Inquiry meetings for those interested in adopting
- Access local stations, newspaper and radio stations to have the adoption information and events featured to the Public.
- Continue to have a booth providing information at local fairs and festivals. This would include the Black Expo, Adoption Picnic, Easter Festival, Meet and Greet, Women's Conference, and North Little Rock Health Fair.
- To offer quality support, education, timely response and information on available resources to adoptive families needing assistance or support

### **Recruitment of families of Minority:**

- Develop a relationship with local and area churches for minorities , asking to speak at their congregations and identifying volunteers or church representatives from each church to assist us in recruiting families of minority within their church and community
- Identify adoptive families of minority that would attend meetings with various groups and organizations to talk about their success as an adoptive family.
- Ensure that adoption staff is well educated regarding cultural diversity.
- Display the Heart gallery and information on becoming an adoptive parent or foster parent in local churches.
- Incorporate the general recruitment plan with all aspects of recruitment for minorities.

### **Individual Child Recruitment:**

- To continue to use websites and all media resources to support a child who is in need of a forever family.
- Continue with the adoption picnics to allow the opportunity for open and approved families to meet and interact with the children who are in need of a forever family.
- Speak to approved families individually and at the Meet and Greets for child specific recruitment.

- Continue to refer children in need of a forever family to Channel 11 for exposure for those child/children.
- For staff to be knowledgeable about the children on their workload that are in need of a family and to use that child's strengths when presenting child specific recruitment information.

The Adoption Manager has developed a targeted recruitment strategy for the hundredth children that have been waiting the longest for adoption. Strategy plan below:

**Statewide Plan for Permanency for Waiting Children**

*The Goal is to Place/Review the top 100 Children who have been waiting for Adoption*

<b><u>Strategy/Action</u></b>	<b><u>Source</u></b>	<b><u>Next Steps</u></b>	<b><u>Data/TA needed</u></b>	<b><u>Dates</u></b>	<b><u>Challenges</u></b>
1. Request Report	Chris Price	Review Report	Report on goals of children in Foster Care	5/1/12-5/5/12	N/A
2. Compose list by Name, county, area, Adoption Specialist & Adoption Supervisor	Adoption Staff	Distribute to staff, review by A.S. and Supervisors	N/A	5/3/12-5/15/12	N/A
3. Schedule Permanency Roundtables	All persons involved with Child – A.S., FSW, AAL, CASA, Supervisors, OCC, Facilitator and child for part of the review if appropriate	Mine cases to determine if there are any relatives, fictive kin, or others who may be a viable placement. May require court's permission in some cases.	N/A	6/1/12-9/30/12	Involvement by all needed participants and agreement on assignments and plans

4. Intensive Child Specific Recruitment	Adoption Specialists and others	Review goal	N/A	N/A	Finding an appropriate permanent placement
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Foster Parent Recruitment and Retention Plans

The Division conducts monthly Resource Worker meeting where we have the opportunity to provide updates, discuss best practices, strategies to increase the number and quality of homes, clarify policies, and build team work.

During this last year, some of the ideas and strategies utilized consistently for increasing and improving foster homes were:

- o Improved screening of applicants. Foster Parents may need to be screened out during recruitment because of their unrealistic preferences. Many won't take teenagers.
- o Worked on strengthening communication. Communication is key to have good relationships with foster parents.
- o Likewise, building good relationship between staff and foster parents is also key to increasing the retention statistics. Ideas include calling to check on the family during times that you don't need them.
- o Explored developing more tools on how to deal with babies who were affected by drugs while in utero. Families requesting babies need to know that many of the babies have illnesses that they will have to manage; even if they are not a therapeutic home.
- o Strengthened assessment of motivation. Be aware of families who really want to adopt but agree to foster in the meantime. They often become attached and this makes it hard for the bio-family to make progress.

***RECRUITMENT IDEAS, STRATEGIES, & TOOLS for 2011-2012***

- Area 1 uses inquiry meetings and The CALL does the rest. They are short staffed so general recruitment is all they can do at this point which makes retention hard.
- Area 2 uses The CALL for most of their recruitment. They would like visual aides to use during information meetings (i.e. power point).
  - o 3 minute clips may also be helpful. Would like to use these during football games; will challenge the home team vs. the visiting team.
  - o Also use a monthly radio broadcast and flyers.

- Area 3 recruits the relatives of children already in care.
  - Area 3 uses presentations that target minority groups and religious groups.
  - She suggested that we change the way that the information is presented. We should target peoples' skills. For example: The Dad teaching a son to change the oil on his car. The nurse caring for a special needs child.
  - We also need more information targeted towards fathers.
- Area 4 uses a free classified add through the 'American Classified' publication.
- Area 5 uses Facebook support groups for retention and The CALL for recruiting.
- Area 6 has recruitment events such as health fairs/community days or balloon releases.
  - They have also partnered with Comcast for advertisements and have put flyers on the library doors.
  - Suggest that we target retirees who may be having some empty nest feelings. This group tends to have more patience with children.
  - They have in the past given out the plastic business card holders for advertising.
- Area 7 is open to suggestions and still doing general recruitment. The CALL is now helping them.
- Area 8 is using The CALL. No specific planned recruitment.
- Area 9 uses inquiries and classified ads.
  - They have had no one to show up for the last 2 monthly inquiry meetings.
  - They have posters up at different places including booths at church events.
  - They have allowed foster parents to speak at different events.
- Area 10 was not in attendance

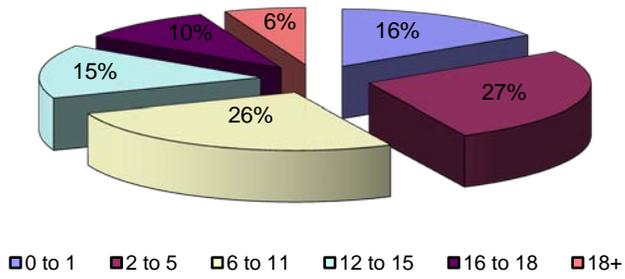
### **STATEWIDE RECRUITMENT PLAN**

As of June 30, 2012, the Division has approximately 4068 children in care on a daily basis. However the Division does not have an adequate number of appropriate and available foster homes to meet the needs of our foster children on a continual basis. Currently the Division has 1,150 homes available.

DCFS utilizes a variety of different ways of data collection to reflect the characteristics of children who enter care. Below are a couple of charts that provide examples. These are reflected in our Annual Report Card. (Link provided in the Services under 5 sections.)

At least half of the children who were in care during the year were between the ages of two and 11 years old

**Chart 5: Ages of Children in Care During the Year**



Age	Gender	White	Black	Asian	AIAN	NAPI	Hispanic	More Than 1 Race	Total
0 to 1	Female	278	110	0	0	2	26	36	452
	Male	325	125	0	1	1	26	43	521
2 to 5	Female	372	108	1	1	1	25	49	557
	Male	354	128	2	2	0	37	50	573
6 to 11	Female	355	109	1	0	0	46	32	543
	Male	344	99	2	0	0	29	42	516
12 to 15	Female	224	68	1	0	0	27	26	346
	Male	176	68	0	0	1	14	22	281
16 to 18	Female	107	46	1	0	0	11	15	180
	Male	86	34	0	0	0	9	10	139
18+	Female	0	0	0	0	0	0	0	0
	Male	0	1	0	0	0	0	0	1
<b>Total*</b>		<b>2,621</b>	<b>896</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>250</b>	<b>325</b>	<b>4,109</b>

\*Demographic information had not been entered into CHRIS for 17 children.

Our recruitment/retention plan is a reflection of a team approach to recruiting and retaining quality resource families to provide care to our children in foster care and supporting those homes currently available to accept our children.

Timelines associated with these goals will change as information is reviewed.

Goal: Recruit foster families in sufficient numbers to meet the needs of children in foster care.

*Objective 1: Increase awareness and education of DCFS and DHS staff concerning foster care needs.*

1. Utilize reports matching preferences of foster parents to demographics of children.
2. Through meetings with resource workers determine specific /targeted needs such as medically fragile, teenagers, large sibling groups, etc.
3. Develop necessary recruitment materials to meet the specific needs as defined in steps 1 and 2
4. Work with local staff and stakeholders to determine best location for recruitment efforts
  - a. Venues

- b. Forums
  - c. Audience to target for best results
- 5. Work with Communications Specialist to develop appropriate messaging for the individual counties needs
- 6. Determine best location for the most effective use of recruitment informational brochures and recruitment of foster homes
- 7. Review where inquiry meeting notices are being posted
- 8. Work with local staff on best locations for posting meetings and upcoming foster care events
- 9. Review current locations for inquiry meetings to ensure they are in a location convenient and conducive to professional meetings
- 10. Establish a listing of locations to rotate inquiry meetings to garner more community awareness of foster care and the needs of the agency
- 11. Review tracking log for barriers to timely opening/approving of foster homes
  - a. Training schedules
  - b. Fingerprint checks
  - c. Home studies
  - d. Other barriers
- 12. Promote relative placements
- 13. Conduct local community meetings to share information regarding foster care, statewide numbers, local demographic information, barriers, successes and needs of the agency and communities can help with these needs.

*Objective 2: Enlist the support of DCFS Foster Parents to assist in recruitment efforts*

- 1. Communicate needs of the foster care system to local stakeholder groups
- 2. Communicate needs of the foster care system to local foster parents
- 3. Engage foster parents in local areas about how to generate more interest in fostering, mentoring, etc.
- 4. Invite foster parents to attend inquiry meetings to share their experiences and to answer questions from prospective/interested parties
- 5. Invite foster parents to attend foster/adopt pride training
- 6. Engage foster parents regarding where the best opportunity for recruitment is in their communities
- 7. Distribute foster recruitment brochures to foster parents for them to hand out
- 8. Communicate to current foster families their role in recruitment
- 9. Work with Division to sponsor community foster care awareness activities
- 10. Encourage foster parents to invite interested individuals to inquiry meetings
- 11. In areas without foster parent associations, work to develop
- 12. With current active foster parent associations encourage their participation in recruitment
- 13. Recruitment of volunteer foster parent to serve in role as statewide volunteer liaison
  - a. Develop job descriptions

- b. Outline parameters with in which they work
  - c. Role of the position
  - d. Develop procedures and guideline for position to follow when handling calls
  - e. Development of messaging to foster parents and staff regarding the function of this role
    - i. When to call, what to forward to this position, etc.
  - f. Development of information to reported monthly
  - g. Development of how information will be shared and used to guide systemic change
14. Explore the development and role of statewide foster care advisory board

*Objective 3: Increase awareness and education of the community concerning foster care needs.*

1. Activities under Objective 1 and 2 will address these issues as well
2. Encourage local community awareness campaigns
  - a. Booths at local functions
  - b. Presence of foster care workers and foster parents at local events
  - c. Church and school functions
  - d. Articles in local newspapers of successes
  - e. Article in local newspapers of needs
    - i. Christmas time
    - ii. Beginning of school year
  - f. Development of local PSA's
  - g. Being involved in local speaking engagements
3. Partnering with local community groups/organizations who are interested in helping out the organization (ex. Beki's Kids project)
4. Utilizing a Place to Call Home TV segment which promotes foster home recruitment when they introduce the segments featuring our children.
5. Keeping foster parent website updated as Channel 11 has added a foster care banner on their website which provides a direct link to foster care information

*Objective 4: Support area and county recruitment plans and efforts.*

1. Ensure community has local contact information to access information regarding foster parenting, locations and times of inquiry meetings, etc.
2. Encourage county supervisors and area directors to attend local inquiry meetings occasionally to show support
3. County staff participate in local recruitment activities
4. As part of routine staff meetings, discuss foster home needs, recruitment of specialized homes,
5. Encourage timely responsiveness of all staff to foster parents calls and needs
6. Ensure foster parents are given contact information of local staff

7. Share in staff meetings issues staff may have heard in the community regarding foster care and if appropriate develop messaging to counter act any negative comments and share with staff any positive comments received in the community

*Objective 5: Support of current foster parents*

1. Addition of foster parent liaison position will provide avenue and voice for foster parents
2. Send annual surveys to foster parents to obtain feedback
  - a. Practice
  - b. Needs
  - c. Suggestions for improvement
3. Promoting local foster parent conferences
4. Promoting statewide foster parent conference
5. Recognition of foster parents – Foster Parent of the Year awards and local recognition for their support and help in events, etc.
6. Encourage timely responsiveness of all staff to foster parents calls and needs
7. Ensure foster parents are given contact information of local staff
8. Develop most effective method to communicate information to foster parents
9. Ensure foster parents have the most current information regarding DCFS policies and procedures
10. Using information collected when calling foster parents who have elected to close their home
  - a) Practice issues
  - b) Experience
  - c) Needed supports
  - d) Why they elected to close
  - e) How we could have made their experience better
  - f) Improvements needed in the system
  - g) Things working in the system

*Objective 6: Coordinate with Adoption recruitment activities*

1. Invite Adoption specialists to inquiry meeting
2. Promote working as a team on foster/adoptive recruitment
3. Coordinate speaking events
4. Joint local community awareness campaigns
5. Encourage monthly staff meetings between foster and adoptive staff

**Disaster Plan**

The division is continuing its efforts to implement disaster preparedness training and planning across all levels of the Division.

DHS, including DCFS, works with Emergency Management Services as needed when a disaster occurs.

The Business Continuity and Contingency Plan are updated on an annual basis is available on request. This plan includes similar activities in relation to Child Protective Services, Foster Care Services, Adoptive Services, Eligibility Reporting and Compliance.

- Activities include:
  - Informing staff on BCCP
  - Provide staff identified or role a copy of plan
  - Activate risk mitigation
  - Train back-ups
  - Conduct an exercise on day run of contingency action to identify gaps
  
- The following strategies are completed with a continuous quality improvement process in place as we learn from each disaster that occurs:
  - All counties have a plan in place to respond to a disaster with DHS/DCO identified as lead.
  - DHS established a protocol for contacts and Centralized Information. This activity is included as part of new employee orientation. The BCCP will “recover” the information in system when implemented in the event of a disaster.
  - Each county has an established protocol for “check in” in the event of a disaster.
  - The division has a protocol in place to debrief after a disaster and determined what is needed to improve or change. (Executive staff)
  - Each county partner with local law enforcement or 1st responders if needed to respond to high risk child welfare issues or safety of child is compromised.
  
- The following strategies remain in effect for continued implementation:
- Emergency contact form and preparedness information guidance has been developed for foster parents. This information will become a part of a foster home and electronic and hard copy files maintained. Goal date: June 30, 2013. This has been developed but hasn’t been implemented.
- Will continue to work with other child serving agencies and partners to assure appropriate and timely response to continue critical case management activities. Goal date: June 30, 2013.

**Program Support**

<b>Information on Child Protective Service Workforce</b>					
<i>For child protective service personnel responsible for intake screening, assessment, and investigation of child abuse neglect reports, we have the following data available:</i>					
<b>DCFS averages:</b>		<b>CACD averages:</b>		<b>Hotline Operator averages:</b>	
Female	<b>92%</b>	Female	<b>72%</b>	Female	<b>90%</b>
Male	<b>8%</b>	Male	<b>28%</b>	Male	<b>10%</b>
<b>Race:</b>		<b>Race:</b>		<b>Race:</b>	
Caucasian	<b>51%</b>	Caucasian	<b>86%</b>	Caucasian	<b>55%</b>
African American	<b>49%</b>	African American	<b>12%</b>	African American	<b>42%</b>
Either American Indian or Hispanic	<b>With less than 1%</b>	Native American	<b>2%</b>	Other	<b>3%</b>
<b>Ages:</b>		<b>Ages:</b>			
20-30	<b>27%</b>	20-30	<b>28%</b>		
31-40	<b>33%</b>	31-40	<b>26%</b>		
41-50	<b>22%</b>	41-50	<b>24%</b>		
51-60	<b>16%</b>	51-60	<b>16%</b>		
61-70	<b>2%</b>	61-70	<b>6%</b>		
<b>Educational Level:</b>		<b>Educational Level:</b>		<b>Educational Level:</b>	
BSW	<b>22%</b>	BSW	<b>3%</b>	Related degree	<b>96%</b>
Related Degree	<b>70%</b>	Related Degree	<b>77%</b>	BS/Master's Degree related field	<b>3%</b>
MSW	<b>3%</b>	MSW	<b>5%</b>		
Associate	<b>less than 1%</b>	Associate	<b>7%</b>		
No Degree	<b>less than 1%</b>	No Degree	<b>8%</b>		

FSW turnover rate is 21%. It is lower than in previous years. It has been as high as 28% in the past 7 years.

Supervisor to Worker ratio is 1 to 4.6. This average is impacted due to turnover of workers.

DCFS Family Service Worker qualifications:

The formal education equivalent of a bachelor's degree in social work, sociology, psychology, or a related field; plus successful completion of a six month training class within agency core training period. Additional requirements determined by the agency for recruiting purposes require review and approval by the Office of Personnel Management. OTHER JOB RELATED EDUCATION AND/OR EXPERIENCE MAY BE SUBSTITUTED FOR ALL OR PART OF THESE BASIC REQUIREMENTS, EXCEPT FOR CERTIFICATION OR LICENSURE REQUIREMENTS, UPON APPROVAL OF THE QUALIFICATIONS REVIEW COMMITTEE.

**Training Required:**

8 modules (3day) 10 weeks, new worker competency based training model including Structured OJT activities

**The pay scale is as follows:**

*Family Service Workers* - \$30,713 to \$52,167 for those with 15 years or less

- For FSWs with 16 years or more the max pay rate is \$56,340

*Family Service Worker Supervisor* - \$37,332 to \$62,616 for those with 15 years or less

- For FSW Supervisors with 16 years or more the max pay rate is \$67,626

*Area Directors* - \$57,914 to \$86,072 for those with 15 years or less

- For Area Directors with 16 years or more the max pay rate is \$92,958

**Explanation of pay scale:**

The Arkansas State employee pay plan does not allow entry into the system at higher than the entry-level pay rate unless the agency makes a special request to bring them on at the exceptionally well qualified level.

The approval for this does not rest with the individual state agencies, and must be presented and approved to the state Office of Personnel Management.

In the case of the higher grade state employees, a request to hire at the exceptionally well qualified level may have to be presented to the legislative committee on personnel and budget.

**FY 2012 Training Strategy Update & Annual Report**

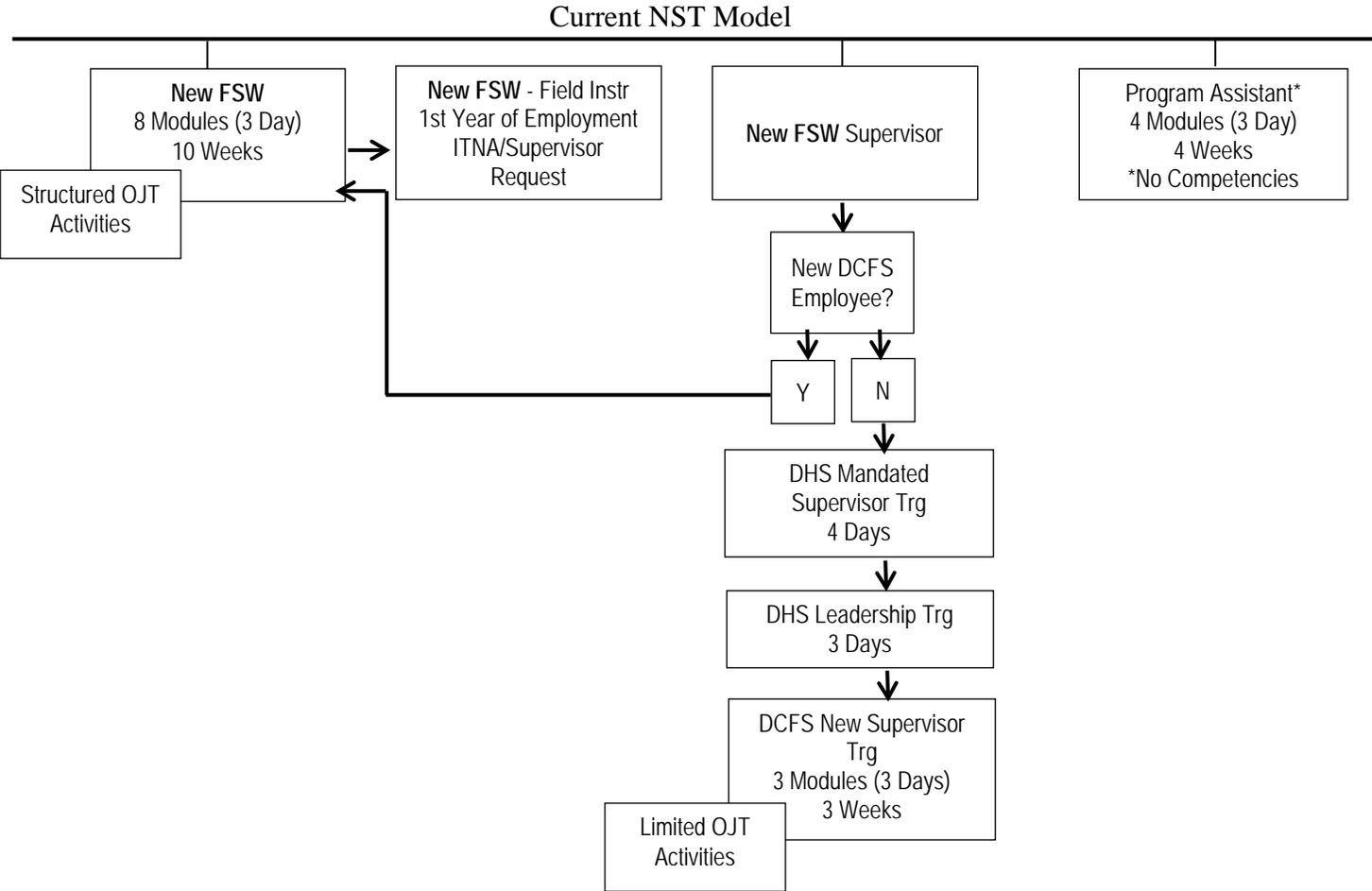
The division’s cultural alignment efforts with the Practice Model Goals and Principles include creating an integrated competency based training model designed to address skill development at all levels in our Child Welfare System.

In support of this goal, Program Improvement (PIP) efforts in FY 2011 initiated a comprehensive review of the current DCFS training system. This review and subsequent development activities continues into Fiscal Years 2012 and 2013.

**What we’ve learned and are Building From**

- The current competency based training model is limited to new staff training (first year of employment) for FSW, FSW Supervisor and Program Assistant positions.

*The below figure illustrates the current components of the New Staff Training (NST) Model.*



- Defined statewide training programs (beyond the first year of employment) addressing intermediate and advanced skill development for FSW and FSW Supervisors do not yet exist-even though intermediate and advanced level competencies do.
- Feedback from a variety of sources indicates supervisors and managers often do not know the competency based training model is not supported when supervisors and managers:
  - Assign heavy caseloads while an employee is still in new worker training.
  - Do not provide a thorough orientation to the office and community resources.
  - Neglect to provide sufficient supervision supporting the application of best practices taught in new worker training.
  - Inform the worker what s/he learned in the classroom does not apply “in the real world.”
- The current training system lacks defined competencies for the following positions:
  - Area Director (Central Office)
  - Program Managers (Central Office)
  - Program Administrators (Central Office)
  - Executive Staff (Central Office)
  - Resource Workers (Field Staff)
  - Program Assistants (Field Staff)
  - Transitional Services Coordinators (Field Staff)
- The current training system does not formally include use of many training resources available through the departmental *Organizational Development and Training* (ODT) office.

### **What We’ve Accomplished Fiscal Year 2012**

*New Staff Training*-A review of the current new staff training provided for FSW and FSW supervisors was conducted in FY 2011. This review included examining systemic issues impacting the effectiveness of the competency based training model and comparing a newly revised functional job description with the established competencies for the FSW and FSW Supervisor positions.

The recommendations/findings of new FSW training review include but are not limited to:

- Create an educational document about the training plan for supervisors and managers.

- Discuss the roles associated with the training plan with supervisors and managers (informational meetings/quarterly supervisor meetings).
- Develop a supervisor training program that includes skills development in support of competency based training.
- Examine the DCFS orientation process and how it can be used to engage the supervisor in skill development.

**2012 Update: The above items have been incorporated into the Arkansas Mountains and Plains Implementation Center project (AR CIRCLES) strategic planning process. More specific information is provided later in this report.**

The recommendations/findings of new FSW Supervisor training review include but are not limited to:

- Recommended minor revisions to DCFS New Supervisor training. Said revisions will place a stronger focus on the holding staff accountable to and the development of best practices.
- Identify field trainer skill sets necessary for working effectively on supervisory skill development.
- Develop structured on-the-job training activities for new supervisors.

*Continuing Education*-Area Directors and supervisors initiate training requests with MidSOUTH trainers, field instructors, Office of Chief Counsel, and/or community partners in their area/county.

Each Area Director has been encouraged to use a variety of factors when determining training needs in his/her area:

- Area improvement plans.
- QSPR findings.
- CHRIS data reports and/or case reviews.
- Direct observations of staff interactions with families and/or community partners.
- Case consultations with staff.
- Feedback from community partners such as Judges, Systems of Care partners, Mental Health providers, etc.
- Requests from staff.
- Individual training needs assessments (ITNA) with Academy and Field Instructors.

We have yet to define a process for linking training experiences with practice change (application of training) and outcome measures.

We continue to believe the role of the supervisor is critical to this process and have been discussing this in the AR CIRCLES strategic planning meetings as well as in meetings with Area management and our University Partnership.

PDU participation in monthly planning meetings between Area Directors and IVE Coordinators has enabled the division to work more closely with ODT on skill development activities for managers and staff that may not be IVE allowable or allowable at the 75% rate.

The Area 1 Director has requested ODT's assistance in the assessment and development of team work among area leaders. Through a collaborative effort, the planned process included:

- Conducting a needs assessment with the planning team (Area Director, select Field Trainers, ODT Trainer and PDU Manager).
- Holding a "Kick off" meeting to provide an overview of the process to local supervisors.
- Completing an online survey (local supervisors). This survey provided a baseline understanding of the strengths and potential challenges related to teamwork capacity in Area 1.
- Planning meeting to discuss the survey results with the planning team and plan next steps.
- Administer the DISC behavioral style inventory and discuss how relating style differences support and detract from team functioning.
- Discuss survey results with supervisory team, discuss the relationship of the DISC inventory discussion to relating styles may be influencing survey findings and plan next steps.

The Area 7 Director has requested ODT's assistance using a similar process. Instead of focusing on the assessment and development of team work among county and unit supervisors, she would like the plan to focus on the development of teamwork in Jefferson County.

The above activities (at different stages) continue in both Areas and support re-establishing a partnership with ODT and our training system.

Best practice and program development related training offered in fiscal year 2012 included but was not limited to:

- Structured Decision Making (Investigations)

Total of 86 DCFS and CACD staff attended a six (6) regional training sessions.

In the fall of 2012, we expect to offer a revised Structured Decision Making training for all FSWs not specializing in investigations. This 2-Day training will continue to cover safety (immediate) versus risk (possible harm without safety planning) in the first 24 hours of an investigation. It will also expand focus to include using a structured decision making process with in home and foster care case management practices.

We expect to follow the above training (early-mid 2013) with 1-Day training for Structured Decision Making Supervision.

- Permanency Values (All case practices)

Total of 42 DCFS and stakeholders attended two (2) centrally located sessions.

- SAFE (Structured Analysis Family Evaluation) Supervisor Training (Foster Care & Adoptions)-

Total of 36 DCFS, Contract Providers and CALL Volunteers attended three (3) centrally located sessions.

- **SAFE Training**

Total of 110 DCFS, Contract Providers and CALL Volunteers attended 3 Centrally located sessions

- **Building a Trauma Informed Workforce (All case practices)**

DCFS and the Partnership continued collaborative work with UAMS to develop Trauma Informed Workforce training for all field staff. A Train the Trainer was held in December 2011 with 25 Field Trainers and Coordinators attending.

Trauma training for field staff began in February 2012. 13 trainings have been completed regionally, with 382 field staff attending. There are currently nine (9) training sessions scheduled but not yet completed.

In addition, we had four Trauma Informed Workforce trainings in July to complete last year's supervisor training initiative. 71 DCFS supervisors attended this regionally located training.

*Management Training*-While we do not yet have defined competencies for all supervisory/management positions in the division, Professional Development Unit (PDU) staff worked with training staff from ODT to map current ODT course offerings with established supervisory competencies.

Many ODT trainings can be directly linked to several professional development topics relevant to child welfare. ODT staff has also agreed to strengthen our potential partnership by shadowing field staff to learn more about how to integrate child welfare issues into classroom discussions.

*Mid/Upper Management Training*-A Central Office workgroup has been established to develop competencies for mid/upper level management positions in the division. In keeping with the competency based training model, this workgroup recommended this to begin by examining the current functional job descriptions for the positions under review.

Functional job descriptions have been gathered but not yet distributed to the workgroup.

The division is also exploring the development of a leadership skills training program. The concept of this program is to provide staff, at all levels of the division, the opportunity to develop skills related to a variety of child welfare program functions. Currently, the PDU manager is developing eligibility criteria for staff.

## **Fiscal Year 2012 Updates & Next Steps: Fiscal Years 2013/2014**

### New FSW Training

- Map proposed training topics (survey results) to established competencies (200-300 series).
- Identify top 3 training topics for intermediate skill training
- Prepare proposed training outline/learning objectives for intermediate skill training.
- Write (DCFS approved) intermediate skill training materials.
- Pilot intermediate skill training

2012 Updates: The OJT manual for new FSWs has been reviewed and updated to reflect current DCFS policy requirements.

### Intermediate Level Training for FSWs

Work on the development of an intermediate level training for Family Service Workers in the field 12-18 months has continued.

We received 11 completed training topic surveys and questioned the validity of the responses because the responses seemed focused on Central Office requests for information versus an assessment of skill development needs for FSWs.

Based on this, we decided to shift our approach and started an assessment based on a discussion of QSPR results related to case management practices on a statewide level.

Currently representatives from MidSOUTH and DCFS Exec Staff, including the QSPR Manager, have met to discuss what the components of an intermediate level training program should look like.

Activities include:

- Reviewed training content in a previous intermediate level training (referred to as “call back” training).
- Discussed the barriers encountered in implementing the previous model. The primary barrier was identified as the lack of DCFS staff participation/support. The subject of DCFS supervisors supporting an intermediate level training by sending staff as defined in the training program remains a concern.
- Reviewed and discussed practice issues noted in QSPR reviews during the last 3 years.
- Tentatively agreed family engagement is a component in all intermediate level training topics. In addition, substance abuse and domestic violence can be incorporated no matter what the training topic may be.
- Agreed to review and compare 200-300 FSW competencies series and to map those competencies to practice issues. A review template has been created to do this; however the activity is yet not completed.

Next Steps 2013/2014

- Complete mapping/comparison exercise described above.
- Determine what the mapping exercise tells us.
- Re-affirm DCFS Leadership support and commitment to intermediate level skills training program
- Determine best method of identifying training topics (if not already completed in mapping exercise)
- Determine impact, if at all, of the AR CIRCLES implementation efforts on this training development.
- Determine stakeholder feedback process

- Determine supervisor and Area leadership roles in supporting training program objectives
- Determine how to integrate or bridge the new worker training series with an intermediate level training series.
- Create proposed training outline and objectives for training program.
- Create training materials.
- Pilot training program.

### **New FSW Supervisor Training**

- Review/approve revised training outline for DCFS New Supervisor training.
- Identify field trainer skill sets necessary for providing quality field instruction to supervisors.
- Develop structured on-the-job training activities for new supervisors.

2012 Updates: In order to maintain focus on New FSW Supervisor training while the AR CIRCLES (MPCWIC Project) strategic planning work evolved, we established specific areas of focus between the two activities.

The AR CIRCLES Workgroup Strategic Plan(s) target the supervisor with one or more years of supervisory experience with DCFS.

The DCFS Professional Development Unit (PDU) and other Central Office staff have continued to work with the University Partnership on improvements to the New Supervisor training program for supervisors who are in the first year in a supervisory role.

Progress made to date includes:

- DCFS approved the proposed training outline and requested MidSOUTH to make changes as proposed. These changes included adding training content on CHRIS data reports and placing emphasis on how the supervisor can use data to support transfer of knowledge into practice.
- The new content builds on the role of the supervisor as a coach/mentor in the professional development of staff. We were able to cut some content on general leadership skills as this is also covered in the mandatory Departmental (required of all human services management) leadership training program.
- New Supervisors who are new to child welfare and to DCFS are expected to attend New Worker Training prior to attending the MidSOUTH New Supervisor training. To help us utilize this time investment more efficiently, MidSOUTH has adapted some of the OJT exercises to include a supervisory focus on the OJT activity versus solely focusing on the role of a caseworker.
- We have also requested our Partnership to begin the process of defining field trainer competencies necessary to support the development of child welfare supervisory skills.

We believe established competencies for field trainers supporting field staff (both supervisors and direct services staff) is one more alignment strengthening our competency based training model system.

This expectation is now reflected in our 2013 contract program deliverables and has been discussed within our Training Skills and Development Team.

In response to this request, the University of Fayetteville has created a new role within the partnership structure to help support this and future training development work.

- The Partnership coordinators have also helped us begin work on the development of a more formal training needs assessment for new DCFS supervisors. This work supports the development of the field trainer competencies and also assists in the development of structured OJT activities for supervisors attending New Supervisor training.

To date, we have collected data to help continue work on the development of the new supervisor skill assessment process.

#### Next Steps 2013/2014

- Develop new supervisor skills assessment tool.
- Develop a structured OJT process that integrates with the new skill assessment tool and New Supervisor training materials.
- Update New Supervisor training materials, if applicable.
- Define Field Trainer competencies needed to train/support professional development of child welfare supervision.
- Identify trainings to support Field Trainer skill development.

The division has also applied for a Technical Assistance (TA) grant with the Mountains and Plains Child Welfare Implementation Center (MPCWIC). This request seeks TA for establishing an engaged supervisory workforce committed to the development of skills and best practices. This project, if approved by the Children's Bureau, will help us create a stronger supervisor development and support program.

We are currently working with MPCWIC representatives on the development of a project plan and logic model for this 2 year endeavor and remain optimistic our grant application will be approved.

2012 Updates: In October 2011, the division was awarded the TA grant with MPCWIC. The project grant continues to focus on the development of supervisory capacity and support within the division.

Through a collaborative effort with the MPCWIC consultants, we have developed two (2) planning "branches" to help us complete and implement a strategic plan for enhanced supervision.

The first project branch uses three (3) planning workgroups to create a strategic plan addressing an identified supervisory issue(s). Each workgroup name aligns with one of the terms in the division's tagline; Care, Commit and Connect.

*Note: Issues addressed in each workgroup were identified by DCFS supervisors during focus group meetings in October of 2011.*

The *Commit* workgroup is addressing supervisor best practices and training issues. While the strategic plan is not yet fully developed (expected completion date is July 1, 2012) and

incorporated into the overall project plan, it appears this group is recommending the development of a Supervisor Practice Model.

This Supervisor Practice Model will then serve as a basis for future training programs and/or professional development models focused on supervision within our division.

Potential outputs could include:

- Supervisor policies to more strongly define the “what’s” of child welfare supervision.
- Supervisor best practices to more strongly define the “hows” or behavioral indicators of best practices in child welfare supervision.
- Supervisory review tools reflecting the supervisor practice model values.
- Continuing education opportunities to teach best practices in supervision as defined by the stakeholder group.

The second project branch uses a phase in implementation strategy to introduce the use of Learning Circles as a change management tool for supervisors and their units.

The Arkansas Learning Circle brings supervisors together with their staff in a joint problem solving environment much like the family engagement model when working with families. Instead of telling staff what they will do, the supervisor facilitates the Learning Circle meeting following a structured planning process referred to as the PARA process.

Coaches are assigned to supervisors to help him/her adapt to the role of facilitator as defined in the Learning Circle model.

The Organizational Development and Training (ODT) unit has one trainer serving as a Learning Circle coach in Pulaski County. This opportunity is also helping him develop stronger insights related to the challenges faced by DCFS staff.

The ODT Manager has expressed continued interest in training Learning Circle Facilitator training for other divisions in the department. Learning Circle Facilitator training within the division will be initially sustained by a DCFS team.

Field Trainers and/or Coordinators are also serving as Learning Circle Coaches in the present phase in counties and will continue to act as coaches in future phase in zones.

The Butler Institute sponsored the first Facilitator training for supervisors and learning circle coaches on April 10-11, 2012. Members from Executive staff, including the division director, also attended this training.

This “just in time” training was provided to supervisors and coaches within one month of the first Learning Circle meeting in the initial five (5) phase in counties.

One lesson learned from this initial implementation was the need to have involved all of the Area Directors more at the front end than we did. The project team is now exploring how we can re-direct to help engage Area Directors more in the implementation and ultimately the sustainability of the Learning Circles.

Next Steps 2013/2014

- Support development of Supervisor Practice Model and related materials.

- Coordinate review and/or development of supervisor training to align with the Supervisor Practice Model and/or Behavioral Indicators.
- Complete Learning Circle facilitator/coaching training for Partnership staff on July 25-26.
- Create a strategy to engage Area Directors more in the Learning Circle process.
- Create Phase 2 implementation strategy.
- Develop sustainability plan for Facilitator training-identify division trainers, develop training schedule with Butler Institute, assign training segments, and train assigned areas. Ultimately the last Facilitator training should be led of the DCFS training team versus Butler Institute.

#### New Mid/Upper Level Management Training

- Review functional job descriptions for identified positions.
- Determine if updates to functional job descriptions are needed.
- Develop competencies for identified positions.
- Group competencies into “New,” “Intermediate,” and “Advanced” levels.
- Identify other course topics.
- Identify ODT courses linked to above competencies.
- Define training program requirements.

2012 Update: Capacity issues have affected progress related to the development of a management training (as defined above) structure.

We were able to complete a review of the functional job descriptions for Management positions and identified common elements in the functional job descriptions.

We have also completed the mapping of ODT courses to supervisor competencies in child welfare (submitted 8<sup>th</sup> quarter PIP).

#### Next Steps 2013/2014

- Identify the top 10 common management responsibilities.
- Develop competencies for these common duties.
- Group competencies into “New,” “Intermediate,” and “Advanced” levels, if applicable.
- Identify related course topics-beginning with courses offered by ODT and/or University Partnership.
- Adapt, if necessary, planning process based on the development of a Supervisor Practice Model.
- Develop Management training program requirements.

#### Continuing Education

FY 2012 brings with it several new program initiatives requiring mandated training as well as “make up” training for initiatives started in FY 2011. Some of these programs include but are not limited to:

- Differential Response
- Subsidized Guardianship Assistance Program
- Structured Decision Making
- Permanency Values Training

The figure (next page) incorporates FY 2012/2013 proposed training improvement efforts into the new staff training model.

2012 Updates: Attendance to Structured Decision Making and the Permanency Values training for FY 12 has been provided in previous sections of this update.

The division continues to explore how to best implement a Differential Response program in Arkansas and is currently assessing family engagement training models to use with this program launch.

The Subsidized Guardianship Coordinator provided 20 regionally located Subsidized Guardianship trainings in the fall of 2011. A total of 318 DCFS staff attended these sessions.

We also included a Differential Response overview at the end of each of these sessions. Our intent at that time was to communicate to the field the proposed DR Model and to answer questions or concerns the field may have.

#### Next Steps 2013/2014

- Identify and implement a Differential Response training model with selected “providers.” Providers may be designated DCFS staff, community providers and/or a combination of these resources.
- Implement new Structured Decision Making trainings (previously reported)
- Identify supervisor continuing education training topics per AR CIRCLES implementation

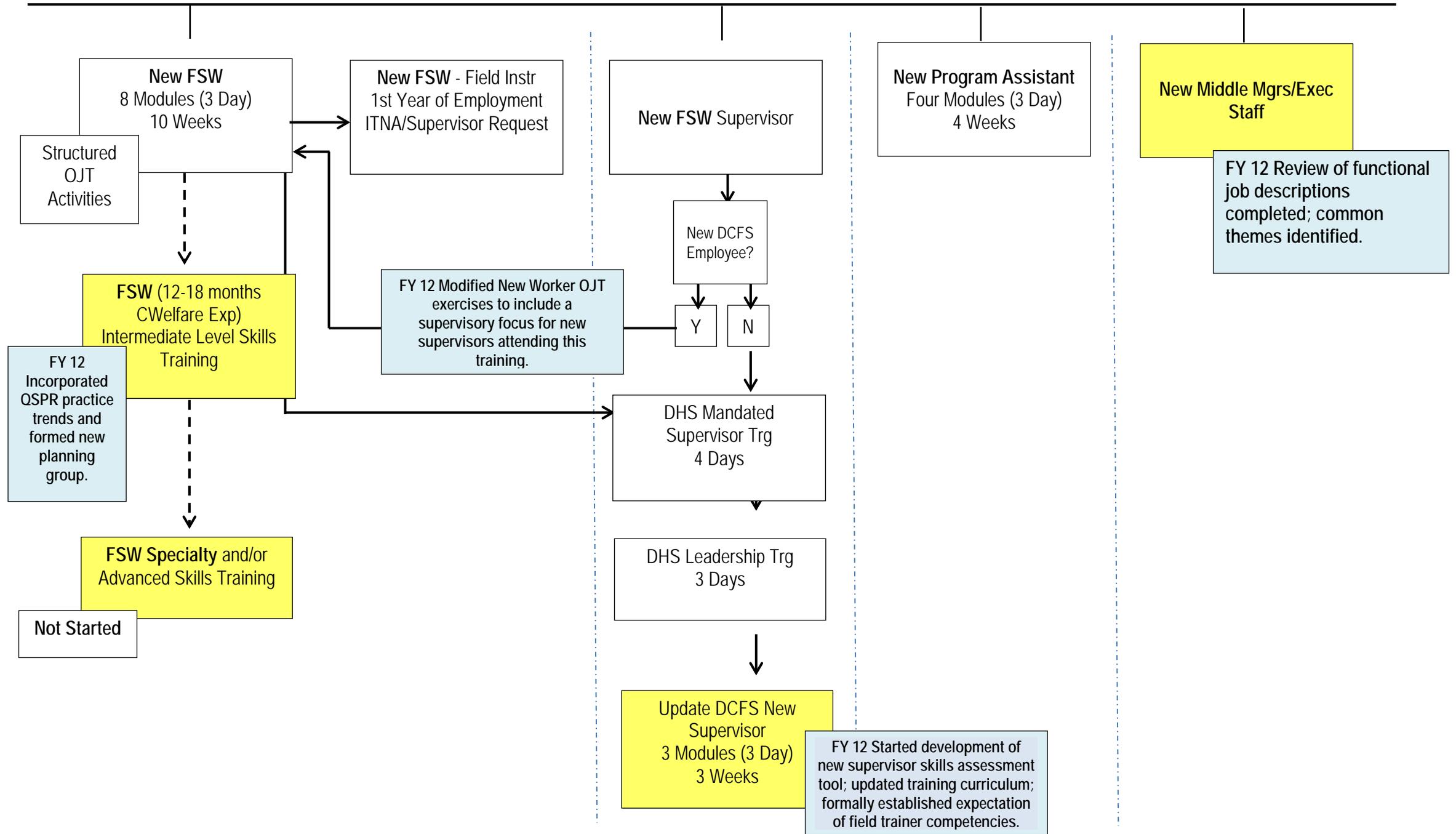
#### Projected Continuing Education Topics of Interest

- Family Group Decision Making
- IVE Waiver Project
- Learning Circle Facilitator Training
- Expanded Structured Decision Making
- Structured Decision Making Supervisor Training
- Well Being of Children Framework
- Concurrent Planning

The figure (next page) graphically depicts the work previously summarized using the new staff training model diagram. Refer to light blue text boxes for current updates.

Note: Continuing Education is not reflected in the figure.

Proposed NST Model  
Fiscal Year 2012/2013



## Training Overview FY 2012

DCFS currently has nine (9) contracts with a number of universities known as the University Partnership; with this group conducting the majority of DCFS professional development training.

The University Partnership also provides a system of educational support through “field trainers” who work directly in DCFS field offices on a variety of issues. As we continue our review of the State’s training system, the field trainers will continue providing support to new and experienced workers.

We have also started evaluating ways to leverage this existing structure as a resource for implementing our Practice Model in innovative ways. This includes:

1. Working to improve communication and team approaches between Central Office program units through the expansion of Executive Staff.
2. Working to improve communication and team approaches with our training partners.
3. Soliciting feedback from our partners on the development of the PIP and the Practice Model.
4. Sharing macro data (meta-analysis reports, routine updates from the Division Director and information about other program development activities) with training partners.

Outcomes from the above activities include, but are not limited to:

1. Adding Practice Model information to the new staff training (family service workers, program assistants and supervisors) programs.
2. Including Practice Model information in continuing education programs.
3. Evaluating new training programs to ensure consistency with Practice Model goals and principles.
4. Evaluating policy regulations to ensure consistency with Practice Model goals and principles.
5. Increasing the exchange of information between the Division and our training partners. Representatives from our training partnership are now engaged in a number of planning meetings and/or discussions in which they did not previously have the opportunity to participate. This includes participation in:
  - a. Routine meetings with Executive Staff and CHRIS representatives.
  - b. Conference calls and meetings with key Executive Staff members related to new initiatives and contract renewal issues.
  - c. Central Office Area Director meetings- when appropriate.
  - d. Quality assurance information exchanges related to COR and other reporting mechanisms.
  - e. Presentations related to new tools the Division may be considering.

- f. Conference calls and meetings with other training professionals who are developing training programs outside of the partnership. This helps us ensure congruency of practice messages.
- g. Central Office participation in staff training events developed by training partners and other professional training entities.
- h. PDU participation in local training development meetings with the Area Director and university training coordinator.

We know we want our field and classroom trainers to support the development of supervisory leadership skills in new and innovative ways. We believe front line supervisors are the key to our success in changing practice behaviors across the state. Currently front line supervisory practices (from a system perspective) are a significant barrier to successfully implementing change in our system. While training alone does not address this issue in its entirety, it certainly supports the change effort.

We have already started requesting our partners to participate in mandated training events for supervisors. We believe this will strengthen their ability to help supervisors create more effective team practices using ideas from a shared training experience.

2012 Update: In addition to the updates already provided in this report, other improvement efforts include:

- PDU Manager and Administrator have been granted access to the Partnership web page. This supports improved communication and information sharing across the partnership.
- Tommy Milford, with the University of Arkansas at Fayetteville (UAF), is developing a new website designed to promote access and communication among the Partnership and all DCFS staff. This website, once implemented will provide access to Learning Circles across the state, training resources, discussion boards, and automated web search engines by topics to names a few things.
- The FY2013 contract was updated to better reflect the work we have been asking of our partnership in over the previous 3 years.
- UAF has made some personnel reassignments in anticipation of responding proactively to our program improvement efforts.
- The University of Arkansas at Little Rock (UALR) continues to work with the division on the implementation of the SAFE assessment process with foster and adoptive homes.
- UALR has also worked with the Area 3 Director to establish a quarterly training forum for Area staff at the AD's request.

### **Projected Trainings**

As we move forward with our training review, we will also continue to develop training strategies that support the Practice Model implementation. These new training strategies will target:

1. Supervisory skills-best practices
2. Family engagement & case planning practices

3. Transitional planning with youth
4. Permanency values and planning
5. CHRIS enhancements related to best practices
6. Central Office staff development
7. Systems of Care partnering

**2012 Update: Refer to page 11 of this report.**

As we continue our work in the above areas, we face the challenge of shifting our own perceptions related to the role of training and the role(s) of accountability for worker performance.

In short, while training events may provide information necessary to transform practices, the actual change in practice on a local level is supported by the quality of front line supervisory response/support provided to field staff as they seek ways to incorporate classroom ideas into behavioral responses.

<b>Current In-Service Training</b>
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New staff training (and related on the job activities) for family service workers and family service worker supervisors has been approved by the DCFS Executive Staff and is provided by UALR MidSOUTH Training Academy (classroom) and the IVE Partners (on the job activities).

The curriculum is based on worker and supervisor competencies developed by the Institute for Human Services (IHS).

New Staff Training for Program Assistants (PA) is currently based on a modified version of the family service worker in-service training and does not have an on the job component.

When a new employee is hired, s/he is scheduled for training within the first two weeks of employment. Classes are held at one of five sites throughout the state, allowing the new worker closer access to both office and home.

New DCFS supervisors are expected to complete the Departmental (DHS) Supervisor training prior to attending additional training provided by MidSOUTH.

The DHS Leadership Series includes:

- DHS 4-Day Supervisor Training (with update training every 5 years) includes PPES, Administrative Policy, and EEO Laws. Hiring Procedures and Grievances, Cultural Diversity and Interpersonal Communications.
- DHS Leadership in a High Performance Culture.

New Staff Training (provided by MidSOUTH) for DCFS supervisors maintains a focus on leadership skills within the context of child welfare which makes this program uniquely different than the DHS series.

2012 Updates: 159 DCFS field staff attended new staff training in FY 2012. The following lists the details associated with this total:

- 136 Family Service Workers
- 9 Family Service Worker Supervisors

- 14 Program Assistants

An additional Program Assistant training is scheduled to begin on June 18, 2012.

### **New Staff Training Attendance/Exemption Procedures**

DCFS Family Service Workers or Family Service Worker Supervisors returning to field work after a one (1) year break in service shall be interviewed by the Area Director to determine personal retention of best practice information and the policy/ procedures related to their assigned roles in child welfare.

DCFS Family Service Workers or Family Service Worker Supervisors returning to the field within one (1) year of previous employment with the Division (in the same or similar job classification) are considered exempt from New Staff Training.

The hiring supervisor will develop a training plan with the field trainer to address any knowledge/skill areas s/he would like addressed with the returning employee.

If the employee or Area Director believes an exemption from training is justified based on completion of previous training and demonstrated competency, then a memorandum requesting an exemption is submitted to the Professional Development Unit for processing.

The request will include the following information:

1. Details of the previous DCFS trainings and/or other child welfare related trainings.
2. Date and time of the previous training and the relevance to current job duties.
3. Description of existing knowledge and skills related to job duties, including previous performance evaluations.
4. Copies of the training certificates or letter of attendance.

After review of this information, the Assistant Director of Community Services will notify the Professional Development Unit (PDU) of the decision.

The Professional Development Unit will notify the Area Director and MidSOUTH of the exemption disposition.

Actual credit hours will not be awarded to an employee who is exempted from a mandated training topic.

If, after granting an exemption for a class, the employee's skills are viewed as unacceptable, the employee will be required to attend the class for which exemption was awarded. Credit hours would then be awarded for completion of the attended training event.

DCFS Family Service Workers returning to field work in Family Service Extra Help positions will not be expected to attend the full New Staff Training series. The hiring DCFS Supervisor will assess the skills of the former Family Service Worker and will base his/her duty assignments on that person's assessed strengths.

2012 Updates: The above section has been edited for clarity and to better reflect the actual practices currently in place for training exemption requests.

We have also updated the above exemption section to address potential training needs of FSWs hired into "Extra Help" positions. Extra Help positions are temporary and can only be used for a

period of six months. Typically the division avoids hiring FSW personnel into these positions but this hiring practice does sometimes occur.

As we implement the AR CIRCLES strategic plan, we may establish an orientation process requiring supervisors to provide updates to staff returning after a break in service.

### **New Worker Initial Caseload Assignments**

Due to the intensity of the NST, on-the-job training requirements and local office workload capacity issues, caseload assignment decisions will be based on an incremental model.

This model supports skill development in such a way the worker is more prepared to accept full caseload responsibilities at the completion of NST.

Supervisors will make caseload assignment decisions by considering the following factors:

1. Type of family case.
2. Complexities surrounding the family issues (Example: Sexual Abuse, Chronic Neglect, and Failure to Thrive).
3. Current number of completed training modules.
4. Experience and skill at time of hire.
5. Local plan of support for the new worker, including IV-E partner contact and supervisory support.

### **Continuing Education Requirements**

Employees of DCFS are mandated to attend a minimum number of **job-related** training each year.

In FY 2011 we rescinded the mandated “Worker Safety” training and have replaced it with annual training that focuses on helping field staff prevent/manage unsafe conditions through sound casework practices.

The new *Managing Difficult Encounters with Families* training allows each university partner to develop a section addressing specific issues for an Area-while maintaining consistency statewide in other topics discussed in this class.

2012 Updates: As previously noted in this report, we have continued our collaboration with UAMS on the Trauma Informed Workplace training initiative. The training presently being offered to field staff counts as the mandatory grief and loss training for the 2012 calendar year.

We will also create and offer a modified Trauma focused training for supervisors who attended the supervisor Trauma training offered in the last calendar year. This will count toward their Grief and Loss training in calendar year 2012.

Next Steps 2013/2014

- Re-design a training program approved to meet the annual Grief and Loss 1 hour training mandate. We would like this program to include multiple topic options that relate directly to service issues encountered by the field.

- This program may have on line training options available to staff in the future.

The following identifies the number of required continuing education hours based on the job function.

- Program staff (field staff with direct client contact and caseloads), Family Service Worker (FSW) classification, Area Managers - Twenty-four (24) annual hours required.

The mandated annual trainings *Managing Difficult Encounters with Families and Trauma Informed Workforce* are applied to the above hours.

- Program Support staff (direct client contact with secondary case assignments or no caseload), Nurses, Health Service Workers, Health Service Specialists, Program Assistant, Independent Living Coordinator- Fifteen (15) annual hours required.

The mandated annual trainings *Managing Difficult Encounters with Families and Trauma Informed Workforce* are applied to the above hours.

- Non-program staff (administrative support, office personnel, administration having no direct client contact [DCFS Central Office] including DCFS Executive Staff - Fifteen (15) annual hours required.

- Volunteers serving in a foster or adoptive care capacity for DCFS - Thirty (30) hours pre-approval and fifteen (15) annual hours required after approval.

The above training hour requirement for adoptive homes stops upon completion of the adoptive process.

- Volunteers not serving in a foster or adoptive capacity, such as community volunteers or interns, are required to attend five (5) hours per year.
- All DCFS child welfare program field staff who have or may have contact with clients are required to maintain certification in first aid and CPR (infant, child and adult) provided at DCFS' expense through either the American Red Cross or the American Heart Association.

The time frame used to determine if the above requirements have been met is based on the calendar year.

**Current Foster Parent Pre-Service Training**

The state uses the Foster/Adopt **PRIDE** (Parents' Resource for Information, Development, and Education) training curriculum as the Foster Parent pre-service training program.

This curriculum was developed by the Child Welfare League of America.

**A. Foster Parent CPR Certification**

All foster and adoptive parents are also required to be certified in first aid and CPR. In addition, all homes are required to complete and maintain certification in first aid, but only foster family

(non-relative) homes are required to attend and maintain full certification covering infant-child-adult CPR.

Other homes, if only accepting fostering of relatives, are required to complete and maintain certification in the (categories listed below) for the ages of the children they accept.

1. Infant (birth through 1 year of age).
2. Child (1 year through 8 years of age).
3. Adult (age 8 years of age through adulthood).

Acceptable national training providers include the following: American Red Cross (first aid and CPR); American Heart Association (first aid and CPR) and National Safety Council.

2012 Update: The division has granted approval for foster or adoptive family members to receive certification using online training programs established by the above providers. This approval is based on the condition that the certification process includes in person demonstration of the learned skill in front of a certified instructor.

The foster parent must adhere to and be responsible for maintaining his/her certification requirements since various certification time frames occur with the acceptable CPR provider group (1 or 2 years),

**2012 Update American Red Cross Certifications are now valid for 2 years.**

*Note: Foster parents must maintain certification in CPR and First Aid to remain opened as a DCFS foster home, but these training hours **are not** used to meet the continuing education requirements outlined previously.*

DCFS is responsible for scheduling first aid and CPR training for these homes. Foster / adoptive homes will be reimbursed for successful completion of classes scheduled through DCFS using in-house or approved training providers.

**Central Office Staff Training**

Each hiring supervisor reviews a new employee's skills and experiences to determine necessary training related to job functions. Both incumbent and new employees are evaluated through the annual PPES (Performance and Evaluation) process. Training issues may be addressed through development of individual training plans that target specific skill development.

DCFS Central Office employees are permitted to attend training found applicable to their job performance. Supervisors may use formal training events, as well as media such as videotape, CD, DVD, printed material or through interview/shadowing of a topic expert.

We expect more specificity for this training category as we complete our training program review.

**Additional Training Opportunities**

Additional training opportunities for DCFS employees and foster parents include attendance in training events offered by other state and local community providers.

Regular training conferences include:

- Arkansas Human Services Employees Conference (AHSEA)
- Annual State Foster Parent Conference (DCFS)
- MidSOUTH Summer School (MSSS)
- Annual Child Abuse and Neglect Conference (MidSOUTH)
- DCFS Area Training Meetings
- Academic Partnership Regional Training Conferences
- Mental Health Institute
- Court Appointed Special Advocates (CASA) Annual Conference
- Juvenile Justice and Delinquency Prevention Conference (Division of Youth Services)

*Several of the larger state conferences provide a limited number of scholarships for DCFS staff and foster parents.*

DCFS currently serves on many of the planning committees for the above events. Our future plans include expanding our involvement to include speaking at these events and/or offering workshops related to shared child welfare/practice issues.

We believe this type of direct involvement will strengthen our collaborative relationships with these community providers.

These providers include:

- Administrative Office of the Courts
- Child Care and Early Childhood Education & Child Care
- Local Provider Associations
- Juvenile Justice
- System of Care
- Other relevant providers

### **Training Records and Attendance Documentation**

- All participation by DCFS staff and volunteers in Academic Partnership-sponsored training events are recorded in a training database maintained by the sponsoring institution.
- UAF is responsible for gathering attendance information from their seven sub-contracted university training partners and for maintaining a centralized training records database.
- All MidSOUTH training records are uploaded nightly to CHRIS.
- DCFS staff with a “supervisor” level of security may view and print employee training records from the CHRIS system.
- Central Office supervisory staff and Area Managers (or designees) will initiate and maintain a CFS-381 Employee Training Record for all employees. Supervisors will enter

all attended training on the form and include copies of attendance verification within the folder.

- Area Directors (or designee) will enter all non-Partnership training attendance into CHRIS through the Training Toolbar function. Central Office supervisors (or designee) will likewise enter their employee's non-Partnership training into the CHRIS training database.
- Both MidSOUTH Center and the Academic Partnership will provide documentation of training attendance to participants in the form of a certificate, copy of the sign-in sheet or a letter of attendance.

### **Employee Career Advancement**

The State personnel system no longer includes a career ladder incentive program (CLIP). This means employees wishing to advance into higher salaried positions must do so by following the established hiring process.

This process includes but is not limited to:

1. Submission of a formal employment application.
2. Met minimum qualifications for a position.
3. Met benchmarking standards (if applicable).
4. Interview
5. Selection

### ***Stipend Program (BSW & Other Related Degrees)***

The purpose of the DCFS Child Welfare Student Stipend Program is to hire more employees with degrees in social work and/or social work-related degrees.

DCFS Policy XI-C establishes guidelines for administering the DCFS Child Welfare Student Stipend Program.

University student stipend applicants first interview with the University IV-E Coordinator to determine if the student is a good candidate for the program. Applications and other related paperwork are submitted to the DCFS Professional Development Unit for review and processing.

Upon receipt of all record background checks and forms, the application packet is forwarded to the Division Director for approval.

If approved, students are awarded a two semester stipend (in most cases) in the applicant's senior year. Upon graduation, the student is hired by the Division in an IVE allowable position and must remain (as a condition of the stipend agreement) employed for a minimum of one year.

**2012 Updates:** We have clarified our messaging with prospective stipend students to help them better understand where they might expect to be placed upon graduation.

Even though the stipend application and agreement clearly state the student is agreeing to a placement based on the current division's needs anywhere in the state, many graduating stipends have been upset to discover they are being asked to work in counties they prefer not to work.

The new message to interested students now clarifies that in all likelihood, placement decisions will be based on three (3) high turnover areas; Area 2, Area 1 and Area 8.

The Training Coordinator and PDU Manager also attended 4 stipend interviews to observe the selection process. These interviews were conducted in Area 8, Area 6 and Area 5.

Next Steps 2013/2014

- Build on PDU involvement in the stipend interview process.
- Revise stipend application form to align with new messaging regarding placement probability in identified high turnover areas.

Acceptable degrees for stipend applicants are identical to the minimum qualifications for employment as a DCFS Family Service Worker, which are the equivalent of a bachelor's degree in social work, sociology, psychology or a related field. Related fields are identified as:

- ✓ Child and Family Development
- ✓ Child Development
- ✓ Counseling (any field of Counseling)
- ✓ Family Development
- ✓ Family Services
- ✓ Human Development and Family Studies
- ✓ Human Services
- ✓ Rehabilitation Science
- ✓ Social Welfare
- ✓ Behavior Science
- ✓ Criminal Justice
- ✓ Education (Early Childhood, Elementary, Middle Level, Secondary, and Special Education)
- ✓ Home Economics/Family and Consumer Science

### **Master of Social Work (MSW) Educational Leave Program**

The DCFS MSW Educational Leave Program helps the Division employ an increased number of persons who possess an MSW degree working in programs throughout the state.

DCFS Policy XI-B establishes guidelines for administering the DCFS MSW Educational Leave Program, and addresses both full and part-time agreements.

Candidates must first gain acceptance from the University with an MSW Graduate Program before DCFS considers an application for this program.

In addition, an applicant must be a current employee with two years of continuous service immediately prior to applying. Policy and the agreement mandate a work payback of two months for every one month 1 spent in school.

In December 2009, we had a first meeting with several employees who obtained an MSW degree through this program. This meeting helped us start the process of gathering feedback as we continue to look for ways to improve the effectiveness of this program.

The MSW program is currently under review by the Division. We do not expect to seek applications for this program in FY 2012.

**2012 Updates:** The MSW program is currently under review by the Division. We do not expect to seek applications for this program in FY 2012.

**Technical Assistance Plan**

<b><u>DATE REQUESTED</u></b>	<b><u>TA DESCRIPTION</u></b>	<b><u>NRC/Provider</u></b>	<b><u>APPROVED</u></b>
3/1/09	Decrease number of children entering foster care	National Governors Association (NGA)	Yes
3/25/09	Peer to Peer development Community Stakeholder Iowa.	NRC for Organizational Improvement	Yes
4/9/09-6/3/2010	Leadership development planning conf.	NRC for Youth Development	Yes
5/18/09-12/31/09	FP conference FP/Bio parent teams 10/2-3	NRC for Family Centered Practice and Permanency Planning	Yes Rose Wentz
6/15/09-10/1/09	Child Abuse/Neglect Dr. Leslie Connections 9/9-11	NRC for Family Centered Practice and Permanency Planning	No
6/09-current	Communications Strategy	NGA/Casey Family Programs	Yes
10/1/09 through 6/30/10	Assist with YAB Leadership; marketing NYTD	Foster Club	Yes
1/1/10 to 6/30/10 Renewed 7-1-10 to 6/30/11 and 7/1/11 to 6/30/12	Permanency Round Table Strategy for moving youth toward legal permanence	Casey Family Programs	Yes
Renewed 7/1/ 2010 to 6/30/ 2011	Leadership YAB	NCR for Youth Division	Yes
10/1/11-6/30/12	Enhance Supervision	MPCWIC	Yes
7/1/11-1/1/13	Differential Response	CASEY	Yes
6/1/12-6/30/12	Title IV-E waiver	CASEY	Yes
1/1/12-1/1/13	Reducing number of children in Foster Care	CASEY	Yes
7/1/12-6/30/12	Various webinars/Peer Council	Various NRC's	N/A

## **Evaluation and Technical Assistance FY 2012**

DCFS utilizes several strategies to determine how effective our programs are with leading to positive outcomes for families, to assist us in assessing best case practices, areas needing improvement, provides data charts and graphs as well as other visuals so that management can see how we are performing overall. We expect to continue to utilize our data to assist us with tying good case practice to performance evaluations and accountability. We continue to focus on not only the quantity but the quality of the work and the outcomes of our families.

DCFS utilizes several strategies to assess the effectiveness of its staff, services, and programs as well as to ensure that those they lead to improved outcomes for children and families. DCFS develops a number of reports, evaluations and other mechanisms to measure the quality of its services. In particular, the Division makes concerted efforts to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement. Agency staff ensures that the development of any new reports or other methodologies is in line with CFSR benchmarks and the goals outlined in the Division's Program Improvement Plan (PIP).

Many of the Division's recent reports are now built around the three core goals of child welfare—child safety, permanency and well-being—while also accounting for other factors that might help facilitate or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.

DCFS expects to continue utilizing its data in its efforts to connect its evaluations to performance and best case practice. The following list of reports (and accompanying descriptions) accounts for the major quality assurance activities undertaken in Arkansas during SFY 2012:

**Arkansas Supervisory Review Tool** – On a quarterly basis, supervisors within each of DHS's 83 county offices review each active foster care and in-home case in their respective counties. The tool enables supervisors to complete their required quarterly review of all open cases in their respective counties, and supervisors must review 100 percent of their cases for a given quarter. The review provides supervisors with a one-on-one training tool to staff and discuss individual cases with caseworkers, including working with caseworkers on practice issues. The tool allows the supervisor to determine whether caseworkers know how to utilize best practice concepts; and if not, the supervisor can work with them on developing these skills. After all of the reviews have been completed for a given quarter, reports are generating offering case review information by county, area and statewide. Over the past year, DCFS supervisors completed more than 97 percent of their required reviews. The Supervisor Review Tool has been incorporated into the Commit workgroup strategic plan. They would like to revise the questions so that the tool aligns with the Supervisor Practice Model; a part of this workgroup's plan. They plan to explore the possibility of implementing CHRIS enhancements to develop a more user-friendly review tool.

**Family Preservation Services Evaluation** – DCFS conducts this evaluation on an annual basis, in accordance with state law. The goal of family preservation services (FPS) is to keep families intact (prevent the removal of children from home) or achieve reunification expeditiously (if children are in foster care). This evaluation describes the number of families who receive such services; tracks their progress at specific intervals after receiving services; and summarizes the

characteristics of services that may lead to a higher or lower probability of positive post-treatment outcomes such as achieving permanency.

**Compliance Outcome Report (COR)** – The COR represents a monthly report that assesses the performance of DCFS caseworkers in divisional and regional areas. Specifically, the COR measures 35 indicators that represent standard casework or case-related activities, many of which must comply with state regulatory requirements.

**Contract Monitoring** – Since SFY 2010 DCFS has been conducting contract monitoring reviews of many of its service providers. These reviews have been part of the Division’s comprehensive effort to improve the quality of its service delivery system as well as the outcomes it achieves for children and families. During previous years DCFS has reviewed its residential treatment facilities, therapeutic foster homes, sexual offender treatment programs, outpatient counseling agencies, and psychological evaluation providers. For SFY 2012, DCFS reviewed its intensive family services (IFS) providers and its foster family homes. For foster family homes, DCFS examined the quality of care being provided by these foster families; the challenges and barriers faced by these families; and what can be done to improve the recruitment and retention of these families. For IFS, DCFS reviewed the intake processes and array of services offered by each provider; the types of clients accepted into these programs, and their subsequent outcomes after participating in and being discharged from the program; and each provider’s compliance with contractually required documentation and paperwork. DCFS performed a system-wide analysis of its foster family homes, and it completed program-specific and system-wide reports of its IFS agencies.

**Quarterly Performance Report (QPR)** – The Quarterly Performance Report (QPR) is a statistical report created for legislative committees dealing with the youth and children who are involved with DCFS. The report is completed quarterly for the state fiscal year and consists of three components: a compliance index, performance indicators, and a description of population and services.

**Annual Report Card (ARC)** – The Annual Report Card (ARC) is a statistical report that is also created for legislative committees dealing with youth and children involved with DCFS. The ARC is reported for each a state fiscal year and is structured similar to the QPR. The report deals with the demographics of the population served by DCFS and documents any observable trends over time.

**Meta-Analysis** – As part of an effort to measure performance and outcomes on a localized basis, DCFS conducts an annual analysis of each of its ten Service Areas. As such, DCFS compiles, analyzes and reviews data regarding the children and families it serves within each Service Area, as well as measures the outcomes it achieves for the corresponding service population. Much like the federal Child and Family Services Review (CFSR), the primary issues on which this analysis focuses are safety, permanency and well-being; but it also places an emphasis on the personnel, contractual and foster care resources available to achieve these outcomes. The intent of these reports is to identify those practices and outcomes where each Service Area is producing well and can serve as a model for other Areas, as well as those practices and outcomes where each Area most needs to improve. At the conclusion of the ten Area-specific meta-analysis

reports, DCFS also completes a statewide meta-analysis that measures DCFS' progress and overall transition over the most three recently completed calendar years. For SFY 2012, the Meta-Analysis reports placed a greater emphasis on performance at the county level for many of its compliance and performance measures. Focusing on local performance allows DCFS Executive Staff and Managers to better identify and understand where casework is excelling and other counties where improvement is needed.

**Summary of Garrett's Law Referrals** – On an annual basis, DCFS completes an analysis of Garrett's Law referrals received during the most recently completed state fiscal year. Garrett's Law refers to a bill enacted in 2005 that intended to address situations in which a mother gives birth to a child, and either the mother or the newborn is found to have an illegal substance in his or her system. According to the law, the presence of an illegal substance in either the mother or newborn is sufficient to substantiate an allegation of neglect. This study presents information on the Garrett's Law referrals received from SFY 2008 through SFY 2011. The report presents information regarding the number of Garrett's Law referrals received annually; the types of drugs cited in these referrals; how DCFS responds to Garrett's Law referrals; and whether the parents involved in these referrals receive any type of treatment.

**Adoption Matching Website** – During SFY 2012, DCFS developed an adoption matching web tool in order to help agency staff identify available pre-adoptive homes whose child preferences match those of children who are available for and have a goal of adoption. Staff using the website will input the characteristics of a given child and the website will cross reference it with the preferences of pre-adoptive homes.

**Foster Parent Matching Website** – During SFY 2012, DCFS also began development on a foster parent matching web tool which aims to help agency staff to efficiently identify available foster homes whose child preferences match those of the criteria entered in by the user. The goal of this website is not only to find a foster family willing to accept a given child, but also to find a foster home in close proximity of the child's home county to ensure that the child can preserve his or her connections to the local community, school, neighborhood, family and friends. In other words, it filters matches by identifying foster homes within a certain search radius of the foster child's county of origin. The website will be finalized by the end of the fiscal year.

### **Tribal Coordination/Consultation**

Another area where we are focusing on developing a stronger collaboration or partnership with is the Tribal agencies. Although Arkansas does not have any recognized tribes, we are very interested and will develop strategies to improve our collaboration with the tribes. We have several border counties that do have a need at times to work with tribes and by learning and understanding more about their culture and needs, this will improve our assessment and decisions when working with families who are Native American.

We do have children in foster that are referred to the Tribal Nation for consideration of intervention, placement and case management. Our SACWIS system does have an element where we can document this information, but documentation is inconsistent as is tracking of this item. OCC attorneys regularly consult with the Tribal representative on all open ICWA cases. These same OCC attorneys provide notices as required by ICWA and has ongoing

communications with the Tribal representative as the case progresses. OCC contacted the following tribes within the past year to either provide notice of children entering care and/or communications regarding case plan staffings, medical needs, and ongoing permanency planning; were contacted by our OCC system and by OCC report include: Cherokee Nation, Pit River Tribe, Navajo, Northern Cheyenne, Osage, Blackfeet and Kiowa. Generally, when notified, the Tribal representative participated in hearings and staffing of these children and identified placement although the placement option was not always utilized. None of them moved to transfer to the tribal court. At the present time Arkansas does not have any IV-E agreements with any Tribal Nations.

Currently, CHRIS reflects **126** children who are identified as American Indian and Alaskan Native (AIAN).

OCC conducted training to all attorneys across the state the week of May 21, 2012. Since OCC currently takes the lead on notifications they try to have annual update training on ICWA. We have the PowerPoint and training manual available for review on-site.

Arkansas will assess and make necessary changes to better identify and track children to ensure timely notification of the Tribal Nation.

#### **Arkansas Child Death Review Panel**

During the 85<sup>th</sup> General Assembly Regular Session, 2005, an act to create the Arkansas Child Death Review Panel was approved. The Panel was designed to identify the cause of death of children under eighteen (18) years of age; and to reduce the incidence of injury and death to children by requiring a death review to be performed in all cases of unexpected deaths of children under eighteen (18) years of age. The Arkansas Child Death Review Panel supports the Arkansas Child Death Review Program and local child death review teams. They provide guidance, expertise, and consultation in analyzing and understanding the cause, trends, and system response to child fatalities. The panel is also responsible for making recommendations in law, policy, and practice to prevent child deaths in Arkansas.

One of the functions of the child death review panel is to advise the governor, legislature, state agencies and the public on changes in law, policy, and practice to prevent deaths to children. The ultimate goal is to improve the overall health and safety of Arkansas children. The panel members review child mortality data, child death review program reports, and local child death review team reports. Their objective is to identify the causes of unexpected child deaths of Arkansas children.

In 2011, the Arkansas Infant and Child Death Review Program was created. The Arkansas Department of Health currently funds a part-time director and full-time coordinator. The Arkansas Child Death Panel has approved standard operating procedures and a standard operating procedure manual. Arkansas currently has three local child death review team pilot sites. The pilot sites are Sebastian County, Washington County and the Conway, Faulkner, Perry County team. The review teams meet quarterly.

The State Review Panel and the local child death review teams consist of the representatives listed below:

- The state Medical Examiner's Office.
- A coroner who is registered with the National Board of Medico legal Death investigators.

- The Center for Health Statistics of the Department of Arkansas State Police.
- The Division of Children and Family Services of the Department of Human Services.
- The Crimes against Children Division of the Department of Arkansas State Police.
- The Arkansas Child Abuse/Rape/Domestic Violence Commission.
- A physician who specialize in child abuse.
- The College of Public Health at the University of Arkansas for Medical Services.
- The Office of the Prosecutor Coordinator.

The Arkansas Division of Children and Family Services (DCFS) reviews reports on all death from all causes of children with whom the agency has been involved in an way during the 12 months prior to the child's death. The review population is not limited to children who died from abuse or neglect. However, the majority of the deaths received are called in to the hotline by a professional who is mandated by law to make a report to the hotline if the professional has reasonable cause to suspect a child has been abused/neglected or has died as a result of child abuse or neglect.

DCFS convenes the Child Death Review Committee after a child fatality of a child or sibling who was previously involved with the agency within the last 12 months. The committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety. The committee consists of representatives from policy, training/staff development, the field, Central Office and the Office of Chief Counsel as well as the Director. Through the Internal Death Review, the committee reviews the case in its entirety to identify potential issues of the case, including what DCFS did right and possibly wrong in each case. The cases are then provided to the External Child Death Review Committee for review. The Committee recommends to the Director appropriate actions as deemed necessary to protect other children in the home or to take other corrective actions.

The Director reviews the recommendations and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of these recommendations, the Director, or her designee, reports the implementation of the recommended actions to the External team members. Once the local child death review teams are in place statewide, the child deaths meeting the statewide panel's criteria will be reviewed by the Arkansas Child Death review panel. The recommendations as a result of the meetings will be submitted to the appropriate staff for implementation.

During this past year, the External Child Death Review committee made several policy and practice recommendations. DCFS staff are reviewing the recommendations in an effort to update the Master Policy and to improve DCFS practices. Examples of recommendations under review include, FSW's addressing the issue of co-sleeping whenever there is a young child in the home. Another recommendation is to create a protocol for dealing with Domestic Violence situations. Another recommendation under review is a revision to the definition of a caretaker to include paramours or significant other. Once approved and implemented, the recommended items will help improve the quality of the investigations and services provided to all families in the state of Arkansas.

### Greatest Risk population

Arkansas is very data driven (rich in data). We continually review compliance reports, QA reports, and trending report that assist us with determining who our greatest risk populations are and where they are located geographically.

In this review of various reports we are able to identify areas in which children are the most vulnerable for maltreatment. Some of the reports that indicate this population include:

- Garrett's Law report
  - This report indicates by county the following:
    - Type of drug
    - Mom's age
    - Baby's age
    - Gestational age
    - Health problems
- Re-entry into Foster Care
  - This report indicates by county the percentage of children re-entering the system. An analysis is done to see what were the issues surrounding the initial removal, when children returned home and what were the issues with the subsequent re-entry into the system.

Other ways the Division uses to identify this population is through:

- Internal Child Death Staffing or Near Fatality Staffings
  - Through these staffings we are able to identify families that have a higher possibility for repeated abuse. Increased supports and visits to the home are often ways in which the Division addresses this specific population.
- Abuse allegations within provider settings
  - Most often children are immediately removed from these settings
  - Provider is asked to complete corrective action plan to ensure no repeat maltreatment of clients
    - Special procedures regarding take downs of youth
  - Foster homes are typically closed when abuse has occurred
  -
- Quarterly progress report

The Quarterly Performance Report (QPR) is distributed to the Division of Children and Family Services' (DCFS) managers and legislative committees dealing with children and youth. The QPR for the second quarter of State Fiscal Year (SFY) 2012, specifically October through December 2011 consists of three parts:

  1. Performance Indicators, which provide information on service outcomes, such as:
    - a. *Percentage of Children with True Allegations of Child Maltreatment Three Months, Six Months and One Year after a Previous True Report*
    - b. *Percentage of Siblings in Placement who are Placed Together*
    - c. *Percentage of Children Adopted Within One Year of Having Their Goal*

*Changed to Adoption*

2. Compliance Index, which reports on the Division's compliance with requirements set by DCFS with guidance from the Arkansas legislative children and youth committees, such as:
  - a. *Timely Completion of Child Maltreatment Assessments*
  - b. *24- and 72-Hour Initial Health Screenings for Children Entering Foster Care*
  - c. *Foster Home Recruitment*
3. Description of Population and Services, which describes the children who were the subjects of maltreatment reports, were served in foster care and were provided adoption services, such as:
  - a. *Permanency Goals of Children in Foster Care*
  - b. *Characteristics of Children in Pre-Adoptive Homes*

The QPR provides this information on a quarterly basis, showing trends over time. The report provides the agency with information on the populations it serves and on pertinent issues so the agency can improve performance and better target its efforts.

The Division currently uses Structured Decision Making when assessing safety and risk during the investigation. The division is exploring functional assessment types and will be implementing the use of functional assessments during SFY 2013. In addition the Division moved to statewide use of the S.A.F.E. (Structured Analysis Family Evaluation) home study to ensure the quality of foster parents and their ability to parent children.

In all situations the division attempts to provide the families with the resources and services needed to eliminate and/or reduce the chance of repeat maltreatment.

As a result of this process, if we identify a particular indicator or trend then our team can (dig a little deeper) and compare with our aggregate data to determine if those populations are truly at greater risk and if specific interventions are needed.

**Criminal Background Checks**

DCFS has implemented the Adam Walsh Child Protection and Safety Act that outlines procedures for conducting criminal background checks of prospective foster care and adoptive parents. DCFS policy outlines procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

**Chaffee Foster Care Independence Program (CFCIP) and ETV**

The Division of Children and Family Services is the state agency with the responsibility and authority to administer, supervise and directly deliver or arrange for the delivery of the programs identified as the Chaffee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV).

In Arkansas, these programs are managed by the Transitional Youth Services (TYS) unit, specific program components and descriptions are listed below:

*Foster Care*

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*Serves transition aged youth beginning at age 14 until their 18<sup>th</sup> birthday*

- Self-Sufficiency Training (aka Life Skills Classes)
- Local Youth Advisory Board (YAB) meetings
- Tutoring
- Life Skills Assessment/Development of Transitional Plan
- Assistance with the college application process
- Assistance completing the FAFSA
- Assistance with processing the ETV application
- Laptop/ other Educational Supports
- Prepare youth to for Independent Living

#### *Extended Foster Care*

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*Serves transition aged young adults beginning at age 18 until their 21<sup>st</sup> birthday*

- Self-Sufficiency Training (aka Life Skills Classes)
- Local Youth Advisory Board (YAB) meetings
- Tutoring
- Life Skills Assessment/Development of Transitional Plan
- Continued assistance with the college application process
- Continued assistance completing the FAFSA
- Continued assistance with processing the ETV application
- Laptop/ other Educational Supports
- Work with youth to find appropriate Independent Living Arrangement
- Assist youth with purchasing Dorm/Apartment Start-ups

*\* Note: Youth receiving the Education & Training Voucher (ETV) are eligible to receive the grant until the age of 23 if participating successfully in post-secondary training or educational programs – they cannot be on probationary status at age 21 to continue to receive ETV funding through the age of 23.*

#### *Adoption or Guardianship Subsidy Care*

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*Youth are eligible for this subsidy if they were in the foster care system and were adopted or Guardianship attained after the age of 16*

- Self-Sufficiency Training (aka Life Skills Classes)
- Local Youth Advisory Board (YAB) meetings
- Tutoring

- Life Skills Assessment/Development of Transitional Plan
- Assistance with the college application process
- Assistance completing the FAFSA
- Assistance with processing the ETV application
- Laptop/ other Educational Supports

### *After-Care*

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*This funding is available for transition aged young adults that left DCFS custody after the age of 18, youth must have been in-care at least 90 days prior to requesting after-care funding.*

- Provides up to \$2,000 in funding for youth that choose to emancipate from care.
- Funds can be requested in \$500 increments and are paid directly to the vendor (i.e. landlord, insurance company, utility company etc.)

### TYS PROGRAM OBJECTIVES

The primary objectives of TYS programming are to ensure that “normalcy” exists for transition aged youth while adhering to safety and focusing on the importance of permanency. The TYS unit will continue to focus on client specific/youth driven services that enable youth to play an active role in their successful transition to adulthood.

Engaging youth in the following topic areas as necessary will provide transition aged youth served by TYS with an opportunity to become self-sufficient, productive and healthy individuals:

### *Educational/Job Preparedness*

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Education and job preparedness must prepare youth for their emancipation. Authentic youth engagement is essential to identifying the appropriate programmatic option for transition aged youth. Once identified TYS staff will work with youth to accomplish their goals. All youth are encouraged to complete their high school diploma or receive their GED. Post-Secondary, Service programs and employment options are discussed during the transitional team meeting.

### Secondary Education

- Work with youth served by the foster care system to ensure receipt of a High School Diploma or GED
  - Focusing on their proficiency in Math & Writing
  - Completing a Post-Secondary Education/ Vocational Training Plan

### Post-Secondary Education

- Work with youth served by the foster care system to complete a Post-Secondary Degree program at a:
  - 4-Year Institution of Higher Education
  - 2-Year Institution of Higher Education

### Service Oriented Programs

- Work with youth served by the foster care system to complete a Service Oriented Program at:
  - City Year
  - AmeriCorps
  - AmeriCorps NCCC
  - Job Corps

### Completion of a Vocational degree program/Certification

- Work with youth to identify and complete a Vocational of Certification Program
  - Certified Nursing Assistant (CNA)
  - Medical Billing & Coding Tech
  - Dental Assistant

### Completion of a Technical degree program

- Work with youth to identify and complete a Technical degree Program
  - Computer engineering
  - Aerospace engineering
  - Hospitality Services Management

### *Permanency*

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We assist youth in forming positive connections with members of the community other than DCFS Staff. The message of permanent life-long connections must be communicated to youth served by the foster care system. The TYS unit has identified the following themes to share with our youth.

- Explain what permanency is and discuss its importance
- Present youth with opportunities to connect with positive adults in their communities
- Assist youth with developing permanent family-like relationships
- Provide youth with knowledge of their Biological Family

### *Health & Wellness*

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Prior to youth emancipating it is imperative that they have access to a Comprehensive Health Insurance plan including Dental & Vision coverage. Transitional Youth Services will continue to explore various plans. Youth should also know who their Primary Care Physician (PCP) is. Additionally, youth should have a good understanding of how to schedule an appointment at their doctor's office, how to refill a prescription and other basic functions. The following topics should be discussed with youth as needed.

- Mental Health Provider (as necessary)
- Knowledge of Community Mental Health Centers (if indicated to support wellness)
- Community Drug and/or Alcohol Treatment (if indicated to support wellness)
- DDS involvement for Developmentally Delayed Youth and if the youth is at a level of impairment where they are likely to become endangered by exiting custody- involvement with Adult Protective Services.
- Public Guardian (Youth has to have mental incapacity to qualify)
- Additional supports should be identified for Parenting Teens that will allow them to address the infant's healthcare needs as well as their own.

### *Housing*

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Safe, affordable housing has to be in place for transition aged youth. TYS will continue to work with community stakeholders to develop additional housing options for this population. Prior to emancipating from care, staff should ensure youth have access to affordable, safe appropriate Housing or Living Arrangement

- Apartment
- Dorm
- Transitional Housing Options
- HUD Housing Voucher

### *Self-Sufficiency Skills*

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Self-Sufficiency skills are the tools necessary for transition aged youth to make a successful transition out of the foster care system. TYS will continue to work with community stakeholders to prepare youth for living independently. The following areas are addressed during life-skills training classes offered by the DCFS.

- Cooking
- Personal Hygiene
- Banking/Financial Literacy/Money Management
- Consumer Decision Making
- Problem Solving
- Health & Wellness
- Job/Career Preparedness
- Resume Creation
- Interviewing Skill set
- Social Skill Development

- Attitude/Personal Responsibility

### *Community, Culture & Social Life*

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A connection to positive youth and other adults in the community is of great importance for transition aged youth. Youth need to connect with others and should have a good understanding of the benefits of having a social life and participating in cultural activities. The TYS unit will continue to discuss the importance of community connections with our youth.

- Spiritual support/Church (if interested)
- Connected to a peer circle/group
- Registered to Vote (Civic Engagement)
- Member of a community organization, fraternal organization, social group, political or service group/organization

### *State & Local Youth Advisory Boards*

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The TYS unit works in partnership with the Arkansas Youth Advisory Board (YAB) to accomplish our youth engagement efforts. The state YAB meets once monthly on the 3<sup>rd</sup> Saturday of each month and provides DCFS with the youth perspective, share concerns of other youth in care and address any other business as set forth by the YAB President. Local YAB boards meet monthly (day varies by county or area) this meeting is facilitated by the state YAB member from that area and the Transitional Youth Services Coordinator.

The state YAB has continued to develop and evolve into a full-fledged board! The board has adopted Roberts Rules of Order when meeting and has finalized a constitution along with a mission statement to guide the efforts and focus their attention on their role with the agency.

The YAB identified 3 activities that they are involved with on behalf of transition aged youth. The YAB:

1. Provides Peer to Peer Support for other youth in care
2. Develops Training/Workshops/Conferences for transition aged youth
3. Provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs and normalcy.

### Description of TYS Activities & Programs

The TYS unit is working in a coordinated manner to incorporate principles of “Authentic Youth Engagement” as we work to strengthen the relationship with the youth served by the foster care system. Authentic Youth Engagement consists of, creating an atmosphere and culture that allows youth to openly express their concerns and opinions to DCFS staff. The atmosphere must be conducive to the free flow of ideas and thoughts for our youth. Additionally, youth must feel that their voice has value and must be empowered to be actively engaged in the development of

their transitional plan. In order to create programmatic options that will benefit our youth, we must continue to authentically engage our youth. The overall goal of this initiative is to impact the decision making of DCFS staff as it relates to transition aged youth. This level of engagement will benefit both the youth and agency.

### *Transitional Plan Development*

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The development of the Transitional Life plan may be the most important of all TYS activities. TYS will continue to communicate the importance of these plans being individual in nature; all plans contain similar items (i.e. housing, education, health, etc.) that are required by law as of 2009. This enabling legislation allows Juvenile Courts to retain jurisdiction after age 18 unless the youth refuses services. Currently, Transitional Life Plan requires documentation that the youth has been given information regarding their right to stay in foster care after reaching 18 for education, treatment, or work and specific programs and services, including but not be limited to the John H. Chafee Foster Care Independence Program and other transitional services. Further, the Transitional Life Plan seeks to empower the youth by assuring information regarding the youth's DCFS case, including his or her biological family, foster care placement history, tribal information (if applicable), sibling information, etc. has also been provided for to the youth. These meetings are one of the most important activities the TYS unit is involved with. These plans provide a true opportunity for youth engagement. The TYS unit will continue to monitor staff engagement during the development of the transitional plan.

DHS/DCFS is charged with assisting youth with:

- Completing applications for ARKids First, Medicaid, or assistance in obtaining other health insurance;
- Referrals to transitional housing, if available, or assistance in securing other housing;
- Assistance in obtaining employment or other financial support

Arkansas requires all foster youth to receive assistance in applying for admission to a college or university, or to a vocational training program, or another educational institution and in obtaining financial aid, when appropriate; as well as assistance in developing and maintaining relationships with adults who could serve as a Life-Connection.

Before closing a case for a youth in foster care that has reached 18 or older – the youth will have in their possession:

- Social security card;
- Certified birth certificate or verification of birth record, if available or should have been available to the department;
- Family photos in the possession of the department;
- Health Records
- Educational Records
- Credit Report

Youth in care, aged out of care or that have entered Adoption or Guardianship may apply for assistance through the Educational Training Voucher Grant program. Arkansas contracts with Orphans Foundation of America to manage this grant program. If the youth, who applies on-line, is certified as eligible for participation through their foster care status and meets the other requirements (such as application to an accredited educational program, vocational-technical program or trade school) and has applied for PELL grants – then the available money – up to \$5000 - is allocated to each valid application. While ETV is a primary source of assistance in this area, plans are being developed to pursue other funding opportunities or approaches to educational funding for these youth

The number of youth OFA has provided to Arkansas:

- 2010-2011 Arkansas ETV Applicants: 202; Number of Students Funded: 104 (63 new students and 41 returning students)
- 2011-2012 Arkansas ETV Applicants: 127; Number of Students Funded: 81 (26 new students and 55 returning students)

#### 2011 - 2012 TYS Activities

##### *Annual Teen Leadership Conference*

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Members of the YAB along with the DCFS and other external stakeholders including the National Resource Center for Youth Development (NRCYD) host an annual “Teen Leadership” conference for transition age youth in foster care. The 2011 conference was held at the 4H Center in Ferndale, AR; over 300 youth were in attendance including 14 and 15 year olds for the very first time. The YAB provided all of the workshops and training for the 14 & 15 year olds in attendance. Youth participated in 2 days of professional workshops, plenary sessions, games/activities and team building activities. The following workshops were identified from the youth/adult partnership (planning committee) as beneficial for conference participants.

The following topics were presented by the YAB:

- Transitional Team- “*Who Ya Gonna Call?*”
- Permanence- “*I can’t Lose It!*”
- Career/Education- “*What do I Want to Be?*”

Additional workshops were provided by Foster Club All-Stars and other community stakeholders for older transition aged youth. Topics included:

- NYTD (Implementation and Improving Outcomes)
- Health in Focus
- LGBTQ
- Social Networking
- It’s Who you Know- Career Preparedness Workshop
- Money Management

- Online Life Skills

### *Winter Ball*

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The state YAB partnered with the national youth led organization Youth M.O.V.E. AR, an advocate group working with youth served by systems. This event was the first of its kind, bringing together the leadership of both organizations for an evening of fun and excitement. Youth networked, dined and danced throughout the evening. The event was held at the Peabody Hotel in Little Rock, AR. The YAB hopes to continue this relationship with Youth M.O.V.E AR to host subsequent Winter Ball events in the future.

### *Polar Express*

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The state YAB partnered with the Faith Based community and participated in the 1<sup>st</sup> Polar Express event. The Polar Express consisted of ice skating and pizza in Little Rock, AR. This event was sponsored in its entirety by That Church, in Sherwood AR. This type of event is specifically designed to introduce our youth to positive members of the community in an organic manner all in a pursuit of permanence. The YAB looks to partner with other community stakeholders in the future.

### *Constitutional Convention*

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The YAB along with Alpha Kappa Alpha, Inc. sorority held a Constitutional Convention at Heifer Ranch in Perryville, AR. YAB members spent the weekend participating in leadership activities and finalized their constitution. The completion of the constitution, demonstrates the benefits of authentic youth/adult partnerships. The YAB members expressed their desire to strengthen their organization and clearly identify what their goals as a board are.

### PROGRAM COMPONENTS

#### *ETV*

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Youth in care, youth that have aged out of care or that have entered Adoption or Guardianship may apply for educational assistance through the Educational Training Voucher Grant program. Arkansas currently contracts with Orphan Foundation of America (OFA) to manage this grant program. If the youth, who applies on-line, is certified as eligible for participation through their foster care status and meets the other requirements (such as application to an accredited educational program, vocational-technical program or trade school) and has applied for PELL grants – then the available money – up to \$5000 - is allocated to each applicant.

While OFA has managed this grant for DCFS, we are looking at moving away from this arrangement and managing the grant internally. The TYS unit is of the belief that we can engage our transition aged youth more effectively by managing the grant. We will continue our efforts to address school retention. Multiple community stakeholders have approached the TYS unit

about mentoring our youth. Additional efforts have been made to connect our youth with “Student Support Services” on campus.

OFA provides Academic Success Program (ASP) support to students who’s GPA has slipped below the 2.0 level. At the first sign of academic difficulty, OFA intervenes to assist students develop their study skills, increase their use of local resources, and enhance their proficiency to learn and demonstrate lessons learned. During school year 2009-2010, 26 Arkansas ETV students were served by the Academic Success Program. During the fall 2009 term, there were 39 students in the ASP, of which 4 were active participants. In the spring 2010 semester, there were 17 Arkansas students in the ASP of which 12 actively participated throughout the term.

Education and Training Vouchers: As of April 2012 there are 81 youth who are participating with this program.

The breakdown of the youth participating is:

- First Funded in 2007-2008 4%
- First Funded in 2008-2009 4%
- First Funded in 2009-2010 21%
- First Funded in 2010-2011 40%
- First Funded in 2011-2012 32%

ETV distribution report shows 46.63% is for living/housing expenses; 22.97% for loans; 16.69% for tuition; and 13.7% for transportation.

### *NYTD*

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DCFS has continued to participate in the National Youth in Transition Database (NYTD) efforts for the purposes of determining the impact of the programs, services and supports offered to transition aged youth by DCFS and its stakeholders.

In 2011 DCFS sent representatives including the YAB President, SACWIS Administrator and the State Coordinator for TYS to the annual NYTD conference held in Washington DC.

#### *NYTD Tech Support Group*

- 1) Identify all Transition aged youth
- 2) Capture essential contact information
- 3) Track the independent living services (including educational aids) that are provided to youth.
- 4) Develop outcome measures that can be used to assess performance. The Fern cliff group was asked to consider survey design, data elements, youth involvement and youth reporting.

NYTD was implemented before 10/1/2010 with tracking/ monitoring tools along with worker alerts in place. The more difficult aspects of keeping contact with emancipated youth present a challenge. DCFS will also look at appropriate incentives for youth participation. Marketing materials will be created in an effort to reach the target audience.

## *Transitional Housing*

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The TYS unit will continue to work with external stakeholders to address the needs of transition aged youth. These stakeholders include; Housing Authorities, members of the Faith-Based community, Rehabilitative Services and other service agencies that have not traditionally been involved with Child Welfare in the past. Community members play a major role in the successful transition out of care for our youth. Housing and other support and case-management services for youth up to age 21 have to be addressed—community stakeholders play a vital role in providing these services.

A transitional housing meeting was hosted for community stakeholders in 2011. The meeting was facilitated by Mark Kroner, with Lighthouse Youth Services out of Cincinnati, OH and Ruth Anne White, with the National Alliance to End Homelessness. The convening was sponsored by the Butler Family Fund. Over 50 individuals from various organizations participated. Several transition homes have been opened since the meeting commenced. TYS will continue to work with external stakeholders to address the housing needs of transition aged youth.

DCFS is in the process of adopting or developing best and promising practices to ensure that the youth served by DCFS receive appropriate, consistent services that assist them gaining self-sufficiency.

We currently collect information or identify gaps in services and address them by utilizing the following programmatic components:

- Monthly YAB/ TYS Coordinator meetings
  - Meeting day was changed to Saturday in 2011
- Monthly TYS Coordinator Reports that include:
  - The number of youth on their caseloads
  - Services requested on behalf of their youth during the month
  - The Life Skills Classes offered for youth during the month
  - Housing situations for youth (Apartment, Dorm, APPLA, etc.)
  - The number of youth working
  - The number of youth in a post-secondary educational program
  - The number of youth on run status

Reports from Coordinators are examined every month and assessed individually to determine where gaps in services exist and to identify appropriate measures to address any gaps on the local level.

## *Other Initiatives*

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The System of Care in AR has included many transition aged youth for referral for Wrap-Around Services to assist with their transitional needs.

Transitional Youth Services is working to become an integrated part of the overall service delivery system – delivered directly or through collaborative efforts is critical to our programs success and our client’s likely outcomes. TYS is excited about the participation in the

Permanency Round Tables and Reunification efforts when feasible. These initiatives have the potential to make meaningful changes in the lives of transition aged young people—especially when working with youth whose parents rights have been terminated.

Strategies and programs that bring services and resources together from federal, state, and local governments as well as private sources assist greatly with promoting stability and success among foster youth. Indeed, services and resources relating or directed to youth transitioning out of foster care will be found in every program component of DCFS and with service partners that serve this population. Historically in Arkansas, traditional assessments and basic skills training – while critical components of a successful transition - fell short of fully engaging the system or the youth in the journey necessary to realize either’s potential. Adoptions, Prevention Services, Child Protection Services along with the Foster Care unit will need to focus attention on this population. All DHS staff and external stakeholders are valued partners in engaging and empowering transition aged youth.

TYS will continue to identify existing community resources that will support transition aged youth as they prepare for supportive independent living arrangements.

Community resources must support the individual needs of all transition aged youth including:

- Intellectually Disabled- Non DDS Waivers
- Teen Mothers
- LGBTQ
- Sexual Offenders
- Dual Custody (DYS)
- Homeless/Runaways

Further, modifications to existing TYS programs are required to strengthen the comprehensive nature of the necessary youth supports required to promote self-sufficiency and lead to a successful transition to independence. The transition planning process begins with the development of the youth’s Transitional Life Plan; this plan is intended to be client focused /youth-driven. Youth must be actively engaged with the development of their Transitional Life Plan. TYS will continue to focus on active youth engagement during the transitional planning process. Clearly defined roles and responsibilities for those working with transition aged youth and participating in the transitional planning process will continue to be messaged throughout the state. All stakeholders including, Foster Parents, Group Home Staff, Family Service Workers, TYS Coordinators, and Teachers play a vital role in the development of the transitional plan.

Expanded expectations include specific activities by the custodian and staff with the youth detailed in a proposed youth’s Transitional Life Plan. This plan is developed by the youth and all stakeholders identified by the youth, this Transitional Life Plan outlines steps or tasks identified as supporting a successful transition to self-sufficiency. Concrete activities focused on the youth’s overall well-being and life connections should be included in the Transitional Life Plan.

Transitional Life Plans address specific actions needed to assure the following needs are met:

- Future or current housing needs are met

- Educational or Training goals
- Employment (pre-employment training, job exploration, addressing barriers, etc.)
- Health Plans (including planning for insurance availability) for each youth is contained in their Transitional Life Plan.
- Life Connections or how the team plans to promote relationships or interactions with adults is a critical part of this Transitional Life Plan. and may include mentors, faith-based organizations, volunteers, relatives, etc. – but it will be an active part of the Life Plan and Case/Transitional Plan

The Transitional Life Plan as developed by the team of people identified by the youth including but not limited to the Primary Worker, AAL, CASA, foster parent, TYS Coordinator becomes part of the Case Plan after age 14 and before age 15 – or within 90 days of entering care if the youth is over 15 years old at entry. The Transitional Life Plan was passed into AR law during the 2009 legislative session and codifies the youth’s involvement in the plan along with requirements that serve to inform and empower the youth (such as youth have all medical records, educational records, placement records, Birth Certificate, Social Security Card, State ID, family mementos, prior to their emancipation from care.

#### *Future TYS Plans*

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The emphasis of this plan will focus on “re-vamping” the delivery, practice and engagement efforts of the Transitional Youth Services unit. TYS will work with internal and external stakeholders to achieve our objectives.

The following depict TYS initiatives for this year of this plan:

1. Ensure TYS is a youth-driven/client-focused practice that respects our youth and authentically engages them in the decision making process.
2. Focus on Normalcy for youth in care
3. Develop additional transitional homes (independent living arrangements)
4. Implement Pulaski County Pilot Initiative (Specialized Family Service Worker unit—to work specifically with transition aged youth).
5. Further strengthen the YAB
6. Enhance Life Skills Trainings
7. Analyze effectiveness of current TYS organizational structure
8. Manage ETV program internally
9. Re-design of Aftercare services

One of the first of these initiatives is to ensure TYS is a youth-driven/client-focused practice that respects our youth and authentically engages them in the decision making process. This initiative is paramount to empowering our youth and preparing them to involve themselves in the decision-making process. Youth should be empowered to advocate, ask questions and truthfully communicate their desires to DCFS staff.

Normalcy for youth served by the foster care system is another important area that cannot be overlooked. Youth served by systems typically experience age appropriate activities differently than their counterparts. TYS wants to make sure that normalcy is not forgotten. Safety is of the utmost concern, but TYS should allow for age-appropriate activities and normalcy.

The development of additional transitional homes (independent living arrangements) for transition aged youth will continue to be addressed. Foster homes and group home settings for the most part serve transition aged youth well—but there are simply not enough homes to meet the needs of DCFS. TYS will continue to work with external community stakeholders to develop additional resources to address this gap in the service delivery system.

The TYS unit will work with internal stakeholders to implement a pilot initiative in Pulaski County, AR. This pilot aims to create a “Specialized Family Service Worker unit” This unit will work specifically with transition aged youth beginning at age 14. DCFS will monitor the progress of this unit and determine whether to expand the pilot to other areas of the state.

TYS will continue to develop local and state level Youth Advisory Board (YAB) members. The YAB has made tremendous progress and will continue to be involved with policy changes, activities and programmatic planning efforts. The YAB will focus its efforts on making sure foster youth are aware of their advocacy efforts.

Life Skills Trainings for transition aged youth need to be analyzed for impact and usefulness. TYS will work with the YAB and other stakeholders to identify the most appropriate manner to provide this training.

TYS has begun to discuss the possibility of managing the ETV program internally. Orphan Foundation of America has processed and managed the program in the past. TYS will look at managing this program internally—in an effort to efficiently serve our transition aged youth, encourage youth/adult partnerships and work to graduate more of our transition aged youth.

TYS will analyze the impact of the current Aftercare services that exist for youth choosing to emancipate from care. The current structure does not adequately address the needs of transition aged youth that have chosen to leave care. Currently many youth choose to leave care at the age of 18 and immediately begin accessing aftercare funds—suggesting that an inadequate transition plan exist. The current policy and practice will be discussed with internal stakeholders and the YAB to determine how this program can be administered in the future.

### *TYS Coordinators & FSWs*

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Transitional Youth Services are currently available across the state for all age groups served by the TYS unit and will continue to be available. At least one TYS Coordinator is located in each of the 10 Areas of the state. The role of the TYS Coordinator will be addressed. Coordinators have participated in numerous training programs during the 2011 calendar year and will continue to be taught about “Authentic Youth Engagement” strategies. TYS Coordinators play a vital role in the lives of transition aged youth, additional training opportunities will be provided to this group.

TYS Coordinators currently, arrange for or deliver basic Life Skills Classes, secure or assist with Life Skills Assessments, request funding for services, and arrange educational/training programs as appropriate. Coordinators in the past have also been charged with youth leadership

development programming, community collaborative efforts and had a primary role in all client activities as a youth neared 18. As an age appropriate Transitional Life Plan is required for all youth in care after age 14 – the Coordinators role has changed.

During the implementation of the pilot initiative in Pulaski County—which consist of creating a specialized Family Service Worker unit; this unit will work specifically with transition aged youth 14-21. TYS will work closely with the Area 6 Director-Milton Graham, Supervisors and other local staff in the development and implementation of this pilot. This shift in practice should allow for more “teamwork” and for better coordination of services for transition aged youth. This FSW TYS unit will work closely with the TYS Coordinators to ensure sibling visits occur, youth needs are adequately addressed and in the development of transitional plans.

### *Public Awareness*

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Age appropriate planning and an accessible service delivery system are critically important to the success of Arkansas’s transition aged youth. Increased public awareness, public forms of communication and social networking efforts were rolled out in a limited way. The TYS unit will focus on additional ways to connect to our transition age youth and engage the community when appropriate. One of the strategies to improve system access was the utilization of the Foster Club website. The impact of this endeavor will be analyzed for effectiveness. DCFS will continue to make efforts as an agency to improve our communication and outreach efforts with transition aged youth.

### *Transitional Taskforce*

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A DHS Transitional Taskforce completed work to outline the steps required for enhanced Transitional Planning for transition aged youth that have involvement with multiple DHS agencies. A Memorandum of Understanding was approved at the DHS organizational level which included 5 Agency Directors. Other taskforce members included the Division for Developmentally Disabled Services; Division of Behavioral Health; Adult Protective Services, Office of Chief Counsel and the Division of Youth Services; Attorney Ad Litem and DCFS. DHS’ program for Public Guardianships greatly enhances our agency’s efforts at appropriate Life Planning with Connections for the most fragile and vulnerable of our population.

### *TYS Publications*

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The TYS unit developed several publications during the 2011 calendar year, including a brochure for the Extended Foster Care program explaining youth’s ability to remain in care until 21. TYS is currently developing a practice guide, outlining practice tools and techniques to help staff develop youth-driven Transitional Life Plans and youth engagement techniques. Jonathan Dunkley, State Coordinator of transitional youth services developed “PAMELA’s Guide to Transition” PAMELA is an acronym for Planning and Making Excellent Living Arrangements. This guide was developed in a comic book format and will replace the “Be your Own Advocate” (Pub-50) transitional guide. TYS will continue to work with the YAB and other stakeholders to develop useful publications.

## *Transportation*

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Transportation for transition aged youth is a key barrier for not only youth in care, but anyone in this region of the country—without consistently available, affordable transportation. In some instances, bicycles have been requested to address this barrier, which works well for some (specifically those on college campuses). TYS will work with the YAB to establish ways to address the barriers to transportation that exist.

## *Medicaid*

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DCFS had requested that the Medicaid state plan be amended to allow for youth aging out of foster care (with at least 90 days in care) to be eligible for Medicaid without regard of resources or income limitations. TYS will continue to work for this amendment to the Medicaid state plan. However, with a projected \$400 million Medicaid shortfall in the state of Arkansas, this initiative may have to wait until the shortfall issue is addressed.

Further, DCFS has requested Medicaid income limits for youth over 16 years of age are raised to allow for student employment or participation in work programs/internships without losing eligibility. While budget constraints currently exist in AR and the plan cannot be implemented at the present time, new Health Care legislation on the Federal level will hopefully have an impact on the state's ability to address this need in the near future. It is under consideration. Currently, all youth in care up to age 18 are covered by Medicaid FC Category or ARKids Part B age 19 or over, other Medicaid categories or State General Revenue. Youth 18 to 19 years of age who have left care are generally eligible for ARKids Part B or some other Medicaid category. Youth who have left care after age 18 have no generally available Medicaid category of eligibility available to them after age 19. New Health Care legislation will impact these youth to age 26.

## *Trust Funds*

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The Trust Fund is a treasury account that was to provide youth with financial and other appropriate support and services. For Arkansas, the trust fund program for youth receiving Transitional Services is referenced as the Educational Incentive Trust Fund for Post-Secondary Students. The fund was designed to provide an incentive savings account for students pursuing post-secondary educational goals upon successful completion of a semester as a full-time student with at least a C GPA.

- Youth serviced FFY 2007-2008 – 83 (Incentive accounts maintained or paid out)
- Beginning Balance Available 153,487
- Committed to Date - \$152,500
- Current Available Funds - \$987
- Expended to date \$82,500
- Projected expenditures FFY 2008-2009 – \$21,800

However, this Trust Fund Account, while the amount has been encumbered, has not been actively used as an incentive. There is no routine expiration of encumbrances, allowing accounts

to languish. During FFY 2008-2009, only \$4500 was actually claimed by 1 youth, leaving a balance of \$148,987. Many of these encumbrances were established multiple years back and the whereabouts of the former youth are unknown.

Arkansas has worked with the Youth Advisory Board to develop a quick and timely process to provide incentives to youth successfully completing secondary educational programs in an on-going real-time process, with expiration for the award included. Allowing for money encumbered and not claimed to be quickly reallocated to others in secondary educational programs. The Youth Advisory Board and DCFS will have recommendations for a re-designed trust account dispersal method that supports their successful transition into adulthood – along with objective criteria for participation/awards developed by Jan 1, 2012 and distributed before Jan 1, 2013

### *Educational Incentive Trust Fund*

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Eligibility – Between the ages of 18 to 23 and have been in care at least 6 months or more before the age of 18 and been in the custody of DCFS at age 18. Not on academic probation at the time of application.

Cash awards for applications received with required documentations supporting the following:

- Completion of 2 years of college
- Completion of certification earned at a less than 2 year, more than 6 month Vocational program in areas such as Cosmetology, Auto Mechanic, Heating and Air Conditioning repair etc. and employment in related field for a length of time to be combined to 2 years
- Awarded an Associate Degree at a Community College
- Completion of a Training program such as CNA, Receptionist, etc. and employment in the training area to achieve a two year combined effort.
- Completion of Job Corp program and employment or successful participation in other educational or training programs (average C's or better) to achieve a two year combined effort.

This is a time-limited opportunity – Applications were available July 1 and had to be submitted by February, 2011

Awards were \$500 each to the limit of funds in this trust account. There were only five (5) applications, the awards were given on a first come/first serve basis and did not exhaust the funds. Since the applications did not exhaust the account of available funding, an additional award period will be announced. This process was approved, though there was limited participation from youth. This will no longer be reported as the educational incentive program after this year.

The TYS unit planned a “Statewide College Tour” for transition aged youth during the summer of 2012. There was limited interest as displayed by the number of applicants (20). The tour was scheduled to be a weeklong tour that planned to bring students to visit 12 college campuses (4-year, 2-year, Community & Vocational) across the state. We will continue to work with youth and make plans to have the tour in the summer of 2013.

## *Tribes*

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Arkansas has no federally recognized Tribes located in its borders. However, all surrounding states, except TN, have many. In Arkansas, if a youth is taken into custody and American Indian or Native American heritage is confirmed or suspected, OCC is immediately notified to ensure proper notification of the appropriate parties. All Chafee services and all other services in DCFS are available to American Indian youth on the same basis as other youth. Further, if the presence of a youth from a neighboring state's recognized tribe is made known to DCFS, services will be offered.

## *Training*

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Training will be incorporated with all DCFS staff and service providers, including New Worker training and New Supervisor Training that keeps the integrity of the Chafee goals and objectives, but seeks to move all youth toward a successful transition to adulthood by connecting all available services and community stakeholders to these youth. Youth development, new non-traditional partnerships, or any resource/service to support Transitional Life Plans while providing opportunities for positive permanency/life relationships and normalcy is our focus. Youth in local or State YAB are participating in training efforts with Mid-South Training Academy to develop as a board. Transitional Youth Services Coordinators continue to receive training in authentic youth engagement, community development, skill development, organizational skills, advocacy, coaching techniques, etc. Training efforts have been expanded to include renewed sensitivity to the diversity of our youth and young adults. Leadership training for teens is available for all older teens with the capacity to participate.

Youth are participating in training efforts to further their support available through efforts with the Courts, CASA, AAL's DCFS staff and Foster Parents during their respective conferences by offering youth-led workshops/panel discussions.

Specific training has taken place since February 2011 on the use of Transitional Life Plans, the importance of Transitional Teams, new policies and forms in the CHRIS database for DCFS staff as well as local stakeholders. The service system changes continue to be incorporated into the practice model and practice. Supervisor and Manager Training continue to occur throughout the state with external stakeholders.

Arkansas is developing the policy and procedure to ensure that children receiving independent living services and/or education and training vouchers and those that are aging out of care have information and education about the importance of having a health care power of attorney, health care proxy, or public guardian as applicable.

State Coordinator provides CFCIP training for all stakeholders including the Courts, CASA, AAL's, DCFS Staff and Foster Parents.

- State Coordinator participates in CASA's annual conference along with the President of the Youth Advisory Board, Sedella White
- State Coordinator presented at the annual AAL conference and discussed CFCIP, services provided for youth and principles of "Authentic Youth Engagement"
- State Coordinator presented during the Foster Parent Conference held in 2011
- State Coordinator met with and discussed the CFCIP program with several judges and the AOC since 2011

### Monthly Caseworker Visits

- Percentage of Children Receiving Monthly Visits Each and Every Month:
  - o FFY 2011: 43%:
    - Number of Children in Foster Care for at least one full month (Denominator) – 6,114
    - Number of Children Visited Each and Every Full Month (Numerator) – 2,654
- Percentage of Children Receiving Visits in the Home:
  - o FFY 2011: 69%:
    - Number of Visit Months For Children Visited Each and Every Month (Denominator) – 14,001
    - Number of Visit Months that occurred in child's residence (Numerator) – 9,665

### Modifications to collection and reporting of the data of Worker Visits:

AR will be modifying the code to count the number of regular monthly visits and the number of visits the child should have had based on PI-CB-PI-12-01. Currently, the program ignores foster children where field staff failed to visit the child for each and every month they were in care. For this percentage we will no longer use the number of children in care.

The percentage of visits that occurred in the residence of the child is determined by taking the number of monthly visits made to children in the reporting population that occurred in the residence of the child (item #4) and dividing it by the total number of monthly visits made to children in the reporting population (item #2). The quotient is multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

AR will be modifying the code by dividing the number of residence visits by the number of total regular monthly visits. Currently, the program ignores foster children where field staff failed to visit the child for each and every month they were in care.

To count a visit, either regular or residence, the program will count a visit if it occurs on the first day of the calendar month through the last day of the calendar month. The program will not consider the length of time between the visits. For example, if the child received a visit on January 31, 2013, the system will count this as a visit for January 2013. If the child receives a visit on February 1, 2013, the system will count this as a visit for February 2013.

Requirement: Describe the procedure the State has developed to track and report caseworker visit data to HHS; and, describe what information collection method/process will be used to arrive at reported percentages (in addition to the above information):

- o Only pull the following Positions captured for any Face-to-Face contact for the Caseworker Monthly Visit:
  - Family Service Worker
  - Family Service Worker Clinical Spec.
  - Family Service Worker County Supervisor
  - Family Service Worker Specialist

- Family Service Worker Specialist-Adoption Specialist
- Family Service Worker Supervisor
- Family Service Worker-Adoption Specialist
- Only pull the foster children in Federal Fiscal Year who were in foster care for a full month (Calendar month = last day of previous + all days during current month + first day of subsequent month)
- Only capture the months when Case Client Contact Information Screen has the following (along with the appropriate Position Staff Person):
  - Participant pick list : when the foster child is selected
  - Status: 'Completed' must be selected
  - Location/Type: when the following are selected:
    - Face to Face (Court)
    - Face to Face (Day Care)
    - Face to Face (DHS Office)
    - Face to Face (Home)
    - Face to Face (Hospital/Medical Facility)
    - Face to Face (Observed, too young/inv)
    - Face to Face (Other)
    - Face to Face (Placement Provider)
    - Face to Face (School)
- Monthly Visits in Child's Residence:
  - Type/Location pick-list value:
    - Face to Face (Placement Provider)
    - Face to Face (Home)

The following defines how we plan to use the PIP and Practice Model strategies to achieve the 90% threshold for worker visits by 2011. The caseworker visit funds were part of salaries to direct service staff to ensure activities are carried out. Although we have not seen a significant improvement in case worker visit percentage, there are some areas of the state that are showing incremental improvement. We plan to assess what strategies are working for them and share with other areas for consideration. We have a compliance outcome report that monitors compliance with the worker visits, but we utilize the annual QSPR to assess quality and quantity of visits based on the assessment of the family's need and safety management of children. Our intent is to continue with the implementation of our practice model framework which has an emphasis on family engagement, involvement, and visits with parents and children. With strategies in place to address these practices, we hope to see increase in the visits with families and children in their own homes. In addition the Assistant Director of Community Services has included this item as a

priority area needing improvement for field. As she meets with the Area Directors and their staff she includes data specific to their area and county and ensures it's a part of the agenda and consultations. Arkansas has begun to see an upper trend in regards to monthly visits and as we continue to see the impact of this practice and engagement of family's outcome of Children and Families should improve.

- **Practice Model Message:** The goals and principles of the practice model serve as our baseline to reinforce the message of family preservation. In all practice model discussions with field staff and community partners, we will strongly advocate the need to consciously evaluate all casework activities with these principles in mind. We will use family visits as a consistent example for how the development of visit strategies can help families learn together and stay together safely.
- **Training and OJT:** We will evaluate all curriculum related to family visitation and ensure the practice model message is reinforced and applied in skill development activities, both in the classroom and on the job.

Classroom activities could include role play, planning activities and brainstorming possible strategies that can be transferred into real casework activities.

On the job activities include supervisory skill development for conducting family driven case reviews and staffing and one on one mentoring to improve caseworker practices.

- **Service Quality and Practice Improvement Teams:** Utilize Central Office quality review teams who:
  - Review cases
  - Measure quality of visits based on the Practice Model
  - Debrief findings with local staff
  - Develop improvement plans (with local staff at the time of review) to make specific improvements
  - Use previous review findings to monitor level of change

DCFS Director conducts a meeting to review the findings of each Area's QSPR. The County Supervisors, Area Manager, relevant front line staff, QSPR manager, Planning Manager, and Assistant Director for Community Services participates in these meetings. Discussions include strengths, challenges, trends, innovative practices, and problem solving

## **Attachments**

**Cover Letter**

**Checklist**

**DCFS Organizational Chart**

**Training Matrix**

**Citizen Review Annual Report Area 1 & Response Letter**

**Citizen Review Annual Report Area 4 & Response Letter**

**Citizen Review Annual Report Area 7 & Response Letter**

***CFS-101 Part I Annual Budget Request for Title IV-B, Subpart 1&2 Funds, CAPTA, CFCIP, and ETV Fiscal Year 2013, October 1, 2012 through September 30, 2013.***

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

***CFS -101, Part III: Annual Expenditures for Title IV-B, subparts 1 & 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) : Fiscal Year 2010: October 1, 2009 through September 30, 2010***

***Financial Information comparing FY 2013 State expenditures against State expenditures under Title IV-B in 2005***

The Arkansas Division of Children and Family Services did not hit the 20% of the IV-B Part II grant for adoption promotion and support services. The shortage in this line was made up through allocations of monies from the Social Services Block Grant and the Adoption Opportunities Grant which were utilized for these services and allowed us to re-allocate Title IV-B part II monies to Family Support Services, Preservation Services and Time Limited Reunification Services.

*If you are interested in a copy of the attachments referenced above, please let us know via email at [mona.davis@arkansas.gov](mailto:mona.davis@arkansas.gov) or [tyronza.hampton2@arkansas.gov](mailto:tyronza.hampton2@arkansas.gov).*