



DCFS

Connections

Summer 2014

Care * Commit * Connect



DCFS Connections
Summer 2014

Danielle House-Barlow- Editor

Director's Note...from Cecile Blucker

It is hard to believe June is already here! June is National Reunification Month. This month is a time to recognize the important accomplishments of parents and the many professionals that have supported them in getting their child(ren) home safely. It is a huge accomplishment for many of our parents to have their children returned home to them. As this is our first goal when children had to be removed from their homes, we should reflect on what our families have overcome to be able to have their children in their home. I know many of you have more than the recommended number of cases and children that you serve each day that it may be difficult for you to reflect back on the impact you had on families getting their children back. As we most often see, children want to be with their mom and dad so our work is critical to the children we serve! June 15th is Father's Day - A day set aside to honor fathers and celebrating fatherhood, paternal bonds and the influence of fathers in society. In our work we see the importance father's play in the life of their child. Often times we defer more to the mother's however we need to be mindful in ensuring we include the father's in decision making. They are critical in the life of the child as is the mother.



To all of you - remember the impact you have had in the life of a child and family you helped put the pieces back together so they could be a complete family, think about how your caring, committing and connecting with them made the difference in their outcome. Let those parents know how proud you are of them and let those parents you are currently working with know - it can happen - they can be reunited with their children!

To those of you who are Father's - cherish the role you serve in your family and realize the impact you have on your children.

To all of us - let us remember our Father's and the role they had in our lives. And as we celebrate National Reunification Month, let us all remember the value of our families. As we Care, Commit, Connect with, and value the families we serve - let's make sure we Care, Commit, Connect with and value our own!

CHILD ABUSE PREVENTION RALLY A SUCCESS

BY ROBBIE LAKE



The annual Child Abuse Prevention Rally was held April 23rd at the State Capitol to highlight Child Abuse Prevention Month. This event raises awareness about the work being done to prevent child abuse in Arkansas. More than 200 people from across the state attended the event to support this cause. The number of investigations conducted in each county was displayed during the rally and in the Capitol rotunda for remainder of the month. Foster parents Ashley Herring and Melissa Choate from Cleburne County gave an inspirational address regarding the importance of child abuse prevention and their experiences as foster parents. Milton Graham, Area Director for Pulaski County, was the keynote speaker, giving information regarding the numbers of children and families served by DCFS and read the Governor's proclamation that April is Child Abuse Prevention Month in Arkansas.

SAFE TO SLEEP WEBINAR – JUNE 12TH

Participants will learn about the national "Safe to Sleep" campaign (formerly Back to Sleep), the resources available to help get safe infant sleep messages out to everyone who cares for infants, and strategies to address potential challenges to promoting safe infant sleep.

Expert Presenter: Shavon Artis, Dr.P.H., M.P.H. Safe to Sleep® Campaign Coordinator

Title: Safe to Sleep: Getting the Message Out

Date: **Thursday, June 12th, 2014**

Time: 12P-1P Pacific/ 1P – 2P Mountain/ 2P – 3P Central/ 3PM – 4P Eastern

After registering, you will receive a confirmation email containing information about joining the webinar. The webinar will be archived following the live webinar at: www.healthychildcare.org/webinars.html

Reserve your webinar seat now at:

<https://citrix.webcasts.com/starthere.jsp?ei=1035359>

For more information on the Safe to Sleep campaign, please visit:

<http://www.nichd.nih.gov/sts/Pages/default.aspx>



STRENGTHENING FAMILIES THROUGH ENGAGEMENT

BY MONA DAVIS

As DCFS continues to strengthen work with families, we often mention the need to improve our practice with engagement, whether it be father engagement or family engagement. In the spring newsletter we included an article that described ways to strengthen the conversation with families (Engaging Conversation). In this Summer Edition, we would like to connect the practice principles that are represented in best practices around family engagement as well as the principles to be practiced during engagement.



AR Practice Model Framework Principles:

- ✓ Meaningful decisions require close family participation in decision making.
- ✓ Families success depends on community involvement and shared problem solving.

Federal Service Principle: Services are focused on the family as a whole; service providers work with families as partners in identifying and meeting individual and family needs; family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being.

Caseworker Engagement Principle: Caseworkers' intensive authentic engagement with children, youth and families to ensure safety, permanency and well-being.

Key Practices to Consider when engaging families:

- Demonstrating respect, genuineness, and empathy for all family members, as defined by the family.
- Active listening to each family member.
- Developing an understanding of the family's past experiences, current situation, concerns, strengths, and potential.
- Responding to families' concrete needs quickly.
- Clearly establishing the purpose of involvement with the family.
- Being aware of one's own biases and prejudices about families.
- Validating the participatory role of the family in planning and making decision for their child.
- Being consistent, reliable and honest with families.
- Fully disclosing information with families.
- Honoring the culture, racial, ethnic, linguistic, and religious/spiritual backgrounds of children, youth, and families and respect difference of sexual orientation.

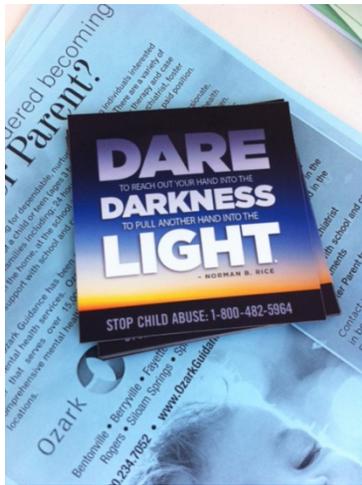
In Summary: The relationship that exists between the caseworker and birth family is one that at its core is based genuineness, empathy and respect. Over the last ten years there has been a shift in practice to a family-centered approach in which caseworkers work with the family as a unit to strengthen their capacity to function effectively. The perspective of practice has moved from one of viewing families as recipients of services to being **partners in change**. Family-centered practitioners partner with families to use expert knowledge throughout the decision and goal making processes providing individualized, culturally-responsive, and relevant services for each family. Family-centered interventions assist in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/or neighborhood systems that are directly involved in the family.

(taken from Child Welfare Information Gateway)

BENTON COUNTY CHILD ABUSE PREVENTION

BY BRENDA RICHARD

Bentonville farmers market child abuse awareness campaign...Benton County staff handed out pinwheels, magnets (created and donated by a local company), various flyers on child safety, and volunteer brochures. Staff also used this time as a foster parent recruitment activity. Area Director's dog drew lots of attention which increased the amount of information disbursed. Tent was provided by Benton county foster care supervisor Robin Brewer. Much thanks to Chrystal Ford and Shannalin Robertson for promoting child abuse awareness and foster parenting.



RALLY IN THE PARK

BY BRENDA RICHARD

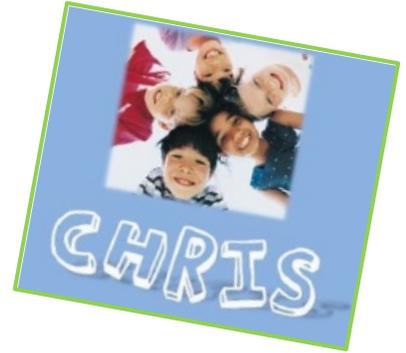
Rally In The Park was held May 2. About 150 adults and children attended to celebrate child abuse awareness and foster/adopt recruitment. Children were able to participate in many activities such as face painting, sidewalk chalk art, bubble blowing, and games. Tyson, ARVest Bank, Walgreens, and many other community partners donated food and beverages. Walgreen manager set up a tent and handed out Frisbees and other gifts. Two other pics were texted to you.



CHRIS CORNER

BY [NELLENA GARRISON](#)

Helpful Information regarding the Combination of **Family Visitation Log** screen and **Client Contact Information** screen from Release 21.5 on Wednesday, May 14, 2014:



Existing Family Visitation Log screen (Visits button):

- The Family Visitation Log screen and Client Contact Information screen have now been combined. Foster children visits with family members should no longer be documented on the Family Visitation Log screen located under the Visits button but now should be documented on the Contacts screen.
- The Family Visitation Log screen is now Read Only and no new information can be entered into the screen. The user can only Sort and Filter existing history records.
- The Visits Report CFS-7010 (Workload/Case/Reports) should still be used to print visits from
- Documenting foster children visits with family members after Release 21.5 will now be done on the Client Contact Information screen (Contacts button):
- A new Case Contact Purpose of Family Visitation (foster child/parent/sibling/etc) has been added to the Client Contact Information screen (Contacts button).
- When the Purpose of Family Visitation (foster child/parent/sibling/etc) is selected, a new Visit Detail section will become visible and mandatory to enter the Visitation Type, Court Ordered checkbox (if applicable), Status of the visit, the Supervision Type and Supervised By text. This is the same information that was entered on the previous Family Visitation Log screen. Location from the Family Visitation Log screen is now captured by the Type/Location field and further details can be entered in the Comments text box.

A screenshot of the CHRIS software interface. The top section is titled "Purpose/Participants" and contains a "Purpose:" dropdown menu with "Family Visitation (foster child/parent/sibling/etc)" selected. To the right is a "Participants:" table with columns for Name, Client / Collateral ID, Age, Role, and Staffing/Team Meeting Participation. Below this is a "Visit Detail" section with fields for "Visitation Type", "Supervision Type", "Supervised By", and a "Court Ordered" checkbox. There is also a "Status:" dropdown menu. A "Non-Client/Non-Collateral Participants:" section is visible on the right side of the form.

IV-E Waiver Enhancement-Permanency Round Tables can now be captured in CHRIS!

Path: Workload/Case/Client/PRT

- A new client focus toolbar button titled 'PRT' (Permanency Round Table) is placed next to the 'Driver's Lic.' button. Users will be able to enter the information for all Permanency Round Table Meetings that have been held prior to the 21.5 release and after the release.



- This focus button houses two (2) new sub-buttons to capture Permanency Round Table information. A dialog box will also capture status changes.

- ✓ Status Button: This screen lists Ten (10) descriptions with a matching Permanency Rating. The user can only select one description per Permanency Rating Status. Once the description has been selected it will auto highlight and generate an overall Permanency Status. The rest of the screen will be disabled after clicking the Add Command Button. To change status a new screen must be created.
- ✓ Status Rating Chart: A new Command Button that will display a printable chart to assist in selecting the right status based on the foster child's needs.
- ✓ PRT Button: Will capture the Youth Connections and Action Plan/Follow-Up

For information on Recent Release Enhancements, please go to CHRIS Net under Announcements and select the applicable Release Link:

<https://dhsshare.arkansas.gov/DCFS/Policy/default.aspx>

Upcoming Enhancements to Look Forward To:

- **IV-E Waiver Enhancements:** CHRIS will be enhanced to capture necessary information for Team Decision Making. The Child and Adolescent Needs and Strength Assessment (CANS) and Family Advocacy and Support Tool (FAST) will also be implemented in CHRIS with a new Case Plan in a county roll-out phased approach. These will slowly phase out the Family Strengths, Needs and Risk Assessment (FSNRA) and current Case Plan. Lots to come!
- **Board Payment Changes:**
Pay by Calendar Month Dates instead of the 27th to 26th of next month: Since inception the CHRIS board payment have always followed the XX/27 to YY/26 board cycle period. Starting with the July 2014 board cycle, the Providers will start being paid for **by the Calendar Month**. June 2014 board cycle dates will be the same as usual and pay for 05/27/14 to 06/26/14 as it has in the past. 06/27/14 to 07/31/14 will be paid for July so it will pay the end of June and the entire July Calendar month. Then 08/01/14 to 08/31/14 will be paid for August; 09/01/14 to 09/30/14 for September; etc.

Change the Board Cycle and Run Dates: Providers are usually paid in the mid to end of the month (board run is usually the 2nd to last Wednesday of the month) while paying the provider until the 26th of the month. More often this is not the case and therefore there are a lot of overpayments/recoupments. Providers were getting paid for placements in advance. Board Cycle dates will be changed. Board Preview will not start until **after the end of the month** so all payment dates are accounted for and are in the past. This should cut down on the number of overpayments/recoupments there have been. Starting for the July 2014 board run, the providers will get paid for 06/27/14 to 07/31/14 **in early August**. There will be no board run in the month of July.

Tentative **July** Board Cycle Dates are:

- ✓ Preview Dates: 08/04/14 to 08/10/14
- ✓ Review Date: 08/11/14
- ✓ Run/Finalize Date: 08/12/14
- ✓ AASIS Process Date: **08/14/14**

August board will be paid in **early September**. This change means the providers will be receiving their board payments later than they are used to. The complete Board Payment Cycle Information will be posted when the remaining dates are determined. **DCFS Central office will be sending a letter to the Providers in June to let them know of the upcoming board changes so they will be made aware in advance.**

For Recent Demonstration Videos, please go to the following Link:

<https://dhsshare.arkansas.gov/DCFS/Policy/CHRIS%20Training%20Videos/Forms/AllItems.aspx>

Remember your comments/suggestions are important to us, and we will consider all feedback when revising CHRIS in the future. Please send comments/suggestions by selecting **Ctrl+M** keys on the keyboard while in CHRIS. For example: What features do you like most? What features need improvement and in what way? Do you have any suggested enhancements?

FETAL ALCOHOL SPECTRUM DISORDER – THE CAUSE

BY [STEPHANIE STONE](#)



FAS (Fetal Alcohol Syndrome) is caused by physical changes to the brain of a fetus when exposed to alcohol during pregnancy. Developmental delays become more evident as the child grows. The brain link of understanding information supplied and performing action required is defective in children who have effects of fetal alcohol syndrome. Asking a child to repeat instructions does not ensure compliance or understanding; however, asking them to demonstrate or to explain in their own words what is required of them will help to ensure understanding. A Caregiver of a child with FAS, should provide: Support, Supervision, & Structure.

(Information obtained from Society of Special Needs Adoptive Parents)

ROUND 3: CHILD & FAMILY SERVICES REVIEWS

BY [GREG MOORE](#)

The Children's Bureau (CB) within the United States Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) is planning to conduct a third round of the Child and Family Services Reviews (CFSR) beginning in Federal Fiscal Year (FFY) 2015. As many of you will remember, the CFSRs are federal monitoring tools used to evaluate state child welfare systems (title IV-B and IV-E programs) that focus on the safety, permanency and well-being outcomes and experiences of children and families. Because of its focus on outcomes and continuous quality improvement, the tool used in DCFS' own Quality Services Peer Reviews (QSPR) mirrors the CFSR onsite review instrument.

The third round of CFSRs will be staggered over four years (FFY 2015-18) as in the previous two rounds, and Arkansas's CFSR is scheduled for FFY 2016. The scheduling of individual state's reviews is not the only similarity between all three rounds of reviews. The reviews also will continue to involve a two-pronged process (as required in law and regulations), including 1) a statewide assessment and 2) an onsite review. Furthermore, states found not to be in substantial conformity with the title IV-B and IV-E requirements in Round 3 must still enter into a Program Improvement Plan (PIP) with the CB to address any areas that require improvement. Overall, the goals of the CFSRs remain to:

- Ensure conformity with title IV-B and IV-E child welfare requirements using a framework focused on safety, permanency and well-being through seven outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

Even with all of the consistency between the three review cycles, however, Round 3 of the CFSRs stands to be the most robust yet because of improvements made to the monitoring process. The Children's Bureau began engaging its state partners and other stakeholders during Round 2 to determine ways to strengthen the CFSR process. More detailed information about the next round of the CFSRs and all of the specific changes to the process will follow in the coming months, but one of the most exciting changes surrounds the onsite review process. States may now choose to use the traditional case review process or to conduct the onsite review process themselves using existing staff and stakeholders. That means your very own Service Quality and Practice Improvement Unit may coordinate the case review process in Round 3, which is beneficial because the reviewers already conduct the QSPRs on an ongoing basis and are very familiar with Arkansas's child welfare system. On the whole, CB is finalizing changes to how it conducts the CFSRs to accomplish the following:

- Support states' capacities to self-monitor for child and family outcomes, systems functioning and improvement practices;

- Better integrate the monitoring process with states' five-year title IV-B Child and Family Services Plans (CFSP) and Annual Progress and Services Reports (APSR); and
- Ensure data measures and methods used to establish national standards better reflect state practices and improvement efforts.

These reviews are important because the State's performance is tied to its finances (titles IV-B and IV-E constitute a significant percentage of DCFS' funding), but even more so because they serve as a report card, of sorts, regarding how the Division is performing in its efforts to protect children, strengthen parental capacity and nurture healthy families. Stay tuned for more details on Round 3...

PROJECT PLAY

BY [NICOLA A. CONNERS-BURROW, PHD](#)

Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the Division of Child Care and Early Childhood Education (DCCECE). Project PLAY facilitates collaboration between early childhood programs and specially trained staff from Community Mental Health Centers (CMHC) with the following goals:



- Increasing the capacity of child care providers to support and enhance children's social emotional development.
- Decreasing problem behaviors in young children by building skills of early childhood teachers and family members.

Healthy social-emotional development is a foundation for mental health and later school success. Beginning in 2011, Project PLAY began a partnership with DCFS to focus on supporting children in foster care. Project PLAY goals were expanded to include:

- Working with team members to ensure children in foster care have access to quality and stability in their child care placement.
- Increasing the capacity of child care centers to support the needs of children in foster care.

Project PLAY Updates:

Many of you have attended trainings with Project PLAY staff about the importance of quality and stability in child care placement and suggestions made to promote both. As a refresher, you can read more about quality child care for foster children by visiting our website at www.projectplay.uams.edu.

You may also be aware that Project PLAY staff members have worked with DCFS and DCCECE leadership to create a "**Child Care and Child Welfare Partnership Toolkit**". The toolkit includes suggestions to 'jump-start' communication with the goal of ensuring that foster children get the best care possible. Workers from both professions are encouraged to use the toolkit to help improve communication with one another. You can download this toolkit from the Project PLAY website or from the CHRIS NET system.

KUDOS to ARKANSAS! Representatives from Arkansas were recently invited to present information about the "Child Care and Child Welfare Partnership Toolkit" to leadership of the Administration on Children and Families, including representative from the Children's Bureau, the Office of Head Start, the Office of Child Care and more. We received much positive feedback from ACF staff and after the presentation, one staff member emailed to say "You all are using very really innovative strategies to build partnership and capacity in the state to better serve foster children." Other staff members noted that Arkansas should be proud of the steps we have taken to support collaboration between child care and child welfare professionals!

In 2013, 80% of the child care centers partnered with Project PLAY served foster children. When we know a center serves foster children, we inform the DCFS county supervisor that Project PLAY is working at the center to help build the skills of the teachers. If teachers ask for specific help with a foster child, we inform the county supervisor so that DCFS is aware of our work.

RESEARCH UPDATE! A recent Project PLAY evaluation report shows that teachers become more positive in their interactions with children after receiving Project PLAY services. Additionally, classroom level behavior problems were significantly decreased. Together we are making a difference in the lives of children!

Project PLAY is a UAMS Department of Family and Community Medicine program. Funding is provided by DCCECE.

NATIONAL FOSTER CARE MONTH 2014 - BUILDING BLOCKS TOWARD PERMANENT FAMILIES

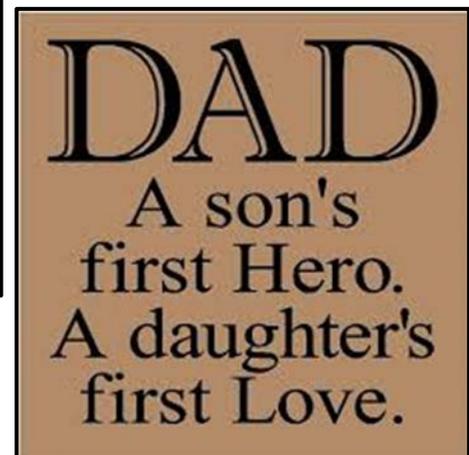
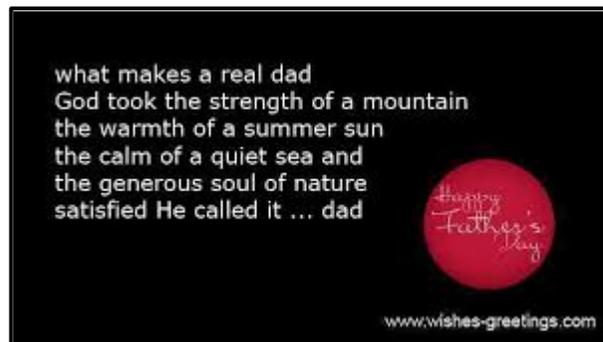
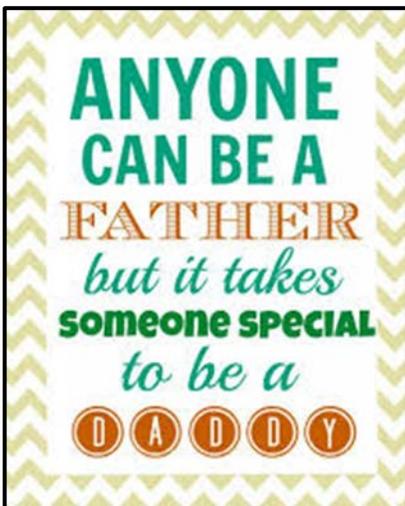
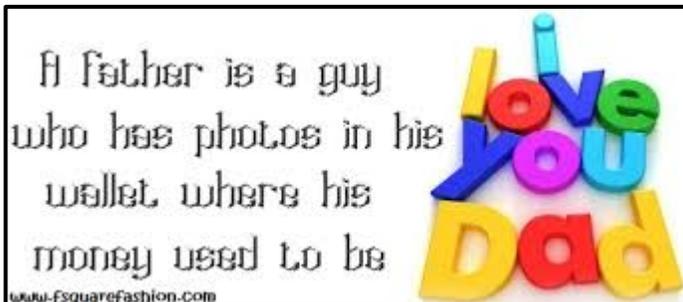
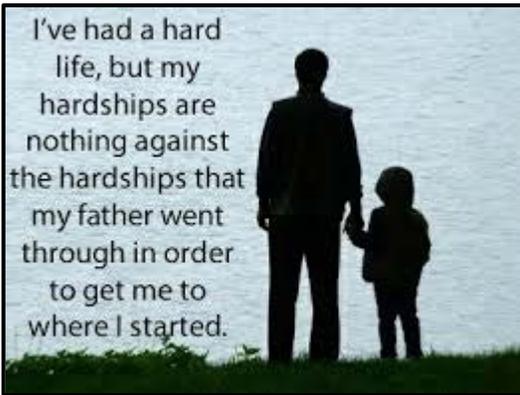
BY [CECILE BLUCKER](#)

National Foster Care Month is a month set aside to acknowledge foster parents, family members, volunteers, mentors, policymakers, child welfare professionals, and other members of the community to help children and youth in foster care find permanent homes and connections. During May, we renewed our commitment to ensuring a bright future for the 4,000 children and youth in foster care in AR and to celebrate all those who make a meaningful difference in their lives.

Central Office DCFS employees celebrated National Foster Care Month with a Balloon Release on May 27th in Little Rock. On average, DCFS has approximately 4,000 children in care each day. On May 27th, 400 balloons were released – each balloon representing 10 children in the system. The balloons were of varying colors representing the diversity of children we serve in the foster care system.



HAPPY FATHER'S DAY!



WELCOME TO THE PERMANENCY CORNER

BY SALETHIA WEATHERSPOON

Each quarter, I will be providing new information and/or updates on the progress of PRTs for the state. One of the biggest changes recently has been a CHRIS enhancement where you can now document the permanency round table action steps and follow up and it be a part of the case record.



Since July 2013 when the Waiver Demonstration IDIR was approved the following activities have been completed:

- 7 Permanency values training have been conducted since July 2013 in which 162 staff (DCFS and University partners) have been trained
- 99 Permanency Round Tables have been conducted since July 2013 (Waiver implementation)
- 11 Permanency Consultations meetings conducted (preparing for PRT in one specific area)
- Full time Permanency Specialist was hired in January 2014

Some barriers/systemic issues identified:

- Worker retention
- Court rulings preventing extended family searches
- Lack of access to community and /or placement resources
- Facility placement provider's treatment plans not coinciding with the child's diagnosis
- Increase of mental health worker turnover- mental health turnover affected the ability for some children to get the specialized services or treatment needed
- Medications prescribed to the children were not conducive to the mental or behavior issue
- Staff shortages prevented some supervisors from reviewing cases with field staff prior to the PRT therefore causing cases not to be properly mined which stalled the process from flowing timely

Currently, Arkansas is in a “reflecting” phase of implementation. Although the evaluation activities are in process, we do not have anything significant at this time, so we are informally reviewing our processes, the feedback from the trainings, and the feedback from the Area Directors after each PRT has been conducted. Although we did have a Permanency Specialist coordinating the PRT prior to January 2014, this was challenging as this staff was responsible for other program and activities. Another barrier was the lack of the Skill Building training in our system for the permanency teams.

In the next couple of months, we will schedule a Skill Building Workshops for the identified teams with Casey Family Programs supporting a consultant to co-facilitate. Casey Family Programs is supporting a consultant to work with AR in developing the strategy and sustaining within our system. This consultant will provide consultation and coaching for the Permanency Specialist who is lead for PRT. We will also schedule for Area 4 and Area 1. The follow up activities and evaluation activities will continue as we continue to implement and build sustainability for utilizing permanency round tables as a strategy for achieving timely permanency for children and youth in foster care.

We are “planning for permanency” thus we are planning for success!

“Family is not an important thing. It's everything.”

—MICHAEL J. FOX

GROWING BIGGER, GROWING BETTER

By now, if you work in Central Office, you have noticed we have a few new faces walking down the hall or in meetings. If you haven't had a chance to meet the new hires, the next time you see them be sure to stop and welcome them to the team. Like the rest of us they are ready to Care, Commit, and Connect to help the children and families of Arkansas!



JOE COX
DCFS, CFO



KANDIS ROMES
PROGRAM SPECIALIST
TRANSITIONAL YOUTH SERVICES



MIRANDA RAINES
PROGRAM ADMINISTRATOR



SHIRLEY WADE
ADMINISTRATIVE SPECIALIST III
COMMUNITY SERVICES



JULIE GRAY
FSW RECRUITER
CENTRAL INQUIRY



TERRI STEPHENS
FAMILY SERVICE WORKER
DDS WAIVER COORDINATOR

WEBSITES AND RESOURCES

www.childwelfare.gov
www.fosterparentcollege.com/info/connections
www.midsouth.ualr.edu
www.americanhumane.org/protecting-children
www.arkansas.gov/reportARchildabuse
www.fosterarkansas.org
www.dhsshare.arkansas.gov/pages/default.aspx
www.arkleg.state.ar.us/assembly

www.nctsnet.org
www.fema.gov/kids
www.childrendefense.org
www.fosterclub.com
www.ppcwg.org/communications-overview.html
www.fosteringconnections.org
<http://drjohndegarmofostercare.weebly.com/index.html>

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Awesome Slow Cooker Buffalo Wings



Rated: ★★★★★

Submitted By: amyrowe

Photo By: TimiAnns_Mom

Cook Time: 4 Hours 30 Minutes

Ready In: 4 Hours 30 Minutes

Servings: 8

"Let the slow cooker do the main work of making spicy, buttery hot wings to serve during the game. The wings are finished in the oven and brushed with more sauce for serving. Great with ranch or blue cheese dressing."

Ingredients:

1 (12 ounce) bottle hot pepper sauce (such as Frank's RedHot®)
1/2 cup butter
2 tablespoons Worcestershire sauce
2 teaspoons dried oregano
2 teaspoons onion powder

2 teaspoons garlic powder
1 (4 pound) frozen chicken wing sections, thawed
1/2 cup butter
1 (12 ounce) bottle hot pepper sauce (such as Frank's RedHot®)

Directions:

1. Combine 1 bottle hot pepper sauce, 1/2 cup butter, Worcestershire sauce, oregano, onion powder, and garlic powder in a saucepan over medium heat. Bring mixture to a boil, reduce heat to low, and simmer for 5 minutes.
2. Place chicken wings into slow cooker and pour sauce mixture over wings.
3. Cook on High for 2 hours. Reduce heat to Low; cook 2 hours more.
4. Preheat oven to 400 degrees F (200 degrees C). Grease several baking sheets.
5. Spread wings onto prepared baking sheets and bake in preheated oven until wings are crisp and browned, about 30 minutes.
6. Melt 1/2 cup butter with 1 bottle hot sauce in a small saucepan and simmer until thickened, about 20 minutes. Brush sauce onto wings just before serving