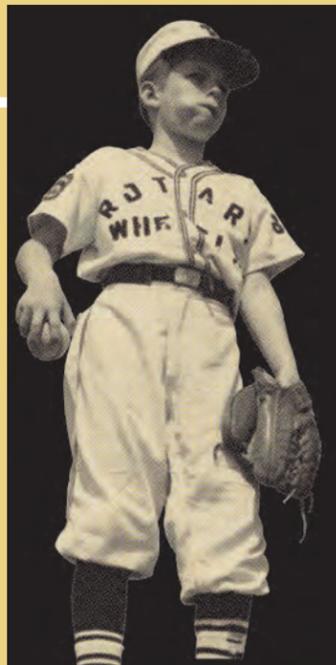


Area 3 hits a Home Run!

Saturday, October 2nd, 2010 was the first ever Benefit Softball Tournament held by the Howard County Foster Parent Association in Nashville, Arkansas. Five teams came out to play and paid their \$125 entry fee. The foster parents of Howard County ran the concession stand with Howard County DCFS Supervisor Larecca Trotter-Hopkins and Program Assistant Stephanie Staggers. Family Service Worker Rachel Wester kept the scorebooks for each game. Many Nashville business donated to help the cause; Jerry (Bubba) Tabler volunteered his own time and helped provided umpires for each game. Working with local businesses, volunteers, DCFS workers, and other foster parents the tournament managed to raise nearly \$1,100! The tournament was felt to be a great success! Everyone involved appeared to have a great time and looking forward to having the Howard County Foster Parent Association 2nd Annual Benefit Co-Ed Tournament this October!



April is National Child Abuse Prevention Month!

May is National Foster Care Month!

WWW.ARKANSAS.GOV/DHS/CHILNFAM
FOR THE
CALENDAR OF EVENTS IN
YOUR AREA.

ISSUE 2 ■ SPRING ■ 2011

DCFS Connections

FOR FEEDBACK AND COMMENTS

SCOTTY ADAMS AT **501.683.7250**

OR E-MAIL AT

SCOTTY.ADAMS@ARKANSAS.GOV

Director's Note...from Cecile Blucker

As I was standing looking out my back door at the plants sprouting up for spring, I thought how nice it is to enjoy the fruits of my planning, buying, digging and planting of my perennials and wildflowers.

As I was standing there I thought about DCFS and the many seeds we have planted. Over the past year, we have done a lot of planning, a lot of training, a lot of digging and put in a lot of hard work and we are now beginning to see the fruits of our hard work and dedication.

In the past, we have put in place ideas and/or fixes that are like planting annuals in a garden – pretty for a while then they fade only to have to be replaced. With our Program Improvement Plan (PIP) we are planting a perennial garden – a garden where our plants will come back each year, continue to grow and spread.

As you saw in our last newsletter, we have made a lot of progress since the federal partners were here in 08. Based on the latest rollup of outcomes, we are continuing to make progress. Our progress is improving the outcomes of the children and families we serve.

We will continue to add to our perennial garden with new ways of doing things, new ideas, making adjustments, transplanting and we will see our garden (our good works) continue to spread and make a lasting difference.

You should be proud of your hard work and the difference it is making not only in the lives of the families we serve but in how you feel about yourselves. Allow yourself to reflect on the difference you are making, of the great things you have done and how you have been able to accomplish change. Think about our perennial garden and how we can continue to add to it so our garden becomes the best garden around.

Happy Spring!

Cecile



What's Inside:

THE DIFFERENCE WE
MAKE!!!

DETAILS ON THE
ALTERNATE CARE POLICY

"VOICES FROM THE
FIELD"
QUESTIONS & ANSWERS

THE LATEST ON FASD

SAFE HOME STUDY

FOSTER CHILD POETRY
CONTEST WINNER



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

Care-Commit-Connect

Welcome to DCFS!

Karen Hawkins/Sebastian
Christine Adams/Greene
Billy Williams/Craighead
Travis Roth/Sebastian
Nathaniel Dennison/Lonoke
Shelly Crowe/Sharp
Michelle Moran/Lonoke
Heather Pittilo/Lonoke
Connie Jordan/Drew
Elcy Parker/Columbia
Aletra Reason/Pulaski East
Marv Boykin/Professional Dev.
Kristina Berry/Jefferson
Chelsea Smith/Jefferson
Melissa White/Lafayette
Jeannie Campbell/Newton
Jo Thompson/Mental Health Unit
Ciara Hanuska/Franklin
Jerica Hampton/Crittenden
Leon Woodall/Franklin
Tammy Coney/Foster Care Unit

Leanette Dixon/Garland
Shana Whitfield/Pulaski East
Thomas Hinton/St. Francis
Cassandra LaBahn/Marion
Zadrilyn Butler/Jefferson
Cyntwynet Hopkins/Mississippi
Michael Barry/Boone
Scotty Adams/Communications
Quadreka Smith/Crittenden
Teresa Simpson/Jefferson
Mario Hoke/Jefferson
Linda Williams/Child Protection
Renee Storm/Cleburne
Lee Brown/Mississippi
Gregory Motley/Craighead
Lisa Martin/White
Allison Haught/White
Christine Redford/Crawford
Loretta Watson/Eligibility Unit
Michelle Cutret-Boggess/Benton
Cindee Wright/Lonoke

JoAnne Hathcoat/Craighead
Kimberly Williams/Garland
Richard Jacobs/Mississippi



IT'S A FACT:

Of the 22,430 reports that contained at least one allegation of Neglect in Arkansas in 2010, 5956 (26%) were found true.

Alternate Care Policy, What you need to know.

The Alternate Care Policy is here! Alternate Care is a term used any time a child in foster care will be in someone other than the foster parents' care. However, alternate care, particularly baby-sitting, the Foster Family Support System, Informal Respite Care, and Formal Respite Care (all described below) should only be used occasionally. These types of care were designed as supports to the foster family when needed and should not be used to find permanent placements for children in care in other homes. This will have to be carefully monitored. It is our hope that our new alternate care policy will assist foster parents and staff and also provide continuity and a sense of normalcy for children in care.

Normal Age-Appropriate Activities –We believe that children in foster care should be encouraged to participate in normal age-appropriate activities such as overnight visits with friends, extra-curricular activities, church activities, and short-term summer camps. We ask foster parents to exercise careful consideration when determining whether a child should participate in various activities – just as they would for their own biological children, siblings or other family members. When a child plans to spend more than 24 continuous hours outside the foster home, the foster parent should inform the child's Family Service Worker by phone or email who will then input the necessary information in CHRIS.

Babysitting – Babysitters may be used to provide occasional care for children in the foster home for no more than six hours at a time. While background checks are not required for babysitters, we do ask that foster parents exercise careful consideration when evaluating a babysitter's character and competence. Babysitters are not authorized to transport children in foster care. DCFS cannot reimburse babysitter expenses.

CONTINUED

Amazing Foster Children Know Poetry!

I'm proud to announce the winners for the first ever DCFS Care Commit Poetry Contest! Our judges, who were Arkansas Educators and volunteers, were impressed with the quality of our submissions. We clearly have many very talented young people in our midst.

**1st Place Winner
"New Home"
by Samantha Z.**

I feel the love of a family cares.
It's too good to be true,
Am I sure it's real?

Do I truly believe it?
Can it be possible?
Can it be probably?
Is it even logical?

Love is so new to me.
I have barely loved before.
Can love really feel this good?
A family that cares enough for me.

I don't know these people
but I do trust them.
My siblings and I
a family of four are cared for.

My brothers and sisters
separated from me
but still close at heart.
Still a phone call away.

"Do you really love me?"
says I to Maelo.
"Is it really true?"
I can't believe it."

"Surely I do, I love you."
"Surely I do, I love you."
I really believe this woman.
I trust her.
Can I love her?

A month gone by
Christmas close by
What will I get this year?
Probably a lump of coal.

But no. that is not God's will.
I get clothes, toys, books and more.
Presents of all sorts.
At a foster family relatives

"Thank you, Maelo, I love you"
Says I. "I really truly do"
"I love you, too. Don't you forget it,
love you"



THE SAFE HOME STUDY: Consortium for Children

Arkansas, in partnership with Consortium for Children, is currently in the process of transitioning Arkansas to the Structured Analysis Family Evaluation (SAFE) process for foster and adoptive homes. SAFE is a set of home study tools used to facilitate a psychosocial evaluation of prospective foster and adoptive parents to determine if they are ready, willing and able to become an appropriate and safe placement for a child.

Much like the Structured Decision Making Process that our investigators use to help make front-end decisions, SAFE provides a similar structured decision making process for staff who open foster and adoptive homes. This is because SAFE contains specific criteria to be considered uniformly by every worker in every case and provides a structured method to process, analyze and assess the information they collect. SAFE also uses a strength-based model that fits well with the Division's Practice Model principles while maintaining a focus on the paramount duty of the agency to protect the health and safety of the child.

Consortium for Children developed SAFE. It is currently used in about 20 different states, and those states are experiencing positive outcomes as a result of SAFE implementation. For example, research demonstrates that SAFE promotes uniformity through the shared evaluation process as well as increased disclosure. SAFE also ensures a high level of reciprocity between other states that are currently using SAFE since the same tools are used across those states.

During December 2010 several DCFS staff members and MidSOUTH staff took part in the first round of the Structured Analysis Family Evaluation (SAFE) training. Those individuals are currently in the pilot phase of SAFE. In May, Consortium for Children will return to Little Rock to provide the second round of SAFE training for remaining DCFS and MidSOUTH staff members who conduct home studies as well as contract providers and The CALL. After this training, all home studies and reevaluations conducted for DCFS foster and adoptive homes must use SAFE.

For more information, visit <http://www.safehomestudy.org/overview/index.cfm>



Voices from the Field: Q & A with Greg Moore

The following is a list of commonly asked questions and misperceptions regarding casework practice. I hope you find this useful in serving children and families.

1. Do contacts by Program Assistants count towards the monthly visitation requirement with children?

No – Although the work of PAs is indispensable, their contacts with children do not meet the monthly visitation requirements. Family service workers are specially trained and must meet with children monthly to assess risk, safety and needs.

2. Do caseworkers receive partial credit for the monthly visitation requirement if they visit some but not all of the children in a case?

No – All children in a case must be visited by a family service at least monthly to achieve the visitation requirement.

3. Should assessments be conducted and case plans developed in family in need of services (FINS) cases?

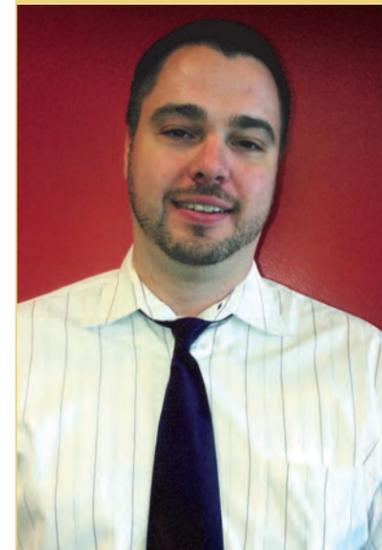
Yes – DCFS policy and best practice requires that FSNRAs be conducted in and case plans be created for all open cases.

4. Is the use of volunteers for transporting clients and supervising visitation allowed?

Yes – DCFS policy, specifically Policy VII-M, allows for the recruitment and utilization of volunteers for things such as transporting clients. However, they must go through the proper recruitment process and background checks. For more information regarding the use of volunteers, please refer to the policy manual and contact your area director.

5. Are case staffing's the only way to involve children and families in case planning?

No – The case planning process should begin as soon as the family service worker makes contact with the family. Children and families should be engaged during every contact. They should provide input regarding strengths and needs as well as what services will benefit them. Case planning is more than a case staffing...it is a continual process.



Steve Sorrows-DCFS Legend!

DCFS Employee of the Year

Mr. Steve Sorrows was chosen as the AHSEA-DCFS Employee of the Year for 2010. Steve a 34 year veteran with DHS has currently been in his position since April of 2002. The Albuquerque, NM born native, whose mother Velma Sorrows also works for DCFS, has worked in about every area within DHS during his tenure starting as a Clerk Typist in Economic and Medical Services starting in November of 1976. He currently manages the DCFS Medicaid and Title IV-E Unit in Little Rock. Sorrows protects the vulnerable by ensuring that all eligible foster and adoptive children are screened and approved for Medicaid benefits which ultimately promote better health for these vulnerable members of our State. He also manages the trust funds for foster children ensuring that the monies are used for the purpose for which they are intended, to meet the current needs of foster children. Steve demonstrates compassion in the work performed on foster care trust accounts by being an advocate for children and working to ensure that the children's benefits are used appropriately and in their best interest. "I have tremendous respect for the work in the field and enjoy being able to support them every day. In my current position I also believe that the work we do in the DCFS Eligibility Unit supports not only the caseworkers but also the children in foster care. It's rewarding to be able to help, even if it's behind the scenes. The true heroes at DHS are our front line staff and I am honored to be in a supporting role.



DCFS

The Difference We Make!

Positive Stories in the Field

TEAMWORK!!!

When Monika was on call we had 3 kids come into care, another child needed assessment at Vista, we were requested to place another child from a different county & we had 2 safety responses. Lori, Bryanna, Darla, Monika, & Tom all looked for placement, did the safety responses, & signed a child into Vista. It took everyone working together to complete this. There is no way one person could have handled this on their own.

COMMITMENT!!!

Manuelita Breedlove single handedly works at Christmas time to get donations from several local businesses to provide Christmas presents for not only our foster children, but protective services children as well. She contacted the businesses, arranged for donations, picked up donations, sorted and bag them and ensured they were delivered or delivered them herself. She provided presents for 52 Carroll Co. children.

ABOVE AND BEYOND!!!

Here is an example of extraordinary work done by a Sebastian County FSW. When the local area could not assist due to inclement weather, Brooke Harrell travelled from Fort Smith to the hospital 80 miles away to stay with a critically ill child and got snowed in herself and provided around the clock care for this child at the hospital.

CARE AND COMPASSION!!!

On October 25, 2010, my daughter and grandson, who live in Minnesota, were in a serious car wreck in Hope, AR. Both miraculously escaped injury, however my daughter was unable to care for my grandson, Dax, due to an emotional disorder we are still learning about. He was taken into care of DHS Children and Family Services in Hempstead County and assigned to a foster home. Being 1,100 miles away and not able to obtain medical information on my daughter due to HIPAA was difficult enough. Our two year old grandson was in foster care and we didn't have a clue on how to get him out. After a night of turmoil, I finally made contact with Nancy Kemp, Staff Supervisor of the DHS C&F unit in Hope. Nancy was very helpful, compassionate and professional in her communications with us. By late Wednesday I had driven the 1,600 miles to Hope and met Nancy on Thursday morning before a committal hearing for my daughter. My grandson would not be released to me and my daughter was moved to yet another hospital. Nancy was once again compassionate and patient in helping us understand the procedures and process we needed to follow. She spent a lot of time with us, well past normal working hours many times. Our minds were frazzled and she no doubt repeated the same information to us over and over, without any trace of impatience. A hearing the following week resulted in Dax being released to me on an emergency guardianship order and I hurried him back to Minnesota. We are now awaiting the appropriate timing for transfer of my daughter back to her home.

I have to tell you, I have been in the service business for 35 years and yet I could not have expected the high level of service I received from Nancy Kemp and her staff. Not only were phone calls returned on a timely basis but I ALWAYS talked to someone when I called! Nancy and her great staff, who obviously strive to emulate her leadership, treated us like friends and family. We developed trust and were put at ease right from the start as a result of our interactions with them. I would like to commend Nancy and her staff for their professionalism and dedication to reuniting our family during this very difficult time. I can't thank her enough and hope you will pass this email along to her superiors so she and her staff can be appropriately recognized. Your Hempstead County office is doing a great job!

Care-Commit-Connect
Adoption Services

It's finally spring and Adoptions is busy recruiting families and placing children who are waiting for a forever family. Some of the activities scheduled this spring include adoption picnics. These events are opportunities for waiting families to meet the Adoption staff, each other, and for the children to have a good time and feel special. Both waiting children and other foster children are invited.

The Pulaski County Adoption Coalition along with the Pulaski County Adoption staff are sponsoring the 4th Annual Pulaski County Adoption Coalition's **Disney Extravaganza!** This year's event will be held on Saturday, May 21, 2011, from 11-2 in the parking lot of Immanuel Baptist Church located at 501 N. Shackelford in West Little Rock. This will be an exciting day full of fun and surprises. Currently there are 25 Disney-themed booths confirmed. It is a great venue to bring children and families together. There is much preparation for this event both with families and age appropriate children. Adoption is not to be mentioned by the visiting families. It is a time for the children to have fun!



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

IT'S A FACT:

More than 1 million parents were incarcerated in prisons or local jails in 2010, affecting 2.3 million children.



Continued The Difference We Make!!!



CONTINUED

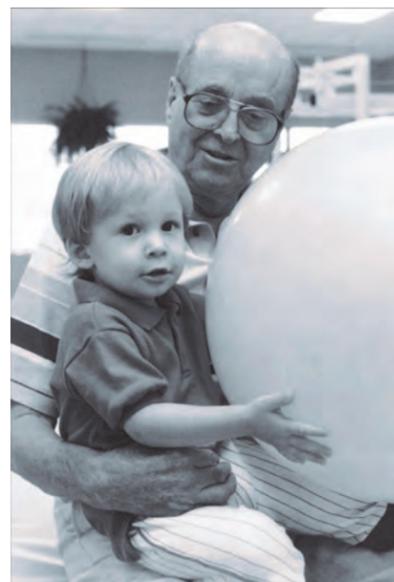
SIBLINGS REUNITED!!!

One of my positive stories include a worker's commitment to get a local foster child placed with her siblings in another state. A. m. was taken into foster care after it was determined her mom could not take care of her because of drug and mental health issues. During the course of the case it was revealed that there were two siblings of our child in care in another state. Phillips County worker developed a relationship with the foster parents in the other state and set out on a course to have our child placed in the out of state's foster home to have all the siblings together. The two siblings of our child were being adopted by the foster parents and expressed an interest in our child relative to adoption.

Through coordination and a positive study from the other state, our child is now placed with her siblings and will be adopted by the foster parents as soon as possible. Placement with the foster parent in the other state, did not end our local worker's relationship with the child, as she still visit the child monthly in a scheduled setting and place in this state. I commend this worker, some would work to get the child placed out of state to lighten the load....not this worker....It will not be over until the child is in a permanent adoptive placement.

Ways to Prevent Child Abuse...

- ◇ Sleeping together with a baby can lead to tragedy
- ◇ Never hit or shake a child
- ◇ Know who is taking care of your child at all times
- ◇ Don't leave a child unattended in a car
- ◇ Help a friend, neighbor, or a relative. Being a parent isn't easy. Offer to take care of the children so the parent(s) can rest or spend time together.
- ◇ Help yourself. When the big and little problems of your everyday life pile up to the point you feel overwhelmed and out of control—take time out. Don't take it out on your child.
- ◇ Promote programs in the school. Teaching children, parents and teachers prevention strategies can help to keep children safe.



FASD: What Mothers Should Know

Fetal Alcohol Spectrum Disorders (FASD) comprise the number one cause of developmental delay in the United States.

Completely preventable, permanent, and often invisible, this too common brain disorder is estimated to occur in at least 1 per 100 births—affecting 400 newborns annually in Arkansas. Often undiagnosed and unrecognized, many children with FASD do not receive appropriate interventions. Resulting frustration of affected children, their families, teachers, caregivers and therapists place children with FASD at very high risk for development of secondary disabilities.

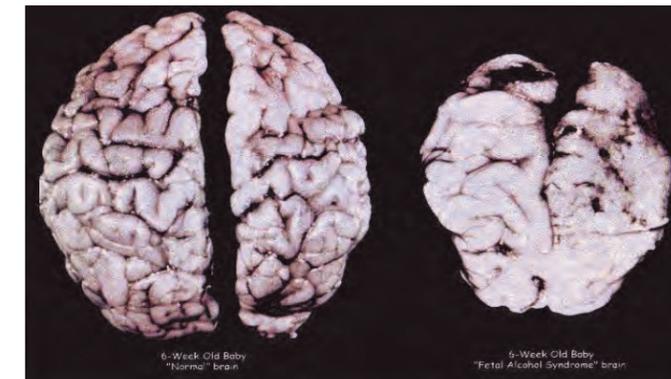
In turn, these secondary disabilities result in health, learning, employment, legal, social and living problems. Because traditional interventions and therapies don't work well with children with an FASD, it is important to identify sensory, communication, learning and other differences that occur with this brain disorder. It is also important to provide families with support to build on child and family strengths. Parenting a child with an FASD brings joys and challenges and requires advocacy and continual learning both inside and outside the family. For this reason the FASD Project and UAMS Partners for Inclusive Communities are hosting a monthly FASD family

support group meeting. The group is open to all family members, biological, adoptive, and foster families are welcome to attend.

FASD Parent Support Group: The First Saturday of every month at 2:00 pm at the Quapaw Quarter United Methodist Church located at 1601 S. Louisiana in Little Rock.

Snacks & Childcare will be provided.

Hosted by the Pulaski County FASD Project and UAMS Partners for Inclusive Communities. For more information please contact Carol Rangel at 501-682-1573 or e-mail at carol.rangel@arkansas.gov



Questions To Ask Prescribing Physician For Psychotropic Medications

Always make sure that the Prescribing Physician knows **all medications and dosage** that the child currently takes that may have been prescribed by another physician. It is best to take all medications to the appointment in the original bottle from the pharmacy.

1. What is the diagnosis of my foster child? What does that diagnosis mean? What are the symptoms/behaviors that I should expect? What is the long-term prognosis or expectation for my foster child because of the diagnosis?
2. What behaviors/emotional issues are expected to improve with the medication?
3. If this medication works, how long will it take for improvements to be seen? How long will my foster child be on this medication?
4. What are potential side-effects? At what point should I contact you if any of these side-effects are seen – immediately, next day, next medication management appointment?
5. At what point would one of the side effects be considered an emergency that would require that I need to take him/her to the emergency room?
6. What could happen in the case of an overdose of this medication? If child is on multiple medications: Are there any potential medical problems related to the interaction of all the prescribed medications?
7. Should I be aware of any potential problems in drug interactions with any over the counter medication, such as Tylenol, aspirin, cold medicine, etc.?
8. Are there any specific behavioral interventions we should use? What are the behavioral treatments for this disorder?



Alternate Care Policy (Continued)

home, the child's Family Service Worker or the foster family's Resource Worker may ask to discuss this/ these issue(s) with the foster parents in order to provide clarification regarding how babysitting services should be used.

Foster Family Support System (FFSS) – We are asking each foster family to identify a support system of individuals who are willing to provide temporary care for children in foster care when the foster parents are unable to do so. The goal of the Foster Family Support System is to prepare the foster parent—in the case of anticipated or unanticipated events—by having another family ready, willing, and approved to temporarily care for the children placed in the foster home.

We believe that by asking each foster family to have their own support system, the children placed in the home will feel more like a part of that family. They will become familiar with a family's support system and will not have to be placed with people with whom they are unfamiliar each time the foster family needs assistance. Continuity of care for children in foster care is critical, as they experience trauma each time they are moved. Having a support system will assist in providing both normalcy and consistency for the children in care. It will also give foster parents more autonomy in choosing where the children placed in their home will stay when the foster parents are not able to care for them.

Individuals who are part of a foster family's FFSS may provide care for up to 72 hours at a time. If children placed in your home will be in the care of an FFSS member for more than 24 continuous hours, the foster parents will need to notify their child's Family Service Worker who will enter the appropriate information into CHRIS. Foster parents are welcome to reimburse an FFSS member when they provide care; DCFS will not reimburse them. The FFSS may be comprised of up to three households. The following will be required of FFSS members:

- ◇ The number of children placed in an FFSS member household must meet all Minimum Licensing and DCFS Policy requirements
- ◇ All FFSS household members age 10 and older must be cleared through the Child Maltreatment Central Registry.
- ◇ All household members age 18 and older must pass an Arkansas State Police Criminal Record Check.
- ◇ DCFS will check the driving records of each applicable household member.
- ◇ DCFS will complete a visual inspection of their home since children in foster care may stay in the FFSS member's home if preferred.

Informal Respite Home –While the Foster Family Support System will be approved to provide alternate care for up to 72 hours at one time, foster parents will need to use an informal respite home when foster children need temporary care for a longer period of time. An informal respite home is an approved DCFS foster home. Any regular DCFS foster home may elect to serve as an informal respite home.

An informal respite home is authorized to provide temporary care for children in foster care for up to seven continuous days. An extension of up to an additional 7 days is possible if the Area Director approves the extension. Foster parents are welcome to reimburse an informal respite provider when they provide care; DCFS will not reimburse them.

Foster parents may choose their own informal respite home provider (for example, another foster family they met during PRIDE training), but foster parents will need to let their child's Family Service Worker know when the child placed in their home will be staying in an informal respite home and enter the appropriate information in CHRIS. If a foster family does not know of any other approved foster families who are willing or able to serve as an informal respite home when needed, county staff should assist the foster parents in locating an appropriate Informal Respite Home.

Formal Respite Care – There may be formal respite placements available in certain facilities for children who temporarily need a higher level of care or services in order to prevent placement disruption in their current foster home and/or prevent them from being placed in an acute psychiatric or similar placement. The need for formal respite care will be addressed on a case-by-case basis.

Please note that if any combination of alternate care types are used and result in a child in foster care being out of the regular home for more than 14 continuous days in one month, the regular foster parents' board payment will be affected.

When a child plans to spend more than 24 continuous hours outside the foster home, the foster parent should inform the child's Family Service Worker by phone or email so the worker can input the necessary information in CHRIS.

Drum Roll Please for the QSPR Top 10 List!

The following outlines a significant achievement from each DCFS service area from the last round of Quality Services Peer Reviews:

10. Area 10 achieved 100% substantial conformity with regard to placement stability for children in foster care in the reviewed cases during the period under review.
9. The permanency goals in all of the reviewed foster care cases were appropriate and were established on time in Area 9.
8. Area 8 initiated all child maltreatment referrals within the established timeframes in all of the reviewed cases during the review period.
7. Children in foster care were placed close enough to their parents to facilitate frequent face-to-face contact in all but one of the reviewed cases in Area 7 during the period under review.
6. Area 6 successfully arranged for and provided appropriate services to families to prevent children from entering foster care in all but one of the reviewed cases during the review period.
5. Family service workers successfully promoted, supported, and maintained positive relationships between children in foster care and their mothers and father through activities other than just arranging visitation in Area 5 during the period under review.
4. Area 4 provided children with visitation that was of sufficient frequency and substance in 90 percent of the reviewed cases during the review period...the highest in the State thus far!
3. Appropriate efforts were made to achieve finalized adoptions in all of the reviewed foster care cases with a permanency goal of adoption in Area 3 during the period under review.
2. Area 2 placed all sibling groups together or only separated them to meet the needs of one of the siblings, address safety concerns, or to accommodate a large sibling group (5 or more children) in all of the reviewed foster care cases during the review period.
1. Family service workers in Area 1 successfully worked to ensure that children in foster care maintained their connections to their communities, neighborhoods, faiths, schools, extended families and friends in all but one of the reviewed foster care cases during the period under review.



SIXTH QUARTER PIP NARRATIVE SUMMARY

Arkansas continues to implement the strategies of our Program Improvement Plan (PIP). We continue to see improvements around the state although reaching and maintaining consistent improvements statewide is challenging. However, as we continue to implement PIP strategies, improve communication and increase team work as well as develop practice skills, we believe we will see positive outcomes for children and families. Work during the sixth quarter includes but is not limited to the following activities:

- Staff at all levels continue to meet with external and internal stakeholders to learn how they can support families in the child welfare system as well as educate others on the DCFS practice model and the needs, strengths and successes of child welfare in Arkansas.
DCFS leaders of community services continue to develop agendas that will educate and develop the Area Director and Supervisor skills so that they can effectively in manage and supervise direct services field staff and assure the work aligns with the practice model.
We continue to educate and develop skills and practices of Central Office staff to better understand and support the field.
DCFS continues with the plan and timeline of the training overview and review of training curriculum to reflect our practice model and improve the skills of staff at all levels.
Our partnership with community mental health providers and System of Care (SOC) staff has opened opportunities to enhance the skills of foster parents to meet the needs of children entering care and being placed in their homes.
DCFS policy unit continues to work through a review of policy with program managers to not only align the policy with our practice model but also assure it is user friendly and supporting field activities.

The strategies that we have been describing over the last five quarters in regards to the technical assistance and coaching in the field continue. These include our approach to phone consultations, interdivisional staffing's, internal death reviews, and other relevant meetings.

We have developed practice guides that we hope to implement soon to provide further resources. These guides align with our training and policy. They will be resources for Area Directors and Supervisors as they develop and revise local Practice Improvement Plans based on results of the area QSPRs. Ultimately, we will have practices guides reflective of all programs from prevention to permanency.

Work continues on the development of surveys and enhancements of our QSPR to determine if internal and external staff have a clear understanding of the Division's vision, practice model, and their role in improving the outcomes for children and families.



Fostering Connections!



We wanted to take this opportunity to continue to share what Fostering Connections is and how Arkansas is implementing Fostering Connections requirements. Many of the requirements from this legislation are integrated in the practice model and promising practices that we have been working on over the last two years related to the Program Improvement Plan (PIP).

Each release of the Connections Newsletter, we will update the status and connection to policy, practice, and fostering connections.

To begin this information sharing we are including a little information about the Act: H.R. 6893, the "Fostering Connections to Success and Increasing Adoptions Act of 2008," was approved by unanimous consent in both Houses and is now public law under the title P.L.110-351. President Bush signed this bill on October 7th as it was presented to him on September 26th. Most provisions in this bill would be effective October 1, 2010.

H.R. 6893 was introduced on September 15, 2008 by House Ways and Means Subcommittee on Income Security and Family Support Chairman Jim McDermott (D-WA) and Ranking Member Jerry Weller (R-IL). The bill was approved in the House on September 17th and passed in the Senate on September 22nd.

The bill will primarily:

- provide Title IV-E funds for kinship providers, offering better permanency options for foster youth;
offer direct access to Title IV-E funds for tribes serving youth in care;
reauthorize and improve adoption incentives by de-linking adoption assistance eligibility from the 1996 AFDC income requirement for families
increase educational stability for older youth in care
improve outcomes and oversight of health needs for youth in care and guarantees \$15 million for each fiscal year between 2009 thru 2013 for "family connections grant"

Although Arkansas allowed youth who we either still attending high school or attending post secondary education to remain in care, the funding stream for this was limited as it was 100% State General Revenue. With Fostering Connections, it allows states to change the definition of "child" and claim IV-E funds to serve this population of youth under certain circumstances. Arkansas has elected to take this "option" and has policy in promulgation to change the definition of child. Arkansas included the requirements of the Fostering Connections legislation in the Transitional Services policy that was developed and implemented in 2010.

Arkansas has also elected to take the Subsidized Guardianship Option (GAP) authorized by Fostering Connections. A committee was developed last year and with the technical assistance from the Children's Defense Fund, the policy, procedures, and best practices related to this program are in development. We had to have a legislative change, but we hope to have the program developed and the IV-E State Plan amended and submitted to the Federal Government by June or July 2011 so that we can plan to implement in August or September of this year.