

Department of Human Services

ARKANSAS CHILDREN AND FAMILY SERVICES
CHILD WELFARE PLAN 2010-2014

Submitted to
Administration for Children and Families
U.S. Department of Health and Human Services
By
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Table of Contents

Summary.....	4
The Division Operational Structure.....	6
The Divisions Provision of Services.....	7
Consultation and Coordination.....	8
Service Descriptions: Status for 2009.....	13
Goals and Objective.....	16
Prevention and Support Services.....	24
Investigations and In-Home Services.....	28
Foster Care Services.....	34
Placement Stability	35
Behavioral Health.....	38
Adoptions	41
Foster and Adoptive Parent Recruitment Plan.....	45
Quality Assurance and Monitoring.....	47
Child and Family Services Review Results and PIP	
Health Care Oversight.....	49
Disaster Plan.....	51
Training Plan.....	52
Evaluation, Technical Assistance, and Quality Assurance.....	63
CAPTA.....	65
Criminal Background Checks.....	66
Chaffee Foster Care Independence Program (CFCIP)/ETV	66
Description of Program Design and Delivery	67
NYTD Tech and Support	68
Youth Leadership and Youth Organizing group	70
Partnership with Community Resources	71
DCFS/DHS	72
ETV	79
Trust Funds	80
Tribes	81

Child and Family Services Plan (CFSP) 2010-2014

Training	81
Statistical and Supporting Information.....	81
Juvenile Justice Transfer	81
Inter-country Adoptions	81
Monthly Caseworker Visits	82
ETV	82
Timely Home Studies reporting and Data	83
Financial Section-	
Adoption incentive Payments	84
(Previously submitted as attachments)	85
Payment limitations title IV-B subpart 1	
Payment Limitation title IV-B IL	
Payment Limitation title IV-B subpart 2	

Child and Family Services Plan (CFSP) 2010-2014

Arkansas 2008 population was estimated at 2,855,390 which was a 6.8% increase over the last 8 years. Persons under five years old in 2007 was 7% and 24.7% or 685,293 persons under 18 years old. Approximately 80% of the population is white and 15.8% black. The median household income is \$38,239.

The Arkansas Department of Human Services (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 the department offers. Some counties, depending on their size, have more than one office. DHS employees work in 10 major divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 800,000 Arkansans each year.

The Division of Children and Family Services (DCFS) is one of the Divisions' in the Department of Human Services. The Division is the designated state agency to administer and supervise all Child Welfare Services (Titles IV-B and IV-E of the Social Security Act) and is in compliance with the 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.

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

During the last fiscal year to date, DCFS has investigated 28,370 reports of child maltreatment, provided child protective services to 6,003 families, placed 4,037 children in foster care with 3,866 children exiting foster care, and finalized 583 adoptions.

Arkansas has embraced the CFSR process by internalizing key learning from our statewide assessment and on site review. After the statewide assessment and on site CFSR review, DCFS began to put in place immediate and long term strategies to assure safety, permanency, and well being for vulnerable children and families across the State.

Arkansas believes that we are presented with both urgency and opportunity to develop and implement in the years ahead an effective child welfare system which will make an essential contribution to healthy population in the State of Arkansas, one capable of meeting the social and economic demands that confront the State as a whole. Our plan is designed to make a determining contribution to these needs by: 1) building a comprehensive practice model to guide the work of the field and central office supports, 2) designing and implementing resilient communications, professional developments, and change management strategies, 3) growing our service array (with attentions to the variety, efficiently, and effectiveness of procured services as well as the variety of services and supports organized through community partnerships), and 4) enhancing the

Child and Family Services Plan (CFSP) 2010-2014

State's quality assurance to become an effective system for results monitoring and practice improvement all of which, taken together, will serve to enhance the safety, permanency, and well being of Arkansas children and families in ways that are measurable and sustainable.

Our practice model goals are:

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

The Division Operational Structure:

DCFS has four (4) major offices with an Assistant Director to provide services and administrative support for children and family services programs:

- 1) Office of Community Services-This office is responsible for the direct and purchased services delivery of child welfare services in each of the 75 counties of the state. Each of the ten areas has an Area Director, County Supervisors, Family Services Workers, Social Services Aides II, and other county based staff to provide direct services. Services are also provided through a statewide network of community providers.

In central office, the Office of Community Services includes a Program Administrator, Program Manager, the Interstate Compact for the Placement of Children (ICPC) staff, and a Client Advocate who assist DCFS consumers.

- 2) Office of Program Excellence-This office provides program support for the following services: Child Protective Services (CPS), Prevention and Support Services, Foster Care including Transitional Youth Services, and a special project related to Fetal Alcohol Syndrome Disorder (FASD), and Adoption. This office also includes the Policy Unit, Planning Unit, and Professional Development Unit (PDU). This office oversees the contracts for counseling, home studies, psychological evaluations, therapeutic foster care, intensive families services (IFS), daycare, drug screenings/assessments, and University partnership.
- 3) Office of Finance and Administrative Support-This office provides support in the following areas: financial support, budgeting, funds management, accounts payable contracts managements, and personnel.
- 4) Office of Operations – This office provides support in the following areas; Child Maltreatment Registry, Criminal Background Checks, Eligibility, and Vehicle Safety. This office is also responsible for the management of day-to-day operations for DCFS.

The Quality Assurance management within the Division falls under the direction of the Division Director.

The Divisions Provision of Services:

The Division purchases services from private and public agencies, universities, and individuals using state and federal funds. Program and services of other Divisions within the Department of Human Services (DHS) are available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, Supplemental Nutrition Assistance Program or SNAP (food stamps), Social Services Block grant, and other federal entitlement.

The services are authorized and funded in conjunction with various state and federal laws that govern the operation of the Division. 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 Coordination:

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.

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.

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.

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

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 based on the recommendations for the CIP survey conducted by CIP. DCFS partnered with CIP as team members and reviewers in their Court Reassessment Reviews. The division plans to continue this collaboration in the future by ensuring that they are invited and participate in the Child and Family Services Reviews, program improvement plan follow ups. They continue to be invited to

participate and give input on the DCFS Advisory Board. The AOC has plans to involve DCFS in their plans and implementation of the training and data technology grants.

The Administrative Office of the Courts is partnering with DCFS in regards to recruitment of foster and adoptive homes. They have provided promotional items such as posters and billboards, covered television ads, as well as temporary staff for statewide inquiry calls.

Administrative Office of the Courts will participate in the following Program Improvement Plan groups: Recruitment and Retention Foster and Adoptive Homes; Placement Stability; Practice Training Needs; Staff Recruitment and Retention; Service Array; Independent Living Services;

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.

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.

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.

Strategic Prevention Framework (SPF) State Incentive Grant (SIG) Advocates for prevention, intervention and education regarding the use of alcohol and drugs. Provides education and other prevention services in schools and community programs throughout the state

Parent Involvement Task Force Our goal is to identify and address the needs of parenting education and parent involvement in Arkansas.

Governor's Interagency Council on Early Intervention (ICC) 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.

Collaboration with TEA, the Department of Education and local School Boards regarding the Human Service Workers in the Schools

Division of Behavioral Health (DBHS)

System of Care Initiative (SOC) ACT 1593 and the creation of the Commission

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 a governor-appointed Arkansas Children’s Behavioral Health Care Commission(hereafter referred to as the “Commission”) the Commission advises ADHS as it works to ensure that children, youth, and families are full partners in all facets of a SOC, revise Medicaid rules and regulations for reimbursement of behavioral health care services, define a standardized screening and assessment process, and develop a data system to support improved tracking, accountability, and decision making. The following are committees that are developing the plan: Services Support and Standards, Family Support Network, Outcome and Assessment, Training Workforce, Local Infrastructure, Cultural Competence, Financing Committee. One or more DCFS representatives serve on each committee and are active participants.

Local Community Mental Health Centers has an Interagency Agreement with the Community Mental Health Centers throughout the state to strengthen communication and ensure mental health services are provided to the children in foster care. There is regular communication and meeting with all levels of both divisions. A strategic plan has been developed with three top priorities for achievement in enhancing the communication and service timely interventions with families between these two divisions.

State and Local CASSP Councils is a council for improving the mental health services for children and youth in the behavioral health system. Members include public and private mental health professionals, schools professionals, DHS professional from DCFS, DDS, DBHS, DYS and other child serving divisions as well as parents and youth. All 15 Community Health Centers have active Regional Planning and Local Wraparound Teams. The CASSP goals this year are: *advocate to improve services and supports for children and families with behavioral health needs who are involved in the child welfare system*; increase family and youth active participation; strengthen the collaboration between juvenile justice and behavioral health; advocate for public policy that improves children behavioral health; and support and collaborate with the implementation of Arkansas System of Care.

Therapeutic Foster Care Community Mental Health Centers maintain contracts with DCFS to provide this service statewide.

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

Division of Youth Services (DYS) 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

Adult Protective Services a “transitional task force” was 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.

Division of Medical Services (DMS) DCFS has began 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. Initiative (faith based) was established as a result of the Fellowship Summit held during the previous quarter (new faith based initiative in Pulaski County, Area VI). Meetings have occurred with DCFS and key members of the project. Plans include: recruiting foster and adoptive families within the involved churches, providing pre-service training to adoptive applicants, conducting home studies, and providing supportive services to families after placement such as respite. Individuals with appropriate credentials within the churches are being recruited to provide the pre-service training (Foster Adopt Pride) and conduct home studies. Members of the project have produced a video of waiting DHHS/DCFS children, and it is being shown to the church members during special meetings that focus on foster parenting and adoption. This initiative is expanding to others counties within the State.

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 the 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 to advise 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 Youth representatives on the board are involved in the CFSR process and are becoming more involved in the agency and political processes that will assist the board in being effective as an advocacy group that will be listened to. Their focus is on understanding the system and assisting with the development of new ideas, policy and methods that will enhance services for themselves and other foster youth.

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 2009

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.

Direct services include the following:

Child Welfare Services is a broad category of services to children and their families and includes a variety of services described below, including Supportive Services, Child Protective Services, Foster Care Services, Independent Living Services, and Adoption Services including Adoption Promotion and Support.

Supportive Services- Voluntary services to families in need.

Child Protective Services - Child maltreatment investigations and protective interventions for children whose parents or legal guardians do not provide the care and protection needed for normal physical and emotional development and assistance to the parents or legal guardians to help them fulfill their parental roles.

Transitional and Independent Living Services (direct service) - Each child in DHS custody, age fourteen or older, for whom the goal is not reunification shall be provided with instruction for development of basic life skills. Each child, age sixteen or older, shall be assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood. Services identified in the assessment to help the child achieve independence will be provided either directly or through contract.

The Independent Living grant program provides service to youth in foster care that are normally unavailable through other program funds such as Title IV-E-Foster Care. Services provided are primarily educational and are intended to keep youth in school while they obtain life skills that will assist them in transitioning to adulthood. The program coordinates age-appropriate life skills training for eligible youth who are likely to remain in foster care until age 18. It assists with services and purchases that enable the youth to fulfill educational goals that may include high school graduation and post-secondary education. This includes college or university training, vocational training, and assistance in finding career and job opportunities. In addition, the program may assist

emancipated youth that choose not to continue their education past high school to establish a residence. Youth leaving care age 16 or older for Adoption may participate in any Chaffee program. There are many levels of assistance and instruction available to youth who choose to participate in the program. Transitional Services will be provided in accordance with the youth's Transitional Plans (which is a part of the case plan) and the Youth's Life Plan. The life Plan is developed by the Youth's Transitional Team and requires youth input according to his/her capacity.

Foster Care Services - The Division provides services to children whose Biological/legal parents cannot care for them, by providing a planned period of care by approved foster parents, including relatives who are approved as foster parents, and by planning for reunification or placement in another permanent living arrangement. Time-Limited Family Reunification services (described below) are part of the services delivered to children in foster care and their families.

Prevention/Support Services - The Division distributes materials throughout the State to field offices, schools, Family Resource Centers and medical facilities. These materials target the reduction/awareness of child abuse and neglect. Materials have the Arkansas Child Abuse Hotline number printed on it.

DCFS Child Protective Services staff provides and facilitates training on Substance Abuse, Anger Management and Effective Parenting. Training is geared toward staff working directly with families, staff from Family Resource Centers and schools. The DCFS Director serves on the Arkansas Child Abuse Prevention Commission (ACAPC) which provides for increased coordination of efforts between the agencies, Executive Director of ACAPC, and also serves on the DCFS Advisory Committee.

The Family Resource Centers and our Human Service Workers in Schools are considered preventive programs due to the fact that families can receive assistance and not have a case in DCFS. In fact, the primary reason for these two services is to prevent the necessity of opening a case.

Intervention and Treatment - The Division offers several services to children and families. Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Drug Screenings, Assessments and Treatment (limited), Respite Care, and Counseling are services offered to families to resolve issues that could cause removal of the child.

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

Child and Family Services Plan (CFSP) 2010-2014

- 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 care recruitment activities
- Training for DCFS staff, adoptive parents, foster parents and adopted children
- Adoption support groups
- Life books for children in foster care
- Adoption resource libraries

Additional Adoption Promotion and Support Services:

- In-home consultation visits with prospective adoptive families
- Adoption home studies
- Adoption summaries on waiting children
- Non-identifying summaries on adoptees
- Adoption subsidies
- Adoption Registry services

Decision making process:

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.

Goals and Objectives:

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.				
<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>	<u>FOURTH YEAR</u>	<u>FIFTH YEAR</u>
Design a practice model change strategy	Assess and continue staged practice model change strategy	Assess and continue staged practice model change strategy	Assess status of each County practice model	Practice model change strategy implemented statewide
Convene PIP Practice Model Workgroup	Continue to convene PIP Practice Model Workgroup (Advisory Board)	Continue to convene PIP Practice Model Workgroup (Advisory Board)	Continue to convene PIP Practice Model Workgroup (Advisory Board)	Report out progress over the last 4 years
Implement strategy for Information Sessions to gather information and create ownership	Continue information sessions to gather information and create ownership	Continue information sessions to gather information and create ownership	Continue information sessions to gather feedback of practice model implementation	Assess and gather feedback from practice model implementation
Review Protocol for CACD/DCFS/LLE relationships	Continue Protocol for CACD/DCFS/LLE relationships and implement recommended change	Evaluate working relationship statewide and strategize for improvement	Continue strengthening CACD/DCFS/LLE relationships	Overall statewide good working relationships with CACD/DCFS/LLE statewide
Integrate NGA plan into Practice Model	NGA plan activities are integrated into strategies of the practice Model development	Shift in the number of children entering foster care and increase in the number of children being supported in their own homes	Continuing shift in the number of children entering foster care and increase in the number of children being supported in their own homes	Appropriate children are 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
Transform training partnership and professional development approach	Transform training partnership and professional development approach	Training partnership is repositioned and providing effective support to field	Training partnership is repositioned and providing effective support to field	Evaluate training partnership and professional development

Child and Family Services Plan (CFSP) 2010-2014

Transform Foster/Adopt Parent Training	Transform Foster/Adopt Parent Training	Effective Training that focus on parenting children in foster care	Improved well being of children and support and retention of fp	Improved well being and stability of children in foster care
Review and Revise Policy	Review and Revise Policy	Continue analysis of policy	Continue analysis of policy	Policy supports and is user friendly
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	Working relationship that are effective and ensure safety of children	Working relationship that are effective and ensure safety of children
Develop strategy for phase in sites for staged implementation and sustainability of practice model statewide	Implement staged phase in of 2 counties/with identified practice model projects in other counties across state	Implement staged phase in of 4 counties/with identified practice model projects in other counties across state	Phase in of practice model across the state at varying levels dependent on capacity	Continuing to build practice model statewide with improved outcomes for children and families
Implement revised casework process designed strategically for Prevention/ Support Services	Implement revised casework process designed strategically for Prevention/ Support Services	Implement revised casework process for prevention support	Statewide revised casework process with increased ability and practice in prevention support activities	Improved outcomes for children and families; decreased removal from home
Implement revised casework process designed strategically to improve investigation and safety of children	Implement revised casework process designed strategically to improve investigation and safety of children	Improved assessment of families and support to prevent removal and keep children safely in own home	Improved risk assessments and planning for safely keeping children in own home	Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	Improved assessment of families needs and access to services to safely maintain children in their own home	Improved assessment of families needs and access to services to safely maintain children in their own home	Improved assessment of families needs and access to services to safely maintain children in their own home
Implement revised casework process	Implement revised casework process	Improved assessment of	Improved assessment of	Improved assessment of

Child and Family Services Plan (CFSP) 2010-2014

designed to strategically improve outcomes of children in and out of home placements	designed to strategically improve outcomes of children in and out of home placements	families needs and access to services to safely maintain children in their own home	families needs and access to services to safely maintain children in their own home	families needs and access to services to safely maintain children in their own home
Provide safe and permanent adoptions for all children needing adoption as their best permanency option	Provide safe and permanent adoptions for all children needing adoption as their best permanency option	Timely and appropriate match for children in adoptive families	Timely and appropriate match for children in adoptive families	Timely and appropriate match for children in adoptive families and decreased adoptive disruptions
Implement revised casework process designed strategically for Youth Services including National Youth Transitional Database	Implement revised casework process designed strategically for Youth Services including National Youth Transitional Database	Established casework process for youth in foster care and ways of measuring success when transition to adulthood	Continue to improve casework process for youth in foster care and ways of measuring success when transition to adulthood	Improved outcomes for youth in foster care
Develop an ongoing process for ensuring the Quality Services peer review process aligns with the practice model and federal requirements	Process implements for peer reviews that align with practice model and federal requirements	Continue QSPR process that aligns with practice model developed and implemented	Improved practice statewide are reflected in the QSPR results	QSPR process integrated within the DCFS system that assess outcomes of children including compliance with state and federal regulations and the quality of the casework practice with children and families
Evaluate the casework process for continuous Quality Improvement and effectiveness	Evaluate the casework process for continuous Quality Improvement and effectiveness	Continue to evaluate case progress and make improvements through the development of quality improvement strategies	Continue to evaluate case progress and make improvements through the development of quality improvement strategies	QSPR is an effective process with inter reliability to ensure that the division is able to continually improve services and support and families achieve positive outcomes

Child and Family Services Plan (CFSP) 2010-2014

Strengthen the QA process	Evaluate and change the QA process to include strategies that are effective in appropriate identifying area needing improvement	Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement	Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model	Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model
Spec (identify data elements) Test, and train for Decision Support system	Spec (identify data elements) Test, and train for Decision Support system	Dashboard accessible for data management	Dashboard accessible for data management	Dashboard accessible for data management
Enhance the Quality Services Peer Review	Enhance the Quality Services Peer Review	Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	QSPR process in place that aligns with Arkansas Practice model and state and federal regulations and is strong in inter-reliability and validity
<p>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.</p>				
<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>	<u>FOURTH YEAR</u>	<u>FIFTH YEAR</u>
Create an effective communication plan that reflects DCFS message	Assess effective communication plan that reflects DCFS message	Continue message consistent with practice model	Effective messaging for community and stakeholders understanding of DCFS role	Effective messaging for community and stakeholders understanding of DCFS role
Continue to improve collaboration and communication between courts and DCFS to improve outcomes for children and families	Continue to improve collaboration and communication between courts and DCFS to improve outcomes for children and families	Improved collaboration between courts and DCFS for improved outcomes for children and families	Improved collaboration between courts and DCFS for improved outcomes for children and families	Improved collaboration between courts and DCFS for improved outcomes for children and families

Child and Family Services Plan (CFSP) 2010-2014

Implement training review in casework process to identify overall skill set	Continue training review in casework process to identify overall skill set	New training curriculum and skill based training is developed and implements from 1 st year review	New training curriculum and skill based training is developed and implements from 2 nd year review	Training aligns with practice model case work process to effectively support the education and learning of child welfare policy, procedures, and best practices and the “how to”
Design organizational strategies that will support and sustain the DCFS transformation process	Design organizational strategies that will support and sustain the DCFS transformation process	Integrate at priority level 1 strategies that support and will sustain the DCFS transformation process	Integrate at priority level 2 strategies that support and will sustain the DCFS transformation process	Organization has supports and strategies in place to sustain the DCFS transformation process
Enhance worker recruitment strategies for effective recruitment within DCFS	Assess and develop new worker recruitment strategies for effective recruitment within DCFS	Annual activities for recognition of worker and decreased turnover	Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover	Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover
Develop strategies for Retention of workers at all levels within DCFS	Develop strategies for Retention of workers at all levels within DCFS	Implement strategies for retention of workers at all levels of DCFS	Continue to implement and assess and evaluate effectiveness of retention strategies and change as needed	Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover

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

Child and Family Services Plan (CFSP) 2010-2014

<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>	<u>FOURTH YEAR</u>	<u>FIFTH YEAR</u>
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	Data reports available to accurately identify resources in local communities	Data reports available to accurately identify resources in local communities	Data reports available to accurately identify resources in local communities
Conduct a statewide assessment of contracted, purchased, and free services for children and families	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	Develop and Implements new strategies to improve the contracts and purchased services based on statewide assessment results and recommendations	Continue to implement strategies and assess effectiveness of changes made to improve contracts and purchased services for children and families to achieve better outcomes	Appropriate, Available, and Accessible and Quality services are available to children and family services to achieve positive outcomes
Conduct Overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	Conduct overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	Services developed to meet the individualized based on accurate data reports for families within the local community	Services developed to meet the individualized based on accurate data reports for families within the local community	Accessible, available and quality services to meet the needs of families at the local level
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	Experienced resource family homes to meet the individualized needs of children entering out of home placement	Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth	Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies

Child and Family Services Plan (CFSP) 2010-2014

Develop a strategy for retention of foster parents	Assess and enhance strategies for retention of foster parents	Specialized foster families with experience to meet the individualized needs of children entering foster care	Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families	Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring
Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions
<p>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.</p>				
<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>	<u>FOURTH YEAR</u>	<u>FIFTH YEAR</u>
Develop improvement plan for the Quality Assurance of the QSPR process	Continue to develop improvement plan for the Quality Assurance of the QSPR process; Assess and review plan developed as implemented	QA of the QSPR is integrated into the current system to align with the Practice model	Continue to assess and make needed changes to ensure the QSPR process remains aligned with the practice model	Effective QA process in place that includes various strategies
Feedback for practice improvements and service development	Feedback for practice improvements and service development	Assess data reports and feedback on accuracy and develop strategies to improve practice with families	Assess data reports and feedback on accuracy and develop strategies to improve practice with families	Assess data reports and feedback on accuracy and develop strategies to improve practice with families

Child and Family Services Plan (CFSP) 2010-2014

Consolidate existing data reports to improve accessibility of effective management of data	Consolidate existing data reports to improve accessibility of effective management of data	Accurate data management reports for managers and supervisors to focus on items and practices to improve	Accurate data management reports for managers and supervisors to focus on items and practices to improve	Accurate data management reports for managers and supervisors to focus on items and practices to improve
Review and assess current process and recommend changes including necessary relationship within the process for policy changes, data implications and CHRIS enhancements	Begin to develop strategies to revise the process and request enhancement to align CHRIS with practice model	Prioritize and complete when possible due to fiscal capacity CHRIS enhancements necessary for practice model alignment	Prioritize and complete when possible due to fiscal capacity CHRIS enhancements necessary for practice model alignment	Continue to prioritize and complete CHRIS enhancement when possible due to fiscal capacity to further alignment with practice model
Develop training on how to access reports and understand the data including the analysis of the data	Develop training on how to access reports and understand the data including the analysis of the data from 1 st year	Continue to train and develop skills of new staff and develop refresher courses for experienced staff	Align process of training on how to access reports and understand the data including the analysis of data with the training system	Training system include training on how to access reports and understand the data including the analysis of the data
Conduct annual surveys that collect information in regard to client satisfaction and needed improvements for quality and practice improvement	Conduct annual surveys and align with practice model that collect information in regard to client satisfaction and needed improvements for quality and practice improvement	Surveys conducted are utilized to improve practices and processes within the practice model implementation	Survey results are utilized to make changes in practices and integrates within the QSPR process for continuous quality improvement and customer satisfaction	Survey results are utilized to make changes in practices and integrates within the QSPR process for continuous quality improvement and customer satisfaction

Program “Vision” Narrative

Prevention and Support Services

The goal of the Prevention and Support Unit provides interventions that are geared toward preventing the occurrence or reoccurrence of child abuse and neglect. We have worked toward developing services designed to make a difference in the lives of children and families. During the past two years we have made changes to improve programs services.

- Expanded Intensive Family Services to two additional areas but not all counties in those areas
- Offered parenting training to 63 teen mothers
- Developed partnerships with community drug treatment providers to ensure that services were being offered to families
- Ensured the availability of psychological evaluations and drug assessments in all DCFS areas
- Developed plans with Family Resource Centers to expand their services to families

While we have made progress toward improving the efficiency and effectiveness of our program, there are several challenges that serve as barriers to our ability to ensure that services are offered State wide. The following is a list of barriers:

- Providers are reluctant to serve certain rural areas for IFS
- There are only two drug treatment providers on contract serving pregnant women
- Limited funding for front end services

The agency will diligently work with community partners to develop a variety of services to meet the specific needs of children and families.

During the next five (5) years Prevention and Support services will address services to target the community at large which will impact families prior to any allegation of abuse and neglect as well as services for children and families with risk factors or open case.

The Prevention and Support Unit has the following goals:

Child and Family Services Plan (CFSP) 2010-2014

- Clarify and modify roles and responsibilities of the prevention/support team
1st year and Ongoing
- Develop draft policy, procedures, and practice guides to reflect practice model in prevention/support
2nd year and Ongoing
- Engage contract providers in development and implementation of the communication strategy
1st year and Ongoing
- Mobilize community partners to share response for safety, permanency, and well being
1st year and Ongoing
- Assess current contracted services and revise performance indicators for improved outcomes
2nd year and Ongoing
- Assess known non contracted services to determine quality of services and any necessary action to ensure practice model is reflected in services
1st year and Ongoing
- Gather input, adapt and coordinate programs to reflect practice model with prevention support staff
1st year and Ongoing
- Review and consider opportunities with other divisions in regard to contracting services for shared clients
2nd year and Ongoing
- Establish and support Family support groups
1st year and Ongoing
- Provide referrals for parenting education and concrete services prior to allegation
- Develop Public Service Announcements (PSA's) aimed at raising awareness about child abuse with the general population
1st year and Ongoing
- Develop a statewide referral source for parents to contact for support
2nd year and Ongoing
- Use the Human Service Workers in the Schools (HSW) to conduct home visitation for students within their school that are pregnant and or teen mothers
- Provide a 30 day – 6 month follow up on clients once discharged from counseling and IFS services to monitor the family and to discourage the reoccurrence of abuse and or neglect

Child and Family Services Plan (CFSP) 2010-2014

- Use Human Service Workers to teach children safety and protection skills
- Individualize substance abuse treatment services and supports
- Provide Mental Health intervention services
- Train foster parents in behavioral intervention as well as mental health and medically fragile children 1st year and Ongoing
- Increase funding for respite care services to support foster, adoptive and biological parents 2nd year and Ongoing
- Establish an interagency agreement with DDS, a sister agency, to reserve a respite bed for disabled children 1st year and Ongoing
- Provide transitional housing for foster care youth that age out of care 2nd year and Ongoing
- Develop specialized respite care for hard to place youth 2nd year and Ongoing
- Provide adequate ongoing mental health and health services for youth through age 21 2nd year and Ongoing

CAPTA

Description of Services and Training

During the past two years, the activities for CAPTA are listed below:

- The Fatherhood Initiative (2) provided resources and services to fathers to help them develop meaningful relationships with their children, obtain employment, and contribute to the support of their families
- The agency partnered with the Family Resource Centers to provide parenting education training
- DCFS Social Service Aides were trained and certified through Mid-South in Parenting Education
- The agency distributed child abuse materials and promotional items in an effort to educate the community
- Contracted Language Interpreter services provided statewide for county staff with families who are not proficient in English. This service assists staff in the

Child and Family Services Plan (CFSP) 2010-2014

- translation of documents and provides an avenue by which family service workers are able to communicate with Non-English speaking families
- 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 are offered state wide
 - Developed and facilitate training protocols for individuals mandated to report child abuse and or neglect

The Division of Children and Family Services will have Nine Fatherhood Initiatives in the Fiscal Year 2010. This initiative will be a component of the Family Resource Centers. The agency will continue to provide parenting education for our staff and providers. The agency will also continue all current services that are funded under CAPTA.

During the next five years, CAPTA funds will be used for the following:

- Parent Support Groups, where parents will work together to strengthen their families and build social networks
1st year and Ongoing
- Increase parenting classes for pregnant and single teen mothers
1st year and Ongoing

The agency will focus on the program areas selected below for improvement as a result of the practice model.

- Enhance and develop standardized assessment tools to assist with staff in assessing safety and risk throughout the life of a child protective services case
2nd year and Ongoing
- Review and revise current assessment tools and instruments to ensure they are aligned with the practice model for effective and timely investigations
2nd year and Ongoing

- Review and consider opportunities with other divisions in regard to contracting services for shared clients

1st year and ongoing

Investigations and In-Home Services

Child maltreatment investigations and protective interventions for children whose parents or legal guardians do not provide the care and protection needed for normal physical and emotional development and assistance to the parents or legal guardians to help them fulfill their parental roles are priorities for the Division of Children and Family Services. We are committed to protecting children and keeping families together if possible.

In preparation for the Child and Family Services Plan (CFSP) for 2010-2014 and the Arkansas Program Improvement Plan, workgroups have been meeting and planning for recommended changes. A major concern is the safety of children and how that can best be achieved.

Meetings have taken place with the Crimes against Children Division of the Arkansas State Police to review roles and responsibilities and ensure cooperation between the agencies. DCFS is responsible for ensuring the health and safety of the children even if the primary responsibility for the investigation belongs to CACD.

Meetings have been held with DCFS investigative staff to review practice, policy, and procedures as they relate to timeliness of investigations, initial and ongoing safety and risk assessments, understanding underlying causes of maltreatment, and what actions and services need to take place to prevent removal.

We are approaching the second phase of these meetings. It is time now to develop real working committees that will bring input from statewide field investigators and supervisors into this system of proposed change. We are at the place in this practice model development to begin our approach to the nuts and bolts of what changes will be made to develop the practice model for investigations and a timeline for these changes to be implemented. With the legislative session planned for January 2010 we need to prepare the plans to be in place for proposed legislation that will be necessary to move this phase of the practice model to more of a reality for the field.

We have 5 major committees that will need to begin work immediately to begin phase two.

1. Systemic changes: What can we do now?
2. The multiple response approach—how will it look in Arkansas?
3. Community capacity for providing preventative services during the investigation—will it work in the field?
4. Relative care—what are the barriers and how do change the mindset?
5. Drugs and how they effect the families we serve- what is our charge?

Our thought is to get the committees started and meeting on a regular basis. Each committee will meet in a Central location and will have members from several areas represented. These committees will look at every aspect of their assigned topics and will bring the central office support staff and OCC into the meetings as needed. Each committee will review the current policy, law, training, CHRIS and protocols and make recommendations as to the work that needs to go forward to make the changes needed for the practice model and to meet the guidelines set forth in the PIP.

Committees:

Systemic changes: What can we do now?

This committee will have the task of reviewing the current system of investigations as it operates and making doable changes that will affect the field in respect to family centered practice. What can we do now without a law change that will make the job easier for our staff, increase the services we provide to families on the front end of our system and take fewer children in the foster care system.

What does training look like for the staff?

What changes do we make in policy?

Are there legislative changes to be made in the future?

The multiple response approach—how will it look in Arkansas?

This committee will be responsible for building the Arkansas Approach to the Multiple Response System to Investigations. We have the capability to triage reports now with current legislation.

How do we define the Multiple Response Approach?

Who responds to the multiple types of complaints?

When do we involve court intervention?

What does training look like for the staff?

What changes do we make in policy?

Are there legislative changes to be made?

Community capacity for providing preventative services during the investigation-will it work in the field?

This committee will be looking at the service array by Area and County. During the investigation process what will you need to do an investigation focusing on the needs of the family coupled with the services needed to support the families and retain children in their own families safely. What types of cases do we utilize services for? Are there those that we do not provide service to? What is the capacity and where do we need enhance our system?

What does training look like for the staff?

What changes do we make in policy?

Are there legislative changes to be made?

Relative care-what are the barriers and how do change the mindset?

What is the current system on relative care?

What are the barriers in our system of placing with relatives at the time of the investigation to avoid foster care?

What cases would be appropriate for immediate placement with relatives? What are the safety risks?

What does training look like for the staff?

What changes do we make in policy?

Are there legislative changes to be made?

Drugs and how they effect the families we serve- what is our charge?

With the growing numbers of investigations involving drugs and drug related activities what are the dynamics our staff faces in the field during the course of an investigation.

What do we need to assist these families during the investigation process? What services do we have to offer and what else do we need?

What are the safety risks for our staff and the children we serve?

What does training look like for the staff?

What changes do we make in policy?

Are there legislative changes to be made?

Our goals and tasks include:

1. Implement strategy for Information Sessions to gather information and create ownership
 - A. Gather input, adapt and coordinate programs to reflect practice model with Investigation field and program support
1st year and Ongoing
 - B. Gather input, adapt and coordinate programs to reflect practice model with Protective Services field and program support staff
1st year and Ongoing
 - C. Gather input, adapt and coordinate programs to reflect practice model with Investigation field and program support
1st year and Ongoing
 - D. Gather input, adapt and coordinate programs to reflect practice model with Protective Services field and program support staff
1st year and Ongoing

Child and Family Services Plan (CFSP) 2010-2014

2. Review Protocol for Crimes Against Children Division (CACD)/DCFS/Local Law Enforcement (LLE) relationship
 - A. DCFS/CACD/LLE review of roles and responsibilities with all parties involved
1st year and Ongoing
 - B. Conduct an agency policy review
1st year and Ongoing
 - C. Review the effectiveness of the PUB 357 (protocol) to assure it is accurate and provides clear instructions
2nd year and Ongoing
 - D. Review and revise Interagency Agreement on an annual basis
1st year and Annually
 - E. Review and revise assessment tools and instruments to ensure they are aligned with the practice model for effective and timely investigations that assure the safety of children
2nd year and Ongoing
3. Strengthen the relationship with DCFS and Crimes Against Children Division (CACD) and LLE to ensure safety of children
 - A. Prepare the DCFS/CACD agreement and make necessary changes
1st year and Annually
 - B. Clarify and modify roles and responsibilities and the team process connecting DCFS/CACD
1st year and Ongoing
 - C. Conduct random reviews of unsubstantiated and substantiated child maltreatment reports for consistency and quality
1st year and Ongoing
 - D. Follow up with training, consultation, and monitoring as needed based on reviews of maltreatment reports
2nd year and Ongoing
 - E. Provide technical assistance, training, and consultation to staff in best practices that reflect the practice model approach in assessing/investigating families
1st year and Ongoing.

- F. Develop practice guides for staff in assessing safety and risk
1st year and Ongoing
 - G. Enhance Practice Improvement Action planning and implementation by strengthening QSPR process
2nd year and Ongoing
 - H. Enhance supervisory skills to analyze and improve practice
1st year and Ongoing
 - I. Train staff as needed and develop necessary skills needed for best practice
1st year and Ongoing
4. Implement revised casework process designed strategically to improve investigations and safety of children
- A. Clarify and modify roles and responsibilities of the investigations field staff and program support staff
1st year and Ongoing
 - B. Develop draft policy, procedures and practice guides to reflect practice model
2nd year and Ongoing
 - C. Follow up with training, consultations, and monitoring through formal and informal review system
2nd year and Ongoing
 - D. Enhance Practice Improvement Action planning and implementation by strengthening QSPR process as it relates to investigations
2nd year and Ongoing
 - E. Identify investigations critical skills necessary to impact safety, permanency, and well being
1st year and Ongoing
 - F. Train staff as needed and develop necessary skills for best practice
1st year and Ongoing
 - G. Review and revise current assessment tools and instruments to ensure they are aligned with the practice model for effective and timely investigations
1st year and Ongoing
 - H. Identify Resource needs and provide information to decision making staff

1st year and Ongoing

5. Implement revised casework process designed strategically for Child Protective Services to improve safety and permanency of children
 - A. Clarify and Modify roles and responsibilities of child protective services team with field staff and program staff
1st year and Ongoing
 - B. Develop draft policy, procedures and practice guides to reflect practice model
2nd year and Ongoing
 - C. Follow up with training, consultations, and monitoring through formal and informal review system
2nd year and Ongoing
 - D. Enhance Practice Improvement Action planning and implementation by strengthening QSPR process as it relates to child protective services
1st year and Ongoing
 - E. Identify Protective Services critical skills necessary to impact safety, permanency, and well being
1st year and Ongoing
 - F. Enhance and develop standardized assessment tools to assist staff in assessing safety and risk throughout the life of a child protective services case
2nd year and Ongoing
 - G. Enhance process in assessing safety and risk including safety/protection documentation within the case plan
2nd year and Ongoing
 - H. Conduct workload analysis to develop a standard system for assigning cases and responding to counties in crisis
1st year and Ongoing

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, and domestic violence, substance abuse and mental/physical abuse. The agency understands that birth parents can be defensive about sharing about themselves and their children. So, they are sometime 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 center around child/parent visitation. In years one and two, the agency will conduct interviews and information sessions from birth parents to gather information regarding caseworker relationship and services delivery. 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 and accepting the services provided by the agency. Years three and four will focus on implementation of increasing worker visits and birth parents involvement in the developing of case plan and decision making process.

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. In years one and two, the agency will focus 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. Years three and four 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 get feed back on and to understand what makes the foster parent program successful and where we should continue to improve. In years one and two, the agency will collect data from foster parents, identifying foster parent associations/ group and provide technical assistances, and training to them.

In year five, outcomes will include improvement in the working relationship between birth parents, foster parents and caseworkers. Enhance casework practice that will

improve placement stability, safety, permanency and well being for all children in out of home placement.

Placement Stability:

The issue of multiple placements of children in foster care has been a concern for the Arkansas DCFS for quite some time, and Arkansas has ranked poorly when compared to other states in this area. Below are some recommendations for DCFS to implement to minimize the number of placements that hard to place foster children experience.

Recommendation #1 – Develop placement guidelines and provide training to field staff.

1. The DCFS Central Office Placement Unit should facilitate the development of placement guidelines for the field staff and coordinate the training of these guidelines to all personnel involved the placement process.

During discussions with Central Office Placement Unit and Contracting personnel, it was revealed that approximately two years ago they were involved in providing some training to field staff concerning placements; however, it was very limited, and only provided to areas in the field that requested the training. Approximately two training sessions were provided, and there was no emphasis on continuing the training by DCFS senior management. There were also no mechanisms put into place to measure the effectiveness of the training provided.

a. The Central Office Placement Unit should immediately facilitate the development of Placement Guidelines for the field staff. The development should be a coordinated effort with a high degree of involvement from field staff (those that have demonstrated good placement skills), the MidSOUTH training partner for DCFS, and personnel from the DCFS Central Office. A suspense date should be established and progress be reported to the Director, DCFS via the monthly report.

b. Once the placement guidelines are completed and reviewed by the Director, DCFS, the Central Office Placement Unit should establish training delivery methods, and schedules for the completion of the training. All DCFS personnel involved in the placement of children should be required to complete the training A suspense date should be established and progress be reported to the Director, DCFS via the monthly report.

Recommendation #2 – Emphasize the use of Relative Placement to the field staff.

1. Nationally, it is recognized that stabilizing factors for children include being placed with a relative. Being placed with a relative has demonstrated the following benefits:
Provides love and care in a family setting;
Provides parents with a sense of hope that children will remain connected with their birth families;
Enables children to live with people they know and trust;
Reinforces a child's sense of cultural identify; and creates a sense of stability in the life of the child.

Research has shown that children placed with relatives experienced fewer behavioral and mental health problems and had more stable placements than did children in foster care.

- a. It is recommended that DCFS emphasize to field staff the benefits of placing children with relatives, and that relative placement should be the first consideration.
- b. DCFS staff should be instructed to obtain a comprehensive family history during the initial assessment process.
- c. Any relative identified for placement must meet the basic health and safety requirements and should be provided information to assist them in making an informed decision about providing care.
- d. Relatives who are or will become foster or adoptive parents should be assessed by licensing or adoption staff using the home study process.

Recommendation #3 – Implement Family Team Decision Making Meetings

1. A Family Team Decision Making Meeting is a meeting that occurs whenever a placement decision needs to be made. Typical participants include the parents, the child (unless it is determined inappropriate), relatives, caregivers, community members and service providers along with the FSW, the FSW's supervisor, and the ad Litem.

The purpose of the Family Team Decision Making Meeting is to see if it's possible to create a plan that will allow the child to remain safely in the home. If the group determines that this is not possible, they will look at the various placement options available and determine which would best meet the needs of the child.

Meetings occur whenever there is a potential placement disruption. Ideally, the purpose of the meeting is to create a plan that will maintain the child in the current placement and avoid disruption. If this is not possible, an alternative placement plan is explored and a plan created. To maximize the benefit of these meetings, it is important to make the referral at the first sign of problems within the placement.

Long-term favorable outcomes of Family Team Decision Making Meetings have been realized in several states and include the following:

- Reduced use of group or congregate care for children placed out-of-home;
- Reduced out-of-home placements without reoccurrence of maltreatment;
- Increased use of relative or kinship care in comparison to more restrictive types of out of home placements;
- Increased proportion of children in the same out-of-home placements as their siblings;
- Decreased length of stay in out-of-home placements and reduced number of out-of-home placement moves;
- Increased reunification of children with their birth parents; and increased adoption rates.

Child and Family Services Plan (CFSP) 2010-2014

- a. It is recommended that the division incorporate the Family Team Decision Making Meeting process into the new model of practice.
- b. It is recommended that the Assistant Director for Program Excellence, DCFS, coordinate with the MidSouth training partner in identifying training programs and material related to Family Team Decision Making Meetings. This should be initiated immediately, provided a suspense date and progress should be reported to the Director, DCFS on a bi-weekly basis.
- c. Once training programs/material have been identified and evaluated, a training implementation schedule for field staff should be presented to, and approved by the Director, DCFS.
- d. It is recommended that a new placement not be authorized unless a Family Team Meeting has been held.
- e. Any and all costs associated with the implementation of this recommendation should be coordinated with the Chief Financial Officer, DCFS.

Recommendation #4 – Specialized Foster Home and Provider Recruitment

1. DCFS should recruit and train a pool of foster parents to handle older children. Our teenage population of foster children has the highest number of placements and a specialized group of foster parents could improve placement stability.
 - a. The Assistant Director, Program Excellence, DCFS should meet with personnel from the Placement Unit, and Foster Parent Recruitment to create a plan for the recruitment of foster parents willing to foster older children. This effort should also be coordinated with the Area Managers, County Supervisors, and with community based organizations such as Children’s Homes, Inc., that recruit foster homes. This should be initiated immediately, provided a suspense date and progress should be reported to the Director, DCFS on a monthly basis.
 - b. It is recommended that the Assistant Director for Program Excellence, DCFS, coordinate with the MidSOUTH training partner in identifying training programs and material related to fostering teenagers. This should be initiated immediately, provided a suspense date and progress should be reported to the Director, DCFS on a monthly basis.
 - c. The Operations Manager, DCFS should work with the Director of Communications, DHS and personnel from Foster Parent Recruitment, to formulate a plan for a public information campaign to recruit foster parents for teenagers. This should be initiated after items a and b are completed, provided a suspense date, and progress should be reported to the Director, DCFS on a bi-weekly basis.
2. During discussions with DCFS Placement Unit and Contracting personnel it was noted that DCFS is in desperate need of Emergency Shelters for Mentally Retarded children

and children that are classified as sex offenders. Contracting personnel further related that DCFS was in need of Therapeutic Group Homes. Contracting stated meetings should be held with existing providers to establish if they can build the capacity to assist DCFS.

a. It is recommended that the Assistant Director, Program Excellence, DCFS should meet with personnel from the Placement Unit, Contracting, and the Chief Financial Officer, DCFS to complete a requirements document outlining the approximate number of placements required annually for the three areas identified in item #2.

b. It is recommended that after requirements have been established, the Executive staff, Placement Unit personnel, and Contracting personnel meet with existing providers to solicit their assistance in building capacity. This should be initiated immediately, provided a suspense date and progress should be reported to the Director, DCFS on a monthly basis.

Recommendation #4 – DCFS should specify a person to follow and assist the DCFS field staff with completing DDS applications and following through until the client is approved for DDS services.

a. Hire a DDS liaison to assist with DDS applications and follow through.

b. DDS liaison ensures that yearly DDS re-evaluations are completed in a timely manner.

Recommendation #5 – Services should be tailored to a specific child. Placement services should be child specific.

a. It is recommended that a wrap around staffing be conducted on all children deemed hard to place. This staffing should include all involved parties to develop a plan specifically for the child that meets all of his or her needs.

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 since September of 2008:

- A position for a mental health specialist at the Central Office was obtained and filled in order to have the level of expertise needed to provide leadership and guidance for system-wide changes in procuring appropriate services, analysis of data pertaining to behavioral health issues with subsequent action related to policy development and support for field staff, birth parents, foster parents and adoptive parents. The Mental Health Specialist will be responsible for consultation and technical assistance to infuse mental health best practices into the Practice model for all areas in child welfare, including; investigations, foster care, reunification services, termination of parental rights, adoptions, and independent living.

In the first year and ongoing, the need for practice improvement related to mental health issues will be identified in all areas and data obtained, when necessary to correctly identify the problems. In the second year, implementation of changes in practice will begin along with training of central office and field staff on those issues that will positively impact outcomes for children. By the end of the second year, outcome measures, with evaluation methodologies should be identified and tracking systems put into place. In years three through five, those outcomes will drive the specific practice changes related to behavioral health practices within DCFS.

- 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) a training curriculum for foster parents and Family Service Workers 2) implementation of a daily medication administration and monitoring form for all foster children that are prescribed psychotropic medications, and 3) obtaining 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.

A plan for implementing training and policy changes in the first year of the CFSP has been developed. This effort will involve close collaboration between the DCFS management staff, Division of Medical Services (Medicaid) and the DBHS Medical Director, along with his team of child psychiatrists. The first year and ongoing will focus on the following areas: 1) obtaining consistent data on psychotropic utilization by foster children, 2) development and implementation of training for foster parents and field staff, 3) begin process of specific case consultation with DBHS when medication concerns are identified, 4) collaboration with DBHS on their efforts to impact changes in the prescribing practices of the physicians providing services within the public mental health system, who are the primary providers of mental health services for children in our custody. In the 2nd and 3rd years, ongoing training and technical assistance will continue, along with monitoring of medication utilization of children in DCFS custody. By the 4th and 5th years, reviews of medication utilization will provide specific targeted topics and audiences for training, as well as data-driven changes in practice and policy that are required to impact practices across the system.

- Development of guidelines for the process of Interdivisional Staffing on children being served by multiple Divisions of the Department of Human Services (DHS) occurred in the spring of 2008. This process for children with complex and/or long-term behavioral health issues is being implemented to address child-specific multi-agency case plan issues but more importantly, to identify systemic problems, needs and gaps and develop solutions that will result in better outcomes

for children. Agencies involved include: Developmental Disabilities, Behavioral Health, Youth Services, Medicaid and Child and Family Services. Other public and private agencies are involved as needed.

This process will continue in the first year and ongoing throughout the CFSP timeframe. As systemic issues are identified that impact outcomes for children, interdivisional plans will be developed and practice changes across agencies will be implemented to resolve those problems.

- Policy changes requiring Administrative Consultation prior to any child under the age of ten years being referred to inpatient acute or residential psychiatric services were implemented on May 15, 2009. This requirement will enable DCFS to provide technical assistance for field staff and supervisors with a focus on improving practices in obtaining more appropriate community-based services to prevent unnecessary hospitalization.

Over the first two years of the CFSP, developing collaborative partnerships with community providers and foster parents will be required to enable DCFS to improve outcomes for children who have behavioral and emotional issues that impact their ability to remain in the community safely. In the first two years collaborative planning will occur with the public mental health system to identify strengths and needs in the crisis response services and intensive services to maintain children outside of institutional settings, as well as reduce the average time in those institutions when that level of need is required. In year two, it is expected that lessons learned with children the under ten years, will guide policy targeting children ages ten and over with implementation of practice changes in years three through five.

- Multiple placements will be a major focus in improving behavioral health services for the child welfare population. Data has been obtained on those children who have had ten or more placements within the previous twelve months. Analysis of this data is occurring currently in order to develop a case review process to improve placement decisions and provision of services and to determine if there are any particular trends or factors that should be addressed.

In the first and second year of the CFSP, a review process will be implemented to improve case-specific plans and to help identify any prediction factors that can assist in earlier identification of children who will need increased supportive and intervention services to decrease disruptions. By the end of the second year, the information gathered from this process will guide our agency in providing service delivery and targeted training within DCFS and with community partners.

- Increasing the array of behavioral health services and supports will also be a major focus in the CFSP. In order to accomplish this, DCFS will be a partner with other DHS Divisions and identified private and public entities in the System of Care Initiative which is priority of the DHS Director's Office. In addition,

DCFS will intensify collaboration with the Community Mental Health Centers (CMHC) to develop more effective practices in the delivery of mental health services, such as increased involvement and training of foster parents as well as increasing family therapy services with birth families as part of reunification services.

This will occur in the first year and ongoing. In the first and second year of the CFSP, collaborative partnerships will be forged at the community level, through sharing of data, identifying needs and gaps with the local mental health authorities and developing mutual plans for addressing those issues. In the first year of the CFSP, although statewide efforts will occur, special emphasis will be made in the identified Practice Model phase-in counties to assist those counties in communication, collaborative and creative problem-solving and development of more intensive services and supports at the community level. This same process will occur in the two areas of the state that have been given Arkansas System of Care development fund. As positive outcomes are obtained, those practices will be shared and implemented in other counties in the state. Also, in the 1st and 2nd years, DCFS will collaborate with the CMHC's to develop creative ways to provide family and other therapy services through telemedicine processes due to the difficulties involved in rural areas, when children may not be placed in the same area as their birth, foster or adoptive families. By the 3rd year, planning with other DHS agencies will be required to whether funding gaps are a barrier to procuring needed services and supports, therefore a multi-agency plan will need to be developed in order to expand services in the community that enable more of our children remain in the community, thereby reducing the number of children taken into custody and reducing the number of disruptions in placements.

Adoptions

In preparation for the Child and Family Services Plan (CFSP) for 2010-2014, and the Arkansas Program Improvement Plan, Adoptions has proposed the following changes since October, 2008, to include support staff and field staff:

- Re-design of the Adoption Flow Chart
- Transfer of primary subsidy cases from the field staff to the Subsidy Coordinators in Central Office
- Request for transfer of ICAMA cases to Eligibility Unit with secondary assignment to Rochelle Parker, Subsidy Coordinator.
- Drafted written procedures for Adoption Staff from placement to finalization
- Written a proposal for Medicaid coverage of all non-IV-E subsidies
- Proposal for elimination of yearly re-certifications for federally funded subsidies and development of post adoption services survey form for random sample pull

Child and Family Services Plan (CFSP) 2010-2014

- Developed a special adoption committee made up of Specialists, Supervisors, Area Managers, and central office support staff to discuss specific issues and concerns and propose changes. This committee will function as the Adoption PIP committee.
- Made changes to the CFS 409 form and proposed the characteristics of children and characteristics acceptable by prospective adoptive parents will match to facilitate placement matching.
- Proposed that adoption staff work on the Adoption Matching Website and the new Adoption Website (called The Heart Gallery website) for hard to place and Special Needs children.
- Ongoing training for Adoption Staff

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.

Adoption Specialists, Supervisors, and Area Managers have elected to form an Adoption Committee on Policy, Practice, and Procedures, to address these issues and make recommendations to the entire staff. This committee will become the PIP Adoption Committee.

The Adoption Committee for Policy, Procedures, and Practice has reviewed the characteristics as outlined on the CFS-409 (Foster Care/Adoption Questionnaire) and made changes so that the characteristics families find acceptable are exactly those

characteristics of children noted in CHRIS. The committee strongly recommended that the Foster Care and Adoption Characteristics Screen in CHRIS for children match exactly the characteristics the prospective adoptive parents fill out so that matching may be easier. Most selections are currently being made by either identifying a family in their own Area or calling other Adoption Specialists to assist in identifying a family.

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.

Our goals and tasks include:

1. Improving the training for prospective adoptive parents and adoption staff
1st year and Ongoing
 - A. Clarify and modify roles and responsibilities of persons who will be conducting each activity from Inquiry to Approval, including Resource Workers
1st year and Ongoing
 - B. Review and Revise, if needed, current training curriculum
1st year and Ongoing
 - C. Develop specialized in-service training for foster/adopt parents caring for children with special needs
1st year and Ongoing
 - D. Develop a system to maintain and track training records of providers
2nd year and Ongoing
 - E. Develop specialized In-Service training on Special Needs Children for Adoption Staff
1st year and Ongoing
 - F. Review and re-design recruitment material to include our Heart Gallery logo and new definition of Special Needs
2nd year and Ongoing
 - G. Develop specialized In-Service for all staff on the importance of placing siblings together
1st year and Ongoing

2. Improve the quality of Adoptive Home Studies
1st year and Ongoing
 - A. Review and amend if needed the contract section regarding Home Studies
1st year
 - B. Pursue the possibility of other providers for this service
1st year and Ongoing
3. Provide Safe and Permanent Adoptions for all children needing adoption as their best permanency option
1st year Ongoing
 - A. Strengthen the role of the adoption field staff in training of prospective adoptive families to ensure effective matching
2nd year and Ongoing
 - B. Identify, train, and strengthen adoption skills critical to impacting permanency, safety, and well being
1st year and Ongoing
 - C. Identify cases where there are items that create a barrier to placing children in pre adoptive placements and finalizing adoption and assign set timeline for completion
1st year and Ongoing
 - D. Identify children whose goal of adoption has been longer than 24 months and review activities to actively pursue goal
2nd year and Ongoing
 - E. Conduct caseload analysis to determine permanency options and types of recruitment needed with emphasis on specific recruitment for older children
1st year and Ongoing
 - F. Assure that all appropriate DCFS children are included on the heart gallery website
1st year and Ongoing
 - G. Enhance the supportive role of the adoption coalitions and encourage participation by all involved
1st year and Ongoing

1. Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement
1st year and Ongoing
 - A. Develop data reports for targeted recruitment of adoptive families
1st year and Ongoing
 - B. Review and Revise current data and request new reports
1st year and Ongoing
 - C. Analyze data and trends to utilize in developing recruitment plans
1st year and Ongoing
 - D. Develop and implement recruitment plans based on identified needs in analysis and update yearly
1st year and Ongoing

Foster Parent Recruitment and Retention

In an effort to place children needing out of home placement in the most appropriate and optimum environment, DCFS will apply the Guiding Principles and implement Best Practice to frame recruitment efforts. In *years 1 and 2*, training needs for Resource Workers will be assessed to identify the overall skill set and completed in order to provide them with the tools such as Practice Guides to effectively recruit quality foster homes with respect, confidence, and professionalism. Gathering input by working with the Resource Workers as a whole, as well as the Resource Worker Subcommittee will allow DCFS to adapt and coordinate these efforts. *Years 3 and 4* will focus on implementation of these efforts, to result in more quality foster homes being recruited which meet the needs of children coming into foster care.

Resource Workers will learn to employ value-based principles in their efforts to recruit and retain quality foster homes in *years 1 and 2*. Recognizing that Foster Parents are volunteers, the outcome will be a recognition that Foster Parents are a vital part of a team whose goal is to support and strengthen the family to hopefully result in reunification. When that goal isn't attainable, the Foster Parents are still part of a team that works together to provide permanency for the child in foster care.

While general foster home recruitment is needed, DCFS will also consider the specific foster home needs in each County and Area, based on the characteristics of children entering foster care and current data. While data needs have already been identified, in *years 1 and 2* it will be used to determine the needs and trends per county and also to aid in the development of recruitment plans. These recruitment plans will be implemented at the County, Area, and State levels in *years 1-5* with CQI monitoring in place to revise and/or enhance as needed from year to year. The expected outcome for this individualized recruitment would be a number of foster homes that specialize in different areas of service including medically fragile children, teenagers, FASD children,

therapeutic homes, etc. Therefore when a child enters foster care, several choices would be available, allowing the caseworker to choose the most appropriate placement to meet that child's needs. Identifying and training current Foster Parents to recruit on DCFS' behalf will be implemented as another recruitment strategy. Focusing on the types of children and their needs will surround all efforts in recruitment, while having homes available for each child's needs is the goal for *year 5*.

There are community partners across Arkansas who may be key stakeholders in prevention activities, family support, and foster home recruitment/retention efforts. Resource Workers will identify these partners in *years 1 and 2*, and build connections with them by raising awareness of needs, educating them on how they can get involved, and continuously engaging them in *years 3 and 4*. Continuing to assist in the expansion of the C.A.L.L. will be included. Working with these community stakeholders to assist in recruitment and retention will be a vital strategy to ensure success in this area.

Recruiting quality foster homes is a major goal throughout the next 5 years, but retaining quality foster homes is equally, if not more so, important. Though the number of recruited homes in the first 2 quarters of SFY 2009 has increased to 149% compliance, the number of foster homes closed has resulted in net losses each quarter. Through the learning and implementation of the Practice Model in *years 1 and 2*, all DCFS staff will make efforts to approach existing Foster Parents with respect and gratitude for their role in the lives of children in foster care. Knowing that DCFS could not care for children in foster care without Foster Parents, courtesy and general support will be paramount in everyday activities. Development of a Foster Parent Recognition program will take place in *years 1 and 2*, with recognition of milestones or acts of service that are above expectations will be implemented in *years 3 and 4*. Learning how to use the Foster Parent Website as an effective communication tool will be necessary in *years 1 and 2*, with continuing implementation in *years 3 and 4*. Respite care homes will be actively recruited for the purpose of supporting the full time foster homes as needed during family emergencies, vacations, etc. After determining the status and location of local Foster Parent Associations in *years 1 and 2*, DCFS will re-establish support and partnerships with them to improve their effectiveness in supporting local Foster Parents in *years 3 and 4*. The outcome will be that more foster homes will feel appreciated, respected, and part of the team. Therefore, longevity of foster homes will increase and the data will reflect net gains in the number of foster homes.

Recognizing that at the end of SFY 2008 there were 3,794 children in foster care, and that there are 1,212 currently approved foster homes, the Division of Children and Family Services will adopt the strategies included in this Foster Parent Recruitment/Retention Plan to increase the overall number of foster homes, as well improve the quality of foster homes recruited within the next 5 years. Outcomes will include more quality foster homes that are equipped to care for the specialized needs of children entering foster care, with the ability of the caseworker to choose the optimum environment for each child individually.

Quality Assurance/Monitoring

The QSPR will determine how children and their families benefit from the services they receive. Each review, which focuses on a single DCFS Area, will be conducted within an intensive one-week period. The QSPR will shift the focus away from compliance and quantitative measures and toward the areas of practice, results and qualitative concerns. Reviewers will have access to quantitative information obtained through Arkansas Children’s Reporting and Information System (CHRIS) electronic case record prior to the on-site qualitative reviews and will interview relevant family and collateral contacts needed to make accurate judgments about the quality of individual cases.

QSPR case reviewers will consist of QA Unit staff who do not have direct involvement in the cases being reviewed, additional DCFS staff, and other partners to the process.

Quality Services Peer Reviews will be accomplished through a coordinated effort between the Central Office Quality Assurance Manager and the DCFS Area Managers. Each of the ten Areas will have a least 20 cases selected for review to include 10 In-Home and 10 Out of Home cases. Area 6, Pulaski County, will have reviews conducted every six months, consisting of 20 cases for each review. The case sample for the review will be stratified to assure that all appropriate case types and items will be reviewed.

Currently, the QSPR for 2009 will follow the schedule below.

Review Month	Area to be Reviewed
February	8
March	9
April	2
May	3
June	7
July	6
August	1
September	5
October	4
November	10
December	6*

** 40 cases will be reviewed in Area 6 in 2009 – 20 in July and 20 in December.*

The QSPR Review schedule for 2010.

Review Month	Area to be Reviewed
February	8
March	9
April	2
May	3
June	7
July	6
August	1
September	5
October	4
November	10
December	6*

This will accomplish our measurement objectives for CFSR items under review in the PIP.

Child and Family Services Review Results and Program Improvement Plan

Arkansas 2nd 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 1st 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 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 achieved 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

Health Care Oversight

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. School aged children in need of mental health services are referred to a Community Mental Health Center (CMHC) within (5) five days of entry into foster care. 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, and 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) a training curriculum for foster parents and Family Service Workers 2) implementation of a daily medication administration and monitoring form for all foster children that are prescribed psychotropic medications, and 3) obtaining 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.

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. Data from these crisis assessments is being gathered to determine outcomes, trends and effective practices that could impact policy development, training needs, and practice improvement.

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.

The Program Improvement Plan will include work plans in the foster care program to address and build the health oversight requirements for Fostering Connections.

Disaster Plan

The division is continuing to develop and implement disaster preparedness training and planning for staff and foster parents. The Business Continuity and Contingency Plan are updated on an annual basis. Our strategic plan included below will be reassessed and updated on an annual basis.

Ensure that each County has an Action Plan for Natural Disasters and/or Emergencies

- Each County Supervisor will coordinate with the County Administrator and ensure a plan for locating foster parents/foster children and ensuring their safety is in place.
- Each County will establish a critical staff list with alternates named and responsibilities listed
- Training will be developed and provided on a yearly basis in each area
- Each County will coordinate with County Administrators to have emergency kits and to determine that each kit should have included

Establish a Protocol for Contacts and Centralized Information

- Each employee will complete an Emergency Contact form to ensure the Agency has a way to follow up and ensure the safety and status of employee.
- Each DCFS foster parent will complete an Emergency Contact form to ensure the Agency has a way to follow up and ensure the safety and status of the employee.
- Coordinate with State Management System so that employees, foster parents, adoptive parents, have a way to access support in an emergency and keep agency staff informed.
- Each County will establish a “check in” protocol in case of Emergency

Update Current Contingency Plan for Access to Records as needed

- Executive staff will have access to the contingency plan for access to records
- CFO Greg Crawford will maintain the original copy and update as needed

Establish a Plan to Continue Case Management

- The division will establish a checklist for continued case management in the field
- Each Area will have a plan for continuing to respond to critical child maltreatment reports and priority cases with each county

Establish a Plan of Support from Central Office and/or County Offices to Central Office

- Area managers will coordinate and establish a plan of support for counties that border other areas
- A plan will be developed on a statewide basis to respond to the physical and emotional needs of staff in ensuring their own family well being is in place
- The division will establish a de-briefing protocol to review outcomes and needed changes on plans

Transition Plan for Training Transformation

The second component of strategy 2 describes a comprehensive effort to transform and re-position our entire professional development system. DCFS currently has a sizable group of contracts with a number of universities known as the University Partnership. The partnership group currently conducts all DCFS professional development training.

This process begins with a review of all current curriculum materials used to train child welfare professionals. The review is a three (3) step process:

1. Identify content and delivery methods that already support the practice model statewide.
2. Use review findings as a baseline to identify gaps in the development of skills practice.
3. Work with the Partnership group to develop strategies that teach child welfare professionals how to conduct difficult conversations with or on behalf of families.
 - Family Engagement (Group Facilitation Skills)
 - Identifying and Working with Strengths
 - Developing Leadership Skills
 - Effective Supervision and Coaching

The University Partnership also provides a system of educational support through “field trainers” who work directly within DCFS field offices on a variety of issues. As we re-position our training, the field trainers will continue training and mentoring new and experienced workers. We will also evaluate ways to leverage this existing structure as a resource for implementing our practice model in innovative ways. A current strategy includes pairing field trainers and supervisors as group facilitators who initiate the development of professional teams committed to our practice model.

It is through approaches such as these that we intend to move beyond a simple “training” model to a system composed of effective and verifiable skills intricately tied back to the practice model.

As we move forward, we cannot just “stop” all training, but we must have intervening strategies to ensure that trainings requested and provided in the field are through a consultative process. This includes discussion about how training requests align with our practice model. It will have a component of follow to assess the effective transfer of learning into the daily casework activities.

Arkansas plans to continue to use a matrix format to verify allowable costs and federal share percentages. We are currently updating these training matrixes to reflect the allowable costs and to ensure they align with our cost allocation plan.

As we review we understand Title IV-E allowable administrative activities must be closely related to one of the following examples:

- **Eligibility determination and re-determination**
- **Fair hearings and appeals**
- **Rate Setting**
- **Referral to services**
- **Preparation for and participation in judicial determinations**
- **Placement of the child**
- **Development of the case plan**
- **Case reviews**
- **Case management and supervision**
- **Recruitment and licensing of foster homes and institutions**

We also understand there are many training topics that are closely related to these title IV-E allowable activities that the State may train its workers on and claim at the 75% rate. These allowable topics can include:

- **Social work practice, such as family centered practice and social work methods including interviewing and assessment.**
- **Cultural competency related to children and families.**
- **Title IV-E procedures.**
- **Child abuse and neglect issues, including the impact of child abuse/neglect on a child and general overviews of the issues involved in child abuse/neglect investigations; if the training is not related to how to conduct an investigation of child abuse/neglect.**
- **Permanency planning including using kinship care as a resource for children involved with the child welfare system.**
- **General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.**
- **Effects of separation, grief and loss, child development and visitation.**
- **Communication skills required to work with children and families.**
- **Activities designed to preserve, strengthen and reunify the family; if the training is not related to providing treatment or services.**

Examples of training topics that we know are not allowable under the title IV-E program include, but are not limited to:

- **How to address or treat child or family problems or behaviors because it supports the delivery of social services rather than the administration of the title IV-E State plan.**
- **Conducting child abuse and neglect investigations because such specialized skills are required for staff activities that occur prior to a child's entering foster care or adoption and even prior to a child's becoming a candidate for foster care.**
- **Child welfare/social service topics that are not related directly to the title IVE-E programs or the administration of the title IVE-E State plan.**

Funding options for these courses include:

- **IV-E**
- **IV-B**
- **SGR**
- **CAPTA**
- **SSBG**
- **Other**

Training Plan

Current Training

Orientation –Matrix under revision

Returning FSW (Family Service Worker) or FSW Supervisor Employees

DCFS employees who return to field work after a break in service, with the responsibility as a Family Services Worker or FSW Supervisor shall be interviewed by the Area Manager for the purpose of determining their retention of best practice information, policy and procedures involved in their assigned roles in child welfare.

If it is determined that the re-entering FSW requires full re-education, the Area Manager or designee will contact their respective MidSOUTH Training Academy and determine the next available NWT class for scheduling their participation in the entire NWT training curriculum. If the returning FSW needs only updates in policy and procedures only, then they shall be scheduled by the Area Manager or designee to attend only the "practice" modules 5-8 in the NWT curriculum.

If it is determined that the re-entering FSW Supervisor has a deficiency in any area, the returning supervisor shall be scheduled to attend related appropriate modules found in the current DCFS Supervisor curriculum, to upgrade the knowledge and skills of the employee to an acceptable level of performance.

If the returning workers are required to attend all or part of these classes, the returning employee's supervisor will ensure the employee's work schedule shall be adjusted to permit their attendance in these classes during their initial re-employment period. If no retraining is deemed necessary by the Area Manager, the returning FSW or FSW Supervisor will bypass these courses, but will not receive training hour credit for them.

Credit/Exemption for Prior Training

Employees are required to attend classes for which it has been determined that their attendance is mandatory. If the employee or supervisor believes an exemption from training is justifiable, based on completion of previous training and demonstrated competency, then a memorandum requesting exemption is passed through the supervisory chain to the DCFS Executive Staff.

The supervisor will generate the request to Executive staff and include the following information.

1. Details of the previous attendance
2. Date and time of the training previously attended and relevance to current job duties
3. Description of existing knowledge and skills related to job duties, including previous performance evaluations
4. Copy of the training certificate or letter of attendance.

After review of the documents, the DCFS Executive Staff will notify the supervisor of their decision.

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 to ensure that the knowledge base is present. Credit hours would then be awarded for completion of the attended training event.

New Worker Training (NWT)

All pre-service NWT field staff has been approved by the DCFS Executive Staff and is provided by UALR MidSOUTH Training Academy. The curriculum is based upon worker competencies developed by the Institute for Human Services (IHS). New field staff are scheduled within the first two weeks of employment. Classes are delivered by university staff through one of five sites throughout the state to allow the new worker closer access to both their office and home.

Due to the intensity of the NWT , on-the-job training requirements and local office workload capacity issues, caseload assignment decisions will be based on an incremental assignment model. This model supports skill development in such a way the worker is more prepared to accept a full caseload responsibilities at the completion of NWT.

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, 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

Individual Training Needs Assessments (ITNA)

The purpose of conducting a staff training needs assessment is to identify the training needs of an employee or volunteer and use this information to develop continuing education training events and county/area/state annual training plans. The assessment is only valuable if it results in training that is relevant, significant and available to the person. DCFS provides three dedicated Individual Training Needs Assessment (ITNA) tools, two for program staff (e.g., FSW, FSW supervisor), and one for foster parents.

Continuing Education Training

Continuing Education offers a variety of training sessions for staff, foster parents, adoptive parents and other community providers (expanded via the Fostering Connections Act). These classroom training activities may be held at any of the partnership university sites, or other public or private facilities in the state.

We have not yet provided training to community providers under the Fostering Connections Act but intend to include these audiences in the next year. The first step for implementing this is to determine the necessary amendments to our cost allocation plan with consideration to the provisions of phase in claims per the Fostering Connections legislation.

The following trainings will be provided in FY10. Matrixes are currently being updated:

- Worker safety
- Grief and loss
- Supervisor
- Developmental Disabilities
- Mental Health Issues
- Active parenting

Central Office Staff Training

Each hiring supervisor reviews a new employee's skills and experiences to determine any 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.

Program Assistant

Additional continuing education training sessions are offered to the Social Service Aide staff as requested or mandated.

Adoptions Staff-Short Term Training

Orientation sessions for Adoption Specialists are available through Central Office Adoptions Staff as required for new staff.

The *Spaulding for Children Adoption Curriculum* is available for presentation to DCFS Adoptions Supervisors and Coordinators through UALR MidSOUTH. This short term training consists of six one day sessions that result in a total of 36 hours of training in topics

- Day 1 – Special Needs Adoption: Meeting the Needs of the Waiting Children
- Day 2 – Skill building in Family Preparation and Assessment
- Day 3 – Skill Building in Family Preparation, Assessment and Family Summary
- Day 4 – Post Placement Services
- Day 5 – Foster Parent Adoption
- Day 6 – Family Preparation in Foster Parent Adoption

The administrative functions supported would be referral to services, preparation for and participation in Judicial Determination, data collection and reporting, placement of child, development and maintenance of case plan.

Training for Foster and Adoptive Parents

These homes include the following: Non-Relative Foster Families, Relative Foster Families and Adoptive Families.

Foster/Adopt PRIDE is a competency-based, pre-service training provided for prospective foster/adoptive parents. The Foster/Adopt **PRIDE** (Parents' Resource for Information, Development, and Education) training curriculum was developed by the Child Welfare League of America.

All foster and adoptive parents (as identified above) are required to attend and be certified in first aid and CPR. 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, will only be required to complete and maintain certification in the age level appropriate CPR as follows:

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); or National Safety Council (Standard/Basic First Aid only).

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 in computation of their annual continuing education requirements.

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),.

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. The average expected participants in this training are 1206. Administrative functions supported would be placement of child and development and maintenance of case plan.

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), MidSOUTH Summer School (MSSS), DCFS Area Training Meetings, Regional Training Conferences provided through the Academic Partnership, Mental Health Institute, Court Appointed Special Advocates (CASA) Annual Conference, and the Juvenile Justice and Delinquency Prevention Conference held by the 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 these events. Our future plans include expanding our involvement levels 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
- Early Childhood Education & Child Care
- Local Provider Associations
- Juvenile Justice
- System of Care
- Other relevant providers

Supervisory Training Requirements-

All DCFS supervisors are required to attend the following training events provided by the Department of Human Services (DHHS) and DCFS:

- DHS 3-Day Supervisor Training (with update training every 5 years) includes PPES, Administrative Policy, and EEO Laws. Hiring Procedures and Grievances.
- DHS Interpersonal Communications DHS Leadership in a High Performance Culture
- DCFS Supervisor Training

Additional elective or mandated training may be scheduled for the targeted supervisor within DCFS.

DCFS Supervisors with any break in employment or supervisory responsibility must re-attend all seven days of the DHS Supervisor Training requirements. DCFS field Supervisors returning to employment in the field after a break in employment will be evaluated under the previous procedure listed under, *Current Training, Returning FSW Classification Workers or Supervisors*, in this document to determine if retraining in DCFS Supervisor Training is needed.

DCFS non-supervisory employees who are approved by their supervisory chain, including their respective Assistant Director, identified as Division career employees and have two years of continuous employment immediately prior to their application, may be allowed to attend the Leadership training curriculum provided through MidSOUTH Training Academy. Approval to attend this training does not automatically identify or otherwise pre-select this employee for a supervisory position.

Educational Assistance and Leave Programs

Senior Year Stipend Program (BSW & Other Related Degrees)

We are currently reviewing these programs to ensure the accuracy of allowable costs and associated claims per the Child Policy Manual.

The purpose of the DCFS Child Welfare Student Stipend Program is to hire more employees with degrees in social work and limited social work-related degrees on a statewide basis to work in DCFS programs serving Title IV-E eligible children. DCFS Policy XI-C establishes guidelines for administering the DCFS Child Welfare Student Stipend Program.

University student stipend applicants follow their respective university application process and undergo the interview process with the University IV-E Coordinator for acceptance into the university stipend program. Applications and other related paperwork are submitted to the DCFS PDU for review and processing. Upon timely submission and completion of all policy-mandated forms, drug testing, and histories (i.e., criminal background, driving record, Central Registry, drug tests) are returned, the application packet is forwarded to the Division Director for disposition. If approved, stipends are awarded for two semesters of the applicant's senior year. Upon graduation, the student is employed by the Division and must remain employed for a minimum of one year, as a condition of the stipend agreement.

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

Child and Family Services Plan (CFSP) 2010-2014

- ✓ 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

We are currently reviewing these programs to ensure the accuracy of allowable costs and associated claims per the Child Policy Manual.

The purpose of the DCFS MSW Education Leave Program is to enable the Division to employ an increased number of persons who possess the MSW degree to work in programs throughout the state that serve Title IV-E children. 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 an Arkansas MSW Graduate Program before the application is considered within DCFS and the applicant must be a current employee for two years immediately prior to the initiation of the application process. Policy and the agreement mandate a 2-for-1-employment repayment.

Training Records and Attendance Documentation

All participation by DCFS staff and volunteers in Academic Partnership-sponsored training events will be recorded within a training database maintained by the sponsoring institution. UAF is responsible for gathering attendance information from their seven subcontracted university training providers and for maintaining a centralized training records database. All Partnership training records will be exported monthly to the DCFS **CH**ildren's **R**eporting and **I**nformation **S**ystem (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 Managers (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 certificate, copy of sign-in sheet or letter of attendance. Information contained in these proofs of attendance shall have information

concerning the training event identical to information areas found on the CFS-476 DCFS Training Certificate

Required Training Hours

Employees of DCFS are mandated to attend a minimum number of **job-related** annual training contact hours each year as set forth in these guidelines:

- Program staff (field staff, direct client contact and caseloads), Family Service Worker (FSW) classification, Area Managers - Twenty-four (24) annual hours required.
- Program Support staff (direct client contact, secondary or no caseload), Nurses, Health Services Workers, Health Services Specialists, SSAII, ILC - Fifteen (15) annual hours required.
- 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 include persons serving in a foster or adoptive care capacity for DCFS - Thirty (30) hours pre-approval and fifteen (15) annual hours required after approval. Training hour requirement for adoptive homes will cease upon the completion of the adoptive process. Volunteers who are 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 for completion of annual training hours shall be based on the calendar year, unless specific training mandates require credit prior to the calendar year time frame.

Evaluation and Technical Assistance

Supervisor Review Quarterly Report – A report that provides detailed findings from child welfare case specific reviews conducted by supervisors in every county of the state. A 100% case review is required each quarter. The report provides information statewide, by area and by county. The review serves as a one-on-one training situation on individual cases for the worker and allows the supervisor to work with the worker on practice issues. It allows the supervisor to determine if the FSW knows how to utilize best practice concepts and can work with the FSW on developing those skills.

Family Preservation Services - An evaluation that is conducted annually in accordance with state law. Among its requirements, the annual report must describe the number of families and children receiving services; track the children and pinpoint their placement status at six months and 12 months after receiving services; estimate the cost of services; and provide recommendations on progress and service delivery.

Impact of Welfare Reform on Child Welfare Reports - A report that provides information on trends in welfare reform and its effect on child welfare within the state.

Compliance Outcome Report (COR) – A monthly report that measures compliance with 36 established performance indicators that represent a commitment to best practice.

Quarterly Performance Report (QPR) – A quarterly report that provides information on service outcomes, compliance with standards set by DCFS with guidance from the Joint Interim Arkansas legislative Children and Youth Committee and demographics of children served throughout the year.

Annual Report Card (ARC) – A report that replicates the QPR on an annual basis.

Adoption Coalitions Evaluation Report – The adoption grant is a five-year grant designed to build community coalitions throughout the state to help with general, targeted and child-specific recruitment as well as provide adoption support to families. Quarterly adoption data reports are completed that provide information such as number of children placed in pre-adoptive homes, number of finalized adoptions and length of time from TPR to adoptive placement and finalization. The grant also includes a coalition website that is utilized to gather information on things such as memberships and activities of the coalitions. Lastly, an annual evaluation is completed to determine the effectiveness of the grant activities.

Arkansas does plan to develop a Technical Assistance Plan to ensure all assistance available is accessed to implement our program improvement plan and to meet our quality assurance goals.

Quality Assurance System

Arkansas has developed a strategy to develop an effective quality assurance and practice improvement process to ensure the consistency of quality practice and flexibility to improve based on the data gathered through our Quality Assurance process.

Arkansas will develop a statewide infrastructure to improve data collection and conduct training and consultation to use the data for effective management of the system and at the same time focus attention to continuous quality practice improvement. Our goal is to have a quality practice improvement that takes place in real time settings accelerating a “practice, review, and improve: cycle in field offices as management data informs all levels of the system where improvement is needed.

One part of the strategy will be to refine our IT capability to support practice and modify our data collection and reporting to create essential management and practice improvement reports within and across programs areas. These product deliverables will be a part of the final work plan with Hornby Zellar Associate. As a part of the strategy our QA system will utilize the QSPR instrument, as well as a number of other data reports including an integrated analysis of performance reports supplied by HZA and additional specifically targeted reports on identified issues.

CAPTA

There were not any changes in Arkansas State law that impacted CAPTA.

Child and Family Services Plan (CFSP) 2010-2014

The program areas selected for improvement are:

- Intake, assessment, screening, and investigation of reports of child abuse and neglect-(please refer to goals and objective section of plan)
- Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families (please refer to goals and objective section of plan)
- Enhancing the general child protective system by developing, improving, and implement risk and safety assessment tools and protocols (please refer to goals and objective section of plan)
- Developing, strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with families; training regarding the legal duties of such individuals and; personal safety training for case workers- DCFS with MidSOUTH, IV-E partnership, AOC, and OCC continually assess the training needs to address these categories. OCC provides training a various times through the year and venues to ensure the knowledge of legal responsibilities is provided; the IV-E partners provide annual in service training to field staff related to worker safety; etc.
- Developing and delivering information to improve public education relating to the role and responsibilities of the children protection system and the nature and basis for reporting suspected incidents of child abuse and neglect- DCFS will address this through the Program Improvement Plan. Public forums, information sessions will be conducted and also develop public information brochures to distribute regarding role and responsibilities and the basis for reporting.
- Developing and enhancing the capacity of community based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level- Program Improvement Plan strategies address creating an effective communication plan that integrate shared leadership strategies. The PIP addresses families being a part of decision making process. DCFS will establish community partnership to include parents to form mentoring and support groups that will prevent and treat child abuse and neglect at the neighborhood level.

The program areas selected are reflected in the Prevention Support and Investigative goals and objectives and narrative describing how we plan to develop these programs and expected outcomes.

On an annual basis, the CAPTA grant is utilized to cover the expenses for mandatory training of Human Service Workers in the Schools and Family Resource Centers (FRC) staff. This training is designed to enhance their knowledge of child maltreatment and child abuse issues. Additionally, the training is designed to assist in enhancing their ability to interview clients to determine their needs and basic assessment skills. Once the human services workers in the schools complete the training, they are expected to share their information with teachers and counselors in their perspective school districts. There are forty- four (44) human service workers providing services in thirty (30) different School Districts and nine (9) Family Resource Centers service fifteen (15) Arkansas counties. Mandated training will continue for both of these services for the next five (5)

years. These groups see a number of people, and it is to our advantage to offer the training. Demographics from October 1, 2008 through June 2009 revealed that the HSW's provided services to a total of 17,662 children and 7,003 families. The FRC's rendered services to 7,490 children and 9,111 families. Because of the large number of persons served, it is very important that these groups receive yearly training and updates on child maltreatment, the laws and current trends.

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 new 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

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 Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).

In Arkansas, these programs are referred to as Transitional Services and are available to youth in:

- Foster Care – age 14 to 21 (age 23 for ETV if participating successfully in post-secondary training or educational programs – not probationary status at age 21)
- Adoption or Guardianship Care - entered at age 16 or after
- After-Care – Left Custody of DCFS after age 18 (in-care minimum of 90 days) until age 21

Room and Board – currently Room and Board through Chafee is Aftercare service and is limited to housing and food costs with an initial start up limited to \$500 for supplies and furnishings. Youth Advisory Board members will be working with DCFS to re-vamp the definition of Room and Board for Aftercare with consideration for emergency cash assistance, work uniforms, and other items currently excluded which would enhance the Aftercare program and enhance the likelihood of a successful transition.

DCFS will cooperate in national evaluations for the purposes of determining the effect of the programs, services and supports.

DCFS will provide client specific/youth driven service array that supports making the transition to adulthood as self-sufficient, productive and healthy individuals.

Objectives of programming will include the measuring the instances of positive outcomes that indicate a measure of success for DCFS youth and increasing the number of instances. These positive outcome indicators include:

Financial Self-Sufficiency

- Employment
- Social Security Card
- Educational Aid
- Employment Preparation Completion
- Driver's License

Educational/Vocational Attainment

Child and Family Services Plan (CFSP) 2010-2014

- Current enrollment/attendance
- Education/Vocational degree/certification received

Connections

- Positive Connection to named Adult(s) other than Staff Member(s)
- Registered to Vote
- Member of a church, community organization, social group, political or service group/club

Health

- Health Insurance
- PCP Identified
- Involvement with 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.

Home

- Appropriate Home or Living Arrangement (Safety, Utilities Connected, etc)
- Not Shelter / Transient Lodging
- Not Incarcerated
- Not Homeless

Description of Program Design and Delivery

A strategic planning retreat was required to begin movement and a change in understanding of Arkansas's CFCIP program. The mission of transitional services and supports had been segregated from the case plan for most youth into a general goal of Independent Living. Services included in a youth's transitional plan were uneven across the state except in the areas of IL Assessment, Reassessment, Basic Skills Training, ETV or After-Care payment. These areas of participation were well documented. Eligibility for participation was limited to those identified as having the capacity to pursue post-secondary training or education as determined by their Caseworker – or those that requested After-Care. Further, youth in treatment facilities outside their home/primary counties were not routinely included in skill building training or events. Transitional planning with youth involvement was not generally involving youth in any meaningful, self-determined way, unless the youth planned post-secondary training or education or unless a youth requested After-Care. The youth was then involved in budget planning for after custody status.

Arkansas seeks to move plans and services required by youth into an integrated client-focused service component of the new practice model being developed in Arkansas. This change will be systemic and pervasive in the management decision making, operational policy and procedure established – with the goal – impacting decision making at all levels for both the agency and the youth – to allow each youth to thrive and reach their individual potential.

Child and Family Services Plan (CFSP) 2010-2014

At the Retreat, additional broad sub-groups were established to assist in focusing action required. Workgroups were identified as needed in the following primary areas with much cross-talk/work between the groups. The areas identified were:

- Community Partnerships
- Youth Development/Youth Leadership
- DCFS/DHS (Systems and Cross Systems and Agency)
- NYTD (Implementation and Improving Outcomes)

These workgroups will meet as needed during the period of this plan. The approach begun was to assess our current system and identify new approaches needed that were aimed at improving the lives of youth and youth adults in our system. Major planning and collaborative efforts, initiated or revitalized, will include all identified critical stakeholders: current and former foster youth, courts, sister agencies, direct and administrative staff as well as other service providers for this age group.

Further, planning and assessment assistance, offered and accepted, was provided by the Clinton School of Public Service. The Clinton Assessment established a baseline for program improvement and offer program recommendations to advance the mission of DCFS regarding this population of youth. The Clinton Assessment used information collected statewide by surveying groups of teens or young adults with current or former experience in foster care; DCFS service contractors, mental health centers, residential facilities and others currently working with youth in transition.

Workgroups have identified the following areas for planning, work, recommendations or resolution:

Workgroups will continue to meet as work plans are developed.
All workgroups are product oriented

NYTD Tech Support group -1 Track the independent living services (including educational aid) that is provided to youth; and, 2) Develop outcome measures that can be used to assess performance. The Ferncliff group was asked to consider survey design, data elements, youth involvement and youth reporting.

The business requirements for NYTD are necessary before the data gathering tools can be designed and developed, as NYTD requires. The CHRIS Scope document relating to NYTD (draft) includes features such as the

- Adding ability to immediately identify a NYTD baseline youth individually;
- Adding client submitted location information;
- Updating client locations for youth not in placement in cases not open
- Reflecting college or school and ETV participation regardless of case open/closed status
- Updating information from youth driven web sources;
- Adding service information on clients with open eligibility for Transitional Services (such as college tuition payments, housing payments, etc) when the youth has aged out of care;

Child and Family Services Plan (CFSP) 2010-2014

- Recording survey result information on youth in both open and closed cases along with financial tracking for all funding sources designated as transitional living services for the youth.
- Reflecting Life Plan assignments by responsible person by date to be completed
- Reflecting the purpose of a contact to a youth in foster care – specifically for what purpose or context of supporting their successful transition.
- Making the Life Plan available to the youth, Foster Parents, Court and AAL electronically
- Gaming environments would be helpful to entice youth back to state sites.

The Working Group as a whole recommended CHRIS be enhanced to accommodate the information listed to support Transitional Services:

Support the documentation of specific services – at all stages of the youth’s involvement with the agency – ages 14 (or 9th grade whichever is first) and up – including educational services that the agency is involved in provided. Apartment start-up, food, laptops, ACT, tuition and fees, books, ETV, classes, YAB participation, etc should be captured and stored.

Completion of steps/tasks in the Life Plan should be accessible.

Survey design – Youth guided – NYTD – data exchange and have the survey and CHRIS connected by different access points – so alum can be involved in actual survey work. Alumni association assistance in survey completion may be used and/or incentives to the survey participant. Survey may be conducted by 3rd party - outside DCFS.

Grievance process – a youth’s involvement with the agency requires a way for the youth to be heard regarding disagreement or complaints about lack of service, etc. Currently, if a youth has a problem with their worker – or can’t get a response from their worker – there is no systemic way to address

System design changes to CHRIS

Allow service documentation for Youth in Care and Youth who have exited Care
Web based application

Employment opportunities for youth out of care / incentives / survey

Mentoring / sponsorship / Incentive Opportunities with Survey

Financial Management -client specific including incentives, encumbrances, purchase order, P-Card, ETV etc

Automatic assignment/notices for Transitional Services when youth placement changes

Survey design—youth guided-NYTD—what system changes to CHRIS or have data exchange and have two connected but different access

Points on the profile –so if add music or designs—more points—----to set up a profile, set up an e-mail address

Keep web site secure—e-mail address through DHS –server - like Hot mail and have own domain—or pass code

NYTD dollars for interface with CHRIS and curriculum for younger kids and other on-line training and let it grow past that when get a certain age—these things grow and looking at alumni to be part of it

Child and Family Services Plan (CFSP) 2010-2014

17 year baseline—then 19 and 21 and every 3 years a new cohort—but we would allow the opportunity for any youth who left care to access whatever services were allowable

Automatically identify any 17 year old in baseline through the life of the record
Automatically identify/alert any 16 year old (or older) leaving care without Life Plan

Ticklers for youth age 14 (16) and older without Life Plan

Coordinators able to document appropriately in case plans and court reports in CHRIS

Youth Leadership and Youth Organizing group – Develop venues and events that develop leadership skills in youth. Develop capacity to support other groups and build networking and connections among youth and between youth and agency

Internal leadership Development

Alumni Association / Implement

Teen conference yearly

Shorter Retreats/Companies Sponsor?

Face Book Cafe

Youth – Executive Round Table for deep problem-solving

Enhance opportunities for normalization activities

Driver's licenses

Transportation – can't go to normal activities on weekend or evenings unless worker has the time

Extra curricular

Involve youth in national level activities

Youth Balls / Concerts – fundraising Events / Incentives

YAB-State

YAB in each area-which meets as a part of the skill workshop--

Youth staying connected and getting connected—youth will report to peers so we must strengthen this group—

Youth Board incorporated as Non Profit Organizations---one option-

Must bring in advocates—Policy Advocates

Problem solving issues—Trust fund is an example

Executive staff/Youth Round Table on Trust Funds

Work with engaging foster parent associations

Issues that pertain to supporting “normal” school activities in placements-

Transportation Group home culture/barrier which isolates youth from the work they need to do to transition

Driver license-birth certificate and insurance issues

In addition to Teen Conferences—opportunities for youth to attend out of state conferences or other places to gather at the National Level-and inviting the

National Conference folks or other youth to Arkansas

Community / Public Service Announcements / Recruitment

Demonstrate to youth that they are important

Child and Family Services Plan (CFSP) 2010-2014

Job Opportunities with DHS (part-time while in school) without losing Medicaid or having the state take all the money to pay board payment. Need saving accounts!

Problem /Complaint Form

High Quality Life Skills Training – with Transportation provided

Placement Stability is Key!

Support Normal School Activities

Partnership with community resources – Other Public and Private agencies

Mentors

Sponsors

- YAB thoughts on how to recruit
- Training foster parents
- Idea of using The Call as sponsors
- Teens need host families / school breaks and holidays – relax licensing for overnights at post 15/16 years old
- Maintain relationships with their families and social support systems
- Children to assist with whom they want as a sponsor

Dept. of Ed Education –

- Liaisons and others?
- Tuition Waiver!!
- Help with ACT testing preparation?
- IEP transitional planning
- Eligibility Services
- Cooperative Agreement with Dept of Education – amend?
- Team member for youth must include the educational partners
- Utilizing Foster Care Liaisons in the school-generally school counselors
- Waivers for Youth attending College etc.
- California program-Community College Foundation. Community Colleges provide IL services to youth throughout the state and develop ties/orientation to older youth
- Drivers Ed course that Insurance Companies accept – or Contract with Private Driver’s Ed companies - statewide

Housing Authority

Work Force Initiative/Investment - need to be strong partnerships-example—CVS pharmacy—education to work model

- Pre-vocational training/preparation
- Job experience Placements
- Businesses - business for job placement/employment-complicated skills into getting a job-keeping a job-and moving forward in others jobs-keeping connected in work

Creating connectedness- Foster parents or others on who knows these kids

Rotary-Kiwanis-Sororities/Frats-or any group that has community service mission—Mentoring—Big Brothers—DOV and Retired Associations and Work Force Initiative
Faith-based groups
Free stuff resource networks
 Community Connections program (Tommy Milford)
 DHS Warehouse possibly for apt furnishings
Library Systems (internet access)
University Partnership entities
Library systems-access points to computers/internet access for providers
Web surveys-social network
IVE-Partner help with setting up interested persons community connections (list service)-linked to e-mail addresses and put what the need and members of the service could respond—somewhere on youth web site
Faith Based Youth Initiatives
Contract transportation workers
Retired people – volunteers – Grand Foster Parents

DCFS and DHS -Internal processes for programs to work collaboratively with youth transitional services.

Adoption

Need for families interested in adopting older children. Adoption specialists need to understand that many older children need a family and respond to adoption. Recruit accordingly
Implementing “The Call” for older
Children adopted between the ages of 16 and older-18 receives all benefits and don’t lose eligibility
Kinship Guardianship possible
Case Mining for Adoption

Medicaid

Medicaid Option extended for youth who age out of foster care regardless of voluntary custody, educational progress etc. Also includes children adopted 16 or older. Requires Medicaid State Plan revision

2nd Chance

Allow youth – within some time frame- to reattach to Transitional Services with the agency. Mistakes are made. Currently, youth can’t come back into the program.

Policy

Examine/address policy deficits in
 Transitional services
 Re-connection to family of origin

- Trigger points along timeline of case practice
- Examine possibilities of allowing some Trust Fund money to be retained by the youth after age 16 – savings account – rather than disbursing all to agency for recoupment
- Policy changes related to engaging youth; finding families; assessing youth IL needs; developing case plans(life plans); specialized transitional homes(contract/non contract)
- Policy for Youth Transitional Services and Practice Guide related Assessments begin at 14 and re-assessments are included in each court report thereafter
- Policy changes for Placements Utilizing Group Homes – Contract and Non-Contract

Placement

- Specialized Transitional Living Placement Needed
- Transitional Housing - Improve and develop more transitional housing opportunities
- Recruitment of transitional homes
- Placements with Teens provide Internet access – at minimum to Transitional Living designated sites and other resources
- Transitional Foster Homes with Centers II model
- Placement if in school, a Transitional Living Placement, or employed.
Since many foster children have not completed their education by the time they reach their eighteenth (18th) birthday, they have an incentive to remain in foster care. Boarding care may be continued for foster children from age eighteen (18) through age twenty-one (21) if the young adult requests continued financial supports after receiving a clear explanation of his right to independence and responsibility for self-support at age eighteen; and the young adult will continue educational activities (college, vocational, or training) and plans to continue his current enrollment, **or** plans to enroll in a different school or training program within the next 3 or so months.
- Allow kids to remain in care without educational stipulations- implemented by Arizona, Idaho and Illinois – if part of Life Plan

Connections

- Enhance multi-disciplinary team involvement (including youth) in transition and permanency planning
- Foster Parent Associations – Reactivate – Foster Child Association meetings at the same time
- Kids have an impact on their placement options
- Youth Grievance process if not in agreement with case plan and/or Life Plan
- Survey-web site—access—use kiosk that Medicaid is moving to?

B Street—or something not having to deal with DHS web site---security issue

Face book –events based for free admission for youth

Brochures with list of services/contacts for agencies that provide transitional services (TEA, HUD, etc) should youth sever relationship with DCFS

Agency assists with older youth aging out of care with family connections

Case Mining for Connections

Casework

ACT/SAT – Assume all are going to college – higher expectations – let them chose not to attend – not DCFS staff

Youth Transitional Living Staffing:

16 (or entering HS) NOT 17 ½ YEAR STAFFING. Monitor occurrences and requirements. Everyone involved with the case make a plan for the child exiting care containing Youth's Life Plan and key planning and preparation areas Education, Health, Employment and Housing. Life Plan is client focused and driven. Transitional Plan is part of Case Plan and included in Court Reports

Assessing IL skills—age 14 how to integrate into FSNRA and Case Planning. Life skills assessment and reassessments integration into Case

Trust Fund issues (Client Trust fund)---in case planning—financial option needs to be assessed and added to case plan as resource or how used to assist in aging out

Client's Trust Fund Account needs to be explained to youth – Staff don't tell them it is drawing down for board payments. Youth think they have \$ they don't have. Inform kids what we are doing with their money.

Real life situations and unique to the skills or abilities of each youth

Open mindedness about possibilities

Not look at primary and secondary assignments but Child Team

Bank accounts needed by youth before reaching age of majority

Fast Track Independent Living / Life Plan for older youth entering care

Life Binders for each youth required - Ensuring youth have important documents (birth certificates, social security cards, medical info, educational plans etc) developed while they are in care and they all possess when they exit care. Important documents and information, pictures etc

Foster Parents need copy of Assessment and be part of the Life Plan team to arrange experiences required to meet the goal.

Financial Management

Encumbrances and expenditures are kept at local level not allowing for child movement and or tracking by year (required by Chafee) and not reflected in CHRIS. Financial management of client specific obligations and payments in CFM and/or CHRIS application included in NYTD requirements

Trust Fund issues -Trust Fund \$ should be allowed to be saved / some % / some time before child exits rather than reimburse the agency leaving child with 0 balance.

Training

Training skills building workshops in working with youth

Training on engaging youth

Partnering with Communities

Sims Video game on transitional services

DHS nurses for more health education and risk prevention trainings for youth

Life Skills basics should include some Face Book, Internet, general computer training (some do's and don'ts and safety issues)

Removals

Triage Initial Removals / Teenagers

Over the next 2 years, the work of the groups will also include Housing Authorities, faith-based organizations, Rehabilitative Services and other service agencies not traditionally involved with Child Welfare as housing and other support and case-management services for youth – in or out of care up to age 21 are addressed..

DCFS is in process of adopting or developing practices or strategies that help ensure the DCFS families and youth receive appropriate, consistent services to improve their opportunities to successfully transition to self-sufficiency.

Transition Services becoming an integrated part of the overall service delivery system – delivered directly or thru collaborative efforts is critical to our programs success and our client's likely outcomes. These changes in expectations and the move from silo programming resulted in an initial planning effort - DCFS's Transition Project.

(US Census data (2003) reflects a majority of young people between the ages of 18-24 continue to live with their parents – yet governments and child welfare systems expect youth to live on their own. Chapin Hall's second report from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, "The Midwest Study," shows that many youth who leave the child welfare system at age 18 end up homeless, jobless and/or in the criminal justice system. They fail to complete high school. They lack medical care and female youth become pregnant at an early age." The Children's Bureau maintains that youth in care need not only life skills and a place to live, but also a permanent connection with someone who will be available to the youth for the rest of their lives.

The National Youth in Transition Database seeks to gather service reporting on all youth receiving independent living services in the Arkansas system as well as outcome/follow-up information on these same youth, until age 21. These provide a convergence of opportunity to establish the overall framework for services that encourage life connections and makes concrete plans for each child in the areas of: 1) Education, 2) Employment, 3) Health and 4) Housing. Arkansas is committed to improving likely outcomes for youth transitioning out of foster care. Youth involvement in framework development, design, and implementation of this Transition Project is required. The Youth Advisory Board representatives are active participants in

Strategies and programs that bring services and resources together from federal, state, and local governments as well as private sources are critical to promote stability and success among foster youth. Indeed, services and resources relating or directed to youth transitioning out of foster care will be found every program component of DCFS and with service partners that serve this population. In May 2009, between approximately 30% of Arkansas's foster care population was over age 14. 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, Child Protection, Foster Care, Foster Homes, will have enduring practices directed at these teens. From the DHS Office of Communication in the Director's office to the smallest County Office – all will be valued partners in engaging and empowering these youth – age appropriately – just as families do naturally. Arkansas is exploring enhanced navigation and coordination with existing resources while proposing some new services and access points to enhance the framework of the service system available to this transitioning population. Further, modifications to existing Independent Living programs are required to strengthen the comprehensive nature of the youth support required to promote self-sufficiency and healthy independence. The Transition Plans begin with the youth's Life Plans - client focused /youth-driven. Life plans are experientially based and expand the definition of custody. While the safety aspect of care along with Basic Skill training will be maintained, custodians (foster parents, group homes, etc) along with DCFS staff will have expanded responsibilities. Expanded expectations would include specific activities by the custodian and staff with the youth detailed in a proposed child's Life Plan. Developed by the youth and all stakeholders identified by the youth, this Life Plan would outline steps or tasks identified as supporting a successful transition to self-sufficiency. Concrete activities focused on the youth's overall well-being and life connection could include actions like volunteer work, lessons, job shadowing or extra-curricular school activities along with basic skills acquisition. Life Plans will also address specific actions needed to assure future or current housing needs are met, and employment (pre-employment training, job exploration, addressing barriers, etc), educational or training goals and health plans (including planning for insurance availability) for each youth is contained in their Life Plan. Life Connections or how the team plans to promote relationships or interactions with adults is a critical part of this 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

A Transition Plan developed by the youth's team of people identified by the youth and Primary Worker, AAL, CASA, foster parent, etc along with the youth 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. An instance that illustrates the impact of youth engagement in this process – traditional case planning could have addressed the youth placement as a group home with bed availability. With the youth's involvement – it could also include a request to the Resource worker to recruit within 6 months a foster home so the youth could pursue employment, if the youth and team determine that would be more appropriate for the youth. The Transition Plan was passed into AR law during the last 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, State ID, etc before release).

The emphasis in Year 1 and 2 of this plan will have as primary focus the “re-modeling” of broad child welfare services into differentiated services available in a client-focused practice that respects our youth and engages them in decisions age-appropriately. Year 1 will also bring up a new effort to design/re-design Aftercare services available to youth formerly in foster care. If a youth leaves foster care, a small apartment (or dorm) set-up assistance is available along with \$1500 rental assistance – and ETV assistance if the youth is involved in post-secondary educational or training efforts.

A major planning effort will begin in year 1 to develop a service delivery support system for all youth leaving care. This effort will address the availability of insurance, housing, mental health services or counseling, social networking, education and other supports that are necessary for any teen to make a successful transition into adulthood. Strategies include extensive collaborative efforts with agencies already involved with this population in specific areas such as employment, education training, substance abuse, WIC, etc with an enhanced role for case management and arrangement/ referral for these youth.

Revisions in After-Care allowable expenditures, which could include short term needs-based requests for assistance and the goal is employment or educational– such as a bus pass, child care, work clothes, shoes, etc is in early consideration/development stage.

Transitional Services are currently available across the state for all age groups served and will continue to be available. Coordinators dedicated full time to all areas of Independent Living are located in all geographic areas. During this “re-modeling” of the practice model, Area Directors and Area Program Managers will continue to make use of the Coordinators – who primarily arrange for or deliver basic skills classes, secure or assist with assessments, help prepare youth budgets, request funding, and arrange educational/training programs as appropriate. Coordinators in the past have also been charged with youth leadership development programming, community collaborative efforts and a primary role in all client activities as a youth neared 18. As an age appropriate Transition Plan will now be required for all youth in care after age 14 – the Coordinators role is likely to change and re-focus.

Child and Family Services Plan (CFSP) 2010-2014

Reassessment of staff roles and responsibilities will be made after Area reorganizational /management efforts are complete later this year.

Age appropriate planning and an accessible service delivery system are critically important to the success of Arkansas's youth. Increased public awareness as well as public forms of communication as well as social networking efforts are in the planning stages with initial roll-out of one of the strategies to improve system access is **Foster Club: Connect** as an agency effort to improve communication with the youth regardless of location of the youth.

Youth from across Arkansas and youth in our care living in other states will be able to exchange information, request service and keep in touch through this initiative.

The DHS Transitional Task has begun work to outline the steps required for enhanced Transitional Planning for these youth that have multiple DHS agency involvement. Task Force member include Division for Developmentally Delayed Services; Division of Behavioral Health (mental health and substance/alcohol abuse); Adult Protective Services, Office of Chief Counsel and the Division of Youth Services (Juvenile Corrections); along with DCFS. This work will continue until an appropriate working referral process is in place along with a process to resolve disagreements between agencies.

Practice guides, outlining practice tools and techniques to help staff develop youth-involved Life Plans along with Life Books appropriate to the age and capacity of the youth. While many elements of youth's Life plan and book will be individual to the youth, all plans/books will contain like items before they reach 18 that are required by law and policy effective July 2009. This enabling legislation allows Juvenile Court to retain jurisdiction after age 18 unless the youth refuses services. Soon, a Transitional Plan/Life Plan will require 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 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 given to the youth DHS 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;
- and assistance in obtaining employment or other financial support

Additionally, the new act 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

While some differential will exist in programming for 14-15 and 16-17 year olds, the plan is for the practice model to address a youth-centered approach – addressing each youth's needs in group or individually. For instance, a systemic approach would develop Financial Skills/Budgeting training to the older youth. Yet a pregnant 15 year old enrolled in a GED program might well be appropriate.

Guidelines for skills appropriate for various ages are available currently. The plan over the coming years will be to develop appropriate skills training for different levels of engagement/interest and determine the youth's participation individually. Transportation is a key barrier to most service delivery and accessibility in AR and the appropriate level of training may not be available in a timely and geographic accessible way. Youth placement changes exacerbate an already limited resource availability problem in attempting to schedule foster parents/youth/staff/presenters. However, an attempt to address the lack of access to the appropriate skills training and resources through our Foster Club: Connect site. Web based training for youth along with resource material availability is in early planning stages. Also, alternative methods to deliver group basic skills classes arranged or delivered by the Coordinators are being explored.

DCFS has requested the Medicaid state plan be amended to allow for youth aged out of foster care (with at least 90 days in care) to be eligible for Medicaid without regard of resources or income limits. Further, DCFS has requested Medicaid income limits for youth over 16 years of age be raised to allow for student employment or participation in work programs/internships without losing eligibility. It is under consideration. Currently, all youth in care up to age 21 are covered by Medicaid FC Category or ARKids Part B, 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. Efforts are underway to include these youth in the Medicaid State Plan of service.

ETV

Youth in care, aged out of care or entered Adoption or Guardianship may apply for assistance thru the Educational Training voucher Grant program. Arkansas contracts with Orphans Foundation to manage this grant program. If the youth, who applies on-line, is certified as eligible for participation thru 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. In 2007, less than \$3500 was available per applicant due to the volume. 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. Available funding is allocated to each eligible recipient equally.

Preliminary efforts are underway to supplement this funding, thru state educational vouchers, prioritizing foster alumni TEA funding to community or colleges or special designation of state lottery scholarships – or some combination of all.

84 youth participated in AR ETV for 08-09 with 45 youth being first time ETV recipients. This number indicates a problem with college retention rates which will be addressed by future planning and increased involvement of Coordinators with this population.

Trust Funds

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 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 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 are established multiple years back and the whereabouts of the former youth are unknown.

Arkansas proposes to work with the Youth Advisory Board to develop a quick and timely process to provide incentive 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. 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, 2010

Tribes

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

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 adulthood. Youth in local or State YAB will be participating in training efforts with Mid-South Training Academy to team teach the importance of a viable, sustainable Life Plan for each youth. Transitional Coordinators will continue to receive training in community development, skill development, organizational skills, advocacy, coaching techniques, etc. Training efforts will also be expanded to include renewed sensitivity to the diversity of our youth and young adults. Leadership training for teens will be included for all older teens with the capacity to participate and will be experiential in nature rather than class room. Training has been increased regarding the GLBT youth for Coordinators as well as FSW staff and foster parents. Youth are participating in training efforts to further their support available through efforts with Courts, CASA, AAL's DCFS staff and Foster Parents during their respective conferences by offering workshops, youth-led. Specific training will be occurring on the use of Life Plans, Transitional Teams, etc as the service system changes continue to be incorporated into the practice model and practice.

Statistical and Supporting Information

Juvenile Justice Transfer-provide 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: 72

Inter-Country Adoptions Report the number of children who were adopted from other countries and who entered into State custody is 0

Monthly Caseworker Visits

The following are definitions for collecting and reporting the monthly worker visits data:

- Calendar month = last day of previous + all days during current month + first day of subsequent month,
- Monthly Visits Denominator: Includes all children in foster care for one calendar month or more in the FY (from October 1 through September 30). This number should be the total number of children in foster care on 10-1-07 plus (+) all children who entered foster care from 10-1-07 to 9-30-08 minus (-) all children who were in foster care less than a full calendar month.
- Monthly Visits Numerator: The number of children who were visited each and every full calendar month that they were reported to be in foster care during the

Child and Family Services Plan (CFSP) 2010-2014

- FY period (from October 1 through September 30). This number should be a subset of the number above. It should only be the children who were visited EVERY month that that were in foster care.
- **Visits In Home Denominator:** The number of visit months. This number would be the numerator of the Monthly Caseworker Visits chart above (Children visited each and every month) times (x) the number of full calendar months the children were in foster care.
 - **Visits In Home Numerator:** The number of visits in the home. Of all of those monthly visits how many monthly visits were in the home.

Plan for Achieving 90% Threshold by 2011

The following defines how we plan to use the PIP and Practice Model strategies to achieve the 90% threshold for worker visits by 2011.

- **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 staffings 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

Plan for Collecting Data and Reporting:

- **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**):

Child and Family Services Plan (CFSP) 2010-2014

- Only pull the following Positions captured for any Face-to-Face contact for the Caseworker Monthly Visit:
 - Family Service Worker
 - Family Service Worker I
 - Family Service Worker II
 - Family Service Worker III
 - Family Service Worker Principal
 - Family Service Worker Specialist
 - Family Service Worker Supervisor
 - Family Service Worker (Trainee)
 - Adoption Specialist
- Only pull the foster children in Federal Fiscal Year who were in foster care for a full month
- Only capture the months when Client Contact Information Screen has the following (along with the appropriate Position Staff Person):
 - Participant pick list : when the foster child is 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)
 - Face to Face (Observed, Too Young)
 - 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)', or,
 - 'Face to Face (Home)'

Education and Training Vouchers: Education and Training Vouchers 84 youth participated in AR ETV for the 08-09 school year with 45 youth being first time ETV recipients. Orphans Foundation will provide data after for this year after October 1, 2009 and we will report on final numbers.

Timely Home Studies Reporting and Data

Since the implementation of "The Safe and Timely Interstate Placement of Foster Children Act of 2006, the Arkansas Interstate Compact on the Placement of Children's Unit (AR ICPC) developed a Case Tracking Sheet/System in Access 2003 for the purpose of primarily tracking incoming home-study requests from other states. This tracking system also provides information as to the amount time or number of days involved for completing each home-study request for placement in the State of Arkansas. However, this Case Tracking Sheet was not designed to quantitatively track or capture information as it pertained to (1) the frequency with which AR ICPC needed the extended 75-day period as explained in the Act of 2006; (2) the reasons why the extended compliance period was needed; (3) the extent to which the extended compliance period resulted in the resolution of the circumstances that necessitated the extension; and nor does it capture (4) the actions taken to resolve the need for an extended compliance period. All of these issues were addressed in writing (via transmittals) and/or in message narratives or notifications (via electronic mail). Therefore, it is safe to conclude that AR

ICPC’s current home-study completion tracking system is currently more “qualitative” in nature than “quantitative”. It also must be noted that the primary or most frequent reason for home-study completions that exceeded 60 days was due to our agency’s inability to obtain FBI Fingerprint results in a timely fashion; and 2) the lack of the proposed placement resources’ total cooperation in completing all required documentation. As implied earlier, the Case Tracking Sheet does provide AR ICPC with written information reflective of the number of home-studies completed within specific timeframes. In order to offer some meaningful quantitative data from this existing report, another report was developed that offers a summation of the number of incoming home-study requests that were completed within SFY 2007 and 2008 (e.g. completions that were =< 30 days; >30 but <=60 days; >60 but <=90; >90 but <=120 days, etc.). Please note the following:

SFY 2007 281 Home Study Completions	SFY 2008 365 Home Study Completions
30 completed in 30 days or less;	40 completed in 30 days or less;
56 completed in 31 to 60 days	72 completed in 31 to 60 days
59 completed in 61 to 90 days;	62 completed in 61 to 90 days;
36 completed in 91 to 120 days;	44 completed in 91 to 120 days;
23 completed in 121 to 150 days	27 completed in 121 to 150 days;
16 completed in 151 to 180 days	35 completed in 151 to 180 days
13 completed in 181 to 210 days	10 completed in 181 to 210 days
11 completed in 211 to 240 days	13 completed in 211 to 240 days
5 completed 241 to 270 days	7 completed in 241 to 270 days
3 completed in 271 to 300 days	4 completed in 271 to 300 days
6 completed in 301 to 330 days	6 completed in 301 to 330 days
3 completed in 331 to 360 days and	4 completed in 331 to 360 days and
15 completed in more than 360 days	5 completed in more than 360 days

AR ICPC’s plan for enhancing its operation via improved automation/technology is in current discussion. These improvements will ensure that future components or requirements of the Child and Family Services Plan are properly addressed.

Financial Section

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- \$ 50,459.00

Grant Period- 07/01/2007 - 09/30/2008

These funds must be obligated no later than 09/30/2009 and liquidated no later than 12/31/2009.

Recommendations for expenditures:

Child and Family Services Plan (CFSP) 2010-2014

- \$13,800.00 of this money to be used to partner with Chanel 11 for their “A Place to Call Home”, featuring children available for adoption. This would be 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.
- \$10,000.00 for 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. These promotional items will be distributed to each of the 10 Areas for use at all adoption related events.
- \$8,000.00 for a statewide Heart Gallery presentation to be held at the Clinton Presidential Library and honoring one of our Senators who has been instrumental in promoting changes in the federal adoption subsidy program. Attendees will include judges, Attorneys ad Litem, CASA volunteers, Office of Chief Council attorneys and others who are instrumental in ensuring permanency for our foster children. The program will include older children who have been placed in an adoptive home and sharing what adoption means to them.
- \$600.00 for statewide foster parent conference
- \$450.00 for Adoption Recruitment booth to be displayed at an event sponsored by the Citadel Broadcasting Corporation.
- \$7,000.00 for 20 projectors to be used for informational meetings for prospective foster and adoptive parents. The power point has been updated and improved through the efforts of statewide Resource Workers and Adoption Specialists.
- \$7,000.00 (\$1,000.00 each to 7 active Adoption Coalitions) for recruitment needs to include annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate and purchasing frames for pictures of our children featured in the coalitions’ Heart Galleries. These professional portraits are given to the children after placement.
- \$1,800.00 for a color printer to be used to print photo listings of our waiting children, fliers, and other material for recruitment purposes.
- \$1,350.00 for colored paper, laminating, and other related uses for recruitment material.

Attached: previously submitted

CFS 1010, Parts I, II, and III for FY 2010

Revised CFS 101 Parts I, II, and III for FFY2009

Payment Limitation Title IV-B Subpart 1-for comparison purposed, submit the amount of title IV-B, sub part 1 funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005.

Payment Limitation Title IV-B Subpart 1L For comparison purposed, submit the amount of non Federal funds the state expended for foster care maintenance payments and applied as match for the title IV-B, subpart 1 program in FY 2005.

Payment Limitation Title IV-B Subpart 2: Provide State and local expenditure amounts for title IV-B, Subpart 2 for FY 2007 for comparison with the State's 1992 base year amount, as required to meet non supplantation requirements.

The Arkansas Division of Children and Family Services did not hit the 20% of the IV-B Part 2 grant for time limited reunification services or adoption promotion and support services. The shortage in these two areas was made up through allocations of monies from the Social Services Block Grant which were utilized for these services and allowed us to re-allocate IV-B part 2 monies to Family Preservation Services and Family Support Services.