ANNUAL PROGRESS AND SERVICE REPORT

June 30, 2010

Revision September 15, 2010

Submitted to

Administration for Children and Families

U.S. Department of Health and Human Services

By

Arkansas Department of Human Services

Division of Children and Family Services

P.O. Box 1437, Slot S570

Little Rock, Arkansas

Table of Contents

Summary……1

The Division Operational Structure……..2

The Division's Provision of Services……3

Service Descriptions: Status for 2010……4

Prevention/ Support Voluntary Services……4

Child Protectives Services……5

Foster Care Services……5

Transitional and Independent Living Services……5

Intervention and Treatment……6

Purchased Services Decision Making Process: Overview……7

Consultation and Involvement Stakeholders……8

Child and Family Services Review Results and Program Improvemententent……14

Program Strategy Plan……16

Summary Update……59

Prevention and Support Services/ CAPTA/IFS……61

Foster Care Services……64

Placement Stability……66

Health Care Oversight……70

Behavioral Health……71

Adoptions……76

Foster Parent Recruitment and Retention……77

Adoptive Parent Recruitment……82

Professional Development……85

Disaster Plan……90

Training Plan

Evaluation, Technical Assistance and Quality Assurance……92

Criminal Background Checks……113

Chaffee Foster Care Independence Program (CFCIP) and ETV……113

Description of Program Design and Delivery……115

NYTD Tech Support Group……115

Youth Leadership and Youth Organizing Group……117

Table of Contents

Partnership with Community Resources – Other Public and Private agencies……117

DCFS and DHS……119

ETV……120

Trust Funds……121

Tribes……122

Training……122

Statistical and Supporting Information……123

Juvenile Justice Transfer……123

Inter-Country Adoptions……123

Monthly Caseworker Visits……123

Financial Section……126

Adoption Incentive Payments……126

Previously Submitted as Attachments……129

CFS 101, Parts I, II, and III for FY 2011……129

Revised CFS 101 Parts I, II, and III for FFY2009……129

Payment Limitation Title IV-B Subpart 1……129

Payment Limitation Title IV-B Subpart 1……129

Payment Limitation Title IV-B Subpart 2……129

Summary

Arkansas 2008 population was estimated at 2,855,390 which was a 6.8% increase over the last 8 years. Persons less than five years old in 2007 were 7% and 24.7% or 685,293 were 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. DCFS is the designated state agency to administer and supervise all Child Welfare Services (Titles IV-B and IV-E of the Social Security Act) 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, DCFS investigated 30,191 reports of child maltreatment, provided child protective services to 10, 385 families, placed 4,321 children in foster care with 4,038 children exiting foster care, and finalized 625 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, efficiencies and effectiveness of procured services as well as the variety of services and supports organized through community partnerships).

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

<u>The Division Operational Structure</u>

Office of Director-With the transformation of the child welfare system and the implementation of the Practice Model, it was inherent for us to evaluate the organizational structure of DCFS and to evaluate who needed to be a part of the Executive staff. We needed to evaluate how best to structure the organization to move us forward and what team members would have the greatest impact on change.

Upon review, the decision was made that all programmatic staff should become part of Executive staff. When reviewing the Program Improvement Plan and the Model of Practice, it will be critical that reform happens in every program thus all managers need to have a full understanding of the big picture.

One of the weaknesses the Director noted with the past organizational structure is information was not getting back to the programmatic managers. They viewed the Division as not doing anything when actually we were; they just were not hearing about it. This brought about needless frustration and in some instances stymied progress. Also in the past, they did not feel they had the authority to contact the field directly. They felt they needed approval from what was the Executive staff level before talking with the field. This too impeded progress and only cultivated the us vs. the feeling.

With the new structure, programmatic staff is charged with dealing with the field staff directly. They work with the Assistant Director Community Services to keep her apprised of notices being sent, etc but they are responsible for working with the staff on programmatic issues.

This new change has brought both excitement and fear to the programmatic staff. They are excited to be able to bring about change in their respective areas but now that they are part of the bigger picture, are tasked with the transformation and are responsible for the decisions made for the Division there is some fear. In the past if things did not move forward the fingers were pointed at what was the Executive level staff – now they are that Executive level staff and it is frightening to some. The role change will bring more confidence to them and we are seeing such an impact of everyone knowing what is going on in each other's areas and how we can work more collectively together. The decision to include all programmatic staff in the executive staff will only strengthen us as an organization, allow us to be a formidable team and it allows professional development in all staff.

1) The Office of Director directly supervises the following executive staff and program managers: Assistant Director of Community Services, Chief Fiscal Officer of the Office of Finance and Administrative Support, Assistant Director of Office of Central Operations, Youth Services Manager, Adoption Managers, Planning Manager, Foster Care Manager, Mental Health Manager, and Policy and Training Manager.
2) 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.
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, Investigations and Child Protective Services and Vehicle Safety. This office is also responsible for the management of day-to-day operations for DCFS.
5) The Quality Assurance management is contracted with Hornby Zeller Associates Inc., and falls under the direction of the Division Director.

The Division's 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 authorizes 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

Service Descriptions: Status for FY2010

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

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

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

These services include a variety of services described below:

1) **Prevention/Support/: The Division primarily manages prevention/support through community based contracts, communication strategies, and opportunities for families to request voluntary or Supportive Services.**

2) **Child Protective Services: When an investigation is determined to be true, DCFS opens a protective service case and works with the child (ren) and family in the home or, if the abuse is severe, DCFS places the child in a safe and home-like setting. DCFS will also provide services to the child (ren) and family in order to support a continuous, safe and stable living environment, promote family autonomy, strengthen family like where possible, and promote the reunification of the child with the parent, guardian or custodian, when appropriate.**

3) **Foster Care Services: The Division cares for children who cannot remain in their biological/legal parents' homes by locating temporary placements in least restrictive environments. Usually approved foster homes. These children, who are usually removed from their families due to alleged abuse or neglect, are cared for while biological families complete the steps put into place by the courts to bring their children home. Plans are immediately put in place for the children, including reunification with biological parents, placement with relatives or significant people in their lives, adoption, or other permanent living arrangements. Permanency is paramount to these plans. The Division works with the families to offer all services in conjunction with court orders in order to reunify the family and place the child back in their home.**

4) **Transitional and Independent Living Services (direct service): - Each child in DHS/DCFS custody, age fourteen or older, in care for 30 days or more shall be provided with opportunities for instruction for development of basic life skills. Each child, beginning at 14 but no later than age sixteen shall be assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood until age 18 or as competency is achieved in the assessment score (90% or above). Services identified in the assessment to help the child achieve independence will be provided directly by staff, foster parents or placement staff, through contract or through arrangement by staff**

   The Chafee Foster Care Independence Program provides service to youth in foster care that are often unavailable or unfunded through other program funds such as Title IV-E-Foster Care. Services provided those supports and services that will enhance the likely of a transition to a successful adulthood. CFCIP also serves those youth adopted after age 16 and will be expanded to youth entering the Subsidy Guardianship program when available. CFCIP also provides services to youth leaving care after age 18. The program coordinates age-appropriate life skills training and information for youth who are likely to remain in foster care until age 18 and others in our care, adoption or guardianship past age 16 until age 21. It assists with services and purchases that enable the youth to fulfill educational or training goals that may include high school graduation, post-secondary education, vocational training, tutoring etc. Further, employment is one of the areas of focus by this program, which could include Job Readiness classes, Resume preparation, Job Interview

skills, budgeting, banking, etc. Housing and how to maintain appropriate safe housing is another area of emphasis. Rental agreements, household maintenance, how to find an apartment and assistance are examples of services/classes offered. In the area of continuing Health, information pertaining to prevention, family planning, how to find a doctor, or other assistance and if necessary to individualize the training to specific youth needs – such as maintaining healthy life styles with diabetes. The program may assist youth that choose not to continue their education past high school to establish a residence, prepare for or find employment housing, etc. 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 reflects the Youth's plan with input according to his/her capacity.

5) **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 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 include:

- 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 service

Purchased Services Decision Making Process: Overview

The RFP is issued to seek proposals from qualified organizations to provide serves. 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**.**

Consultation and Involvement Stakeholders

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

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:

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

continue this collaboration in the future by ensuring that they are invited and participate in future Child and Family Services Reviews, 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.

- **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):** Prevention Support CPS Unit Program Manager serves as proxy for the DCFS Director. Membership of this committee consist of other DHHS agencies, the Dept. of Education, Parents, Provider Vendors, a Legislator, Dept. of Insurance, and a physician from Ark Children's Hospital.
- **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.

- **Local Community Mental Health Centers:** Uses 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:** CASSP 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.
- **Arkansas Mental Health Planning and Advisory Council (AMHPAC):** DCFS is a member of the Arkansas Mental Health Planning and Advisory Council. The purpose of the council shall be: to exchange information and develop, evaluate, and communicate ideas about mental health planning; to write and/or amend the federal Mental Health Services Block Grant plan for mental health services in the state; to advise Arkansas state government concerning proposed and adopted plans affecting mental health services provided or coordinate by the state and the services; to monitor, review, and evaluate the allocation and adequacy of mental health services and to advise the state concerning the need for quality services and programs; and to develop and take advocacy positions concerning legislation and regulations affecting mental health
- **Division of Youth Services (DYS):** This division has partnered and developed an Interagency Agreement that has been implemented to better serve and plan for permanency of youth in foster care that are committed to DYS. Executive level and management staff from both Division meet at least quarterly to discuss issues, concerns, and problem solve
- **Division of Adult and Aging Services-Adult Protective Services:** This is a "transitional task force" created to address youth who had been in care "aged out" of the youth programs into the adult arena but then became "lost in the system" or

dropped out of the system altogether. The task force included staff from Adult Protective Services, DBHS, DCFS, and DYS. A system of early identification was developed which outlined steps necessary to assure that youth likely to require adult services are identified and followed throughout this transition phase.

- **Division of Development Disabilities (DDS):** DCFS has partnered and building a stronger collaboration for referral, consultation, and communication with Developmental Disabilities Division.
- **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 CALL has become a permanent faith-based initiative by becoming a tax-exempt, 501 (c) 3 organizations. The CALL has created a county-based/statewide oversight model that has been replicated in 18 counties so far. There are several counties who are working to launch the CALL in their areas as well. The CALL has recruited over 400 foster, adoptive, and respite families for DCFS, some of which are opened/approved, and some of which are currently in the process of approval. The CALL is also working to launch "Roots and Wings", a mentoring program for older children in foster care. This is being piloted in Pulaski County (Area 6) where the CALL originated. Future plans also include creating a program to utilize churches as visitation centers, which includes training volunteers on how to supervise family visitations. The CALL's website is www.thecallinarkansas.org.**
- **Multi Disciplinary Teams (MDT):** The Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Department of Human Services and the Arkansas State Police have entered into an agreement in cooperation with law enforcement agencies, prosecuting attorneys, and other appropriate agencies and individuals to implement a coordinated multidisciplinary team (MDT) approach to intervention in reports involving severe maltreatment.

  The parties to this agreement are committed to a cooperative, multidisciplinary team approach to severe child maltreatment investigations.
- **AYDC Vision Teams-*Collaborative with Department of Workforce***: The purpose of this team is to ensure the future employability of at risk youth that are being served by various agencies. The committee is comprised of DCFS Community Support Staff, DYS and the Department of Workforce. Collaborative agencies within the state include DYS, DCFS, Workforce Investment, Job Corps, Dept. of Education, Behavioral Health, Arkansas Transitional Employment and Employment Security and other agencies are being recruited to provide additional input and to assist with the federally funded roll-out of a communications network and hierarchy that assists the involved agencies to meet the needs of the youth we serve. The network, when in place all the way to the grass roots level should provide a structure for service agencies to identify youth in need of services, available services, service gaps, service overlaps, available funding sources, manpower commitments, shared responsibilities, local, regional and statewide

links and many other ways of sharing information and resources to assist youth to get information, assistance and training to get them employed and integrated into the mainstream of jobs and industries currently in the state and those evolving in the next ten years.

- **DCFS Advisory Board:** Advises DCFS on policies, management, planning, use of resources, and service delivery. The DCFS Advisory Board will: reflect on the interest of the citizens of the State of Arkansas , especially Arkansas children and their families; reflect the demographic of the State of Arkansas (i.e. will reflect the geographic, racial, and cultural diversity of the state); ensure the organization's policies and performance uphold to the public interest; include consumers of DCFS services, and serve as the link between DCFS and the public (i.e. will serve as a source of information and communication both ways

- **Youth Advisory Board: 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. Youth representatives are involved in planning and policy and program development including community based development within DCFS, along with our implementation of any component that impacts or could impact the likely outcomes of youth leaving care. These youth receive Board Training from DCFS training partners as well as National Resource Center for Youth Development. These youth are engaged as partners in program improvement plans and fully communicate with DCFS Executive Staff on a regular basis with recommendations for improvement. The YAB is a valued and involved stakeholder with the agency's efforts to promote and provide the best supports and opportunities for youth in transition from foster care to adulthood.**

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

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

- **The Arkansas Early Childhood Comprehensive Systems (AECCS) is administered by the DCC/ECE in partnership with the Arkansas Department of Health (ADH) to "increase the health and well being of Arkansas's young children and their families by creating a comprehensive and coordinated early childhood system that will maximize existing early childhood investments, address critical needs and assure that children in Arkansas are healthy and ready to learn by the time they enter school." The DCFS Policy and Professional Development Administrator serves as a DCFS representative in this partnership.**

- **System of Care (SOC)**
  In 2007, Act 1593, established the principles of a System of Care for behavioral health care services for children and youth as the public policy of the state." The Act created a governor-appointed Children's Behavioral Health Care Commission, to advise DHS on development of a System of Care in Arkansas. The Commission, DHS leadership, and new System of Care staff are working to fulfill ACT 1593 requirements to:1) Ensure that children, youth and their families are full partners in all aspects of the system of care; 2) Revise Medicaid rules and regulations to increase quality, accountability and appropriateness of Medicaid reimbursed behavioral health care services; 3) Define a standardized screening and assessment process designed to provide early identification of conditions that require behavioral health care services; and 4) Develop an outcomes-based data system to support an improved system of tracking, accountability and decision-making. The initiative has strong support from Governor Mike Beebe and First Lady Ginger Beebe. DCFS Executive Staff and the SOC Team meet twice a month to discuss common issues and align policies and practices in an effort to better serve our children and youth.

- **Title V Children with Special Health Care Needs**
  The DHS Developmental Disabilities Services, or DDS) Children's Medical Services utilizes Title V Children with Special Health Care Needs Block Grant funds to employ registered nurses, social workers and clerical support in 22 offices throughout Arkansas. Staff provides case management assistance through home visiting and telephone communication with families, serve as advocates for children with chronic medical conditions; refer for assistance from other programs and agencies; purchase medical services for eligible children who are not covered by Medicaid; and, when funding allows, purchase items or services for Medicaid recipients that are not covered by the Medicaid state plan.

- **Assuring Better Child Health Development (ABCD) III: AR LINKS**
  Arkansas was one of five states selected to participate in National Academy of State Health Policy's (NASHP) Assuring Better Child Health Development

project. The Arkansas specific ABCD III project is entitled, Arkansas AR LINKS (Arkansas Linkages Improve Networks and Knowledge of Services). The goal of AR LINKS is to improve the state's ability to support quality, efficient linkages and services for healthy child development and build lasting policy and practice improvements. The DCFS Policy and Professional Development Administrator sits on the AR LINKS Core Team. AR LINKS objectives include but are not limited to:

1) **Continue to promote the use of standardized tools (ASQ and Modified Checklist for Autism in Toddlers or M-CHAT) for developmental screening as part of EPSDT.**
2) **Improve feedback from service providers to PCPs, which will lead to system improvements to help prevent children from falling through the cracks between health care providers, early intervention, and early care/education programs.**
3) **Make the referral process easier for PCPs, addressing practice and system improvements.**
4) **Develop a communication plan to educate parents and physicians on auxiliary services/ resources/ support.**
5) **Support efforts to improve the quality of developmental assessments and increase provider comfort in treating children with developmental disabilities.**

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.

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 approved effective July 1, 2009.

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 achieve in 71% of the cases reviewed

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Status: Not in Substantial Conformity

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

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

1) Develop and Implement a Sustainable Practice Model to ensure consistent and appropriate services are provided to children and families that lead to positive outcomes
2) Establish a System for Effective Communication, Professional Development, and Organizational change to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency, and well being for all children and youth

3) Build Arkansas Service Array to have available, appropriated, and accessible services to children and families based on their identified needs
4) Develop an Effective Quality Assurance and practice improvement process to ensure the consistency of quality practice and the flexibility to improve based on the data gathered through our Quality Assurance processes

Program Strategy Plan

Goals and Objectives

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.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Design a practice model change strategy	9/30/09	a) Outline for casework process completed-Flow chart of child journey through AR DCFS b) Meeting map strategy implemented and ongoing tool to track meeting opportunities c) Continuing to engage internal and external stakeholders	

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.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Convene PIP Practice Model Workgroup	3/30/10	The advisory board has been serving as stakeholder group. The practice model framework is developed which includes goals and principles.	
Implement strategy for Information Sessions to gather information and create ownership	6/30/10	The practice model consultation and tools were developed so that DCFS could begin the messaging and feedback process for development of practice model. Beginning July1,2009 and continuing to present time consultations in field were conducted to gather feedback to develop practice model framework and continue to educate and develop leadership of Area Directors and Supervisors during meeting, case reviews, and consultations	
Review Protocol for CACD/DCFS/LLE relationships	6/30/10	CPS manager and field stakeholders reviewed the roles and responsibilities of each position and discussed needed change. DCFS reviewed the CACD agreement and shared practice model. Executive staff meets monthly with CACD to discuss and problem solve issues of conflict related to policy and practice. Reviewed protocol and tools and guides used for assessing safety and risk and change as needed	
Integrate NGA plan into Practice Model	6/30/10	This plan was reviewed and cross walked with the PIP so that we were operating from one primary plan.	
Transform training partnership and professional development approach	6/30/10	Intake of review and discussion of roles of training partnering with field staff and supervisory staff. Completed overview of CORE and began integrating practice model language into curriculum until review of curriculum takes place. Overview of OJT was conducted with no changes made. (This included Field Instruction/Mentoring manual)	

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

		and investigators.	
Develop strategy for phase in sites for staged implementation and sustainability of practice model statewide	6/30/10	The written criteria for startup was developed and two counties identified (Saline and St. Francis) snapshot of each county developed to support decisions and initial planning development. Expansion criteria developed.	
Implement revised casework process designed strategically for Prevention/Support Services	6/30/10	Integrated practice model language in field and central office staff. Each area develops practices; implement plans to address ANI from COR, metaanalysis, and QSPR results. As different skill needs are identified, coordinate with PDU to determine training needs and scheduled training. We identified cases and analyzed the data on children entering and leaving care 30, 60, 90 days.	
Implement revised casework process designed strategically to improve investigation and safety of children	6/30/10	Revised functionals to include behavioral elements and practice model language conducted SDM; and have reviewed current assessment tools and instrument for effectiveness.	

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.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/10	Clarified and added behavioral and practice model language to functional job description met and trained on investigation expectations with supervisors and conducted SDM training. HZA review cases and each area developed plan for closing overdue investigations.	
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/10	Clarified and added behavioral and practice model language to functional job responses. Each area has a PIP that addresses the outcome of QSPR and Metaanalysis. Each area Director reports monthly progress and challenges. As skill needs are identified, training is considered.	
Provide safe and permanent adoptions for all children needing adoption as their best permanency option	6/30/10	Clarified and added behavioral and practice model language to functional. Previous to the creation of this Flow Chart, there was not one and Adoptions were handled differently in the 10 different Areas. This Flow Chart was an attempt to ensure adoptions were handled the same statewide and that adoptive applicants would receive the same level of service no matter what part of the state they lived in. This chart will change when DCFS makes a decision and sets a timeline for changes to the home study process. Adoption staff were given information on SAFE (Structured Analysis Family Evaluation) and all foster and adoptive home studies will be conducted by Mid-South. The Adoption Field Staff are excited about the prospect of this new study process. Adoption provides monthly training to adoption staff to clarify expectations. Adoption manager works closely with adoption staff to identify systemic barriers to finalization and has developed monitoring tools, enhancing the	

		supportive role of adoption coalition.	
Implement revised casework process designed strategically for Youth Services including National Youth Transitional Database	6/30/10	DCFS has identified and developed partnership with key stakeholders such as housing, education, workforce, a planning meeting was conducted and plan outlined to develop foundation for program. List of positive outcomes to expect provided DCFS had identified barriers to youth and transitional services so that we can problem solve. DCFS has provided transition service definitions to ensure consistency. DCFS has developed CHRIS scopes for NYTD elements and overall youth survey. DCFS has had youth leadership conferences led by youth. DCFS conducted training for internal and external stakeholders.	
Develop an ongoing process for ensuring the Quality Services peer review process aligns with the practice model and federal requirements	6/30/10	The QSPR unit (part of QA) is outsourced. The tools and skills of staff were assessed. The tools are in process of being enhanced. Staff was trained on tool and was taken through practice courses.	
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.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/10	Case reviews are conducted local, by QSPR, and by QA staff (Admin. Review and Metaanalysis) Arkansas continues to develop material and implement strategies discussed in document 67b, submitted 1st qtr. We continue to use e-mail, meeting map strategy, and phone conferences as our primary strategy to disseminate changes and other information. We continually provide the AR Practice Model Framework and recently developed a pamphlet as supporting material. Once the communication specialist is hired, communication will be strengthened.	

Strengthen the QA process	6/30/10	Finalized the Administrative Review process and methodology and conducted the review. We transitioned the licensures unit to the Division of Child Care and Early Childhood Division. They developed training guides for licensing visits. DCFS and DCCEC have been meeting to develop a partnership with clear roles and responsibilities. DCCEC have trained all their staff on licensing of Foster Homes. DCFS have developed functional job responsibilities for resource workers that clarify expectations. DCFS has a process in place for follow-up on non compliance	
Spec (identify data elements) Test, and train for Decision Support system	6/30/10	Several meetings have taken place with the personnel from UAMS, and the CHRIS Technical Staff. The P.A.C.E exams are going to be scanned into the CHRIS system, and the medical recommendations screen in the system is being modified to track medical outcomes from the recommendations made by medical personnel.	
Enhance the Quality Services Peer Review	6/30/10	The QSPR process now includes a coaching session in the 2nd part of year as follow up	

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.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Create an effective communication plan that reflects DCFS message	6/30/10	Communication plan developed and communication strategies training with Executive staff. The communication plan will include strategies to improve our messaging about the work of child welfare and reflect our practice model. This benchmark will not require ongoing reporting but will advise if stakeholders are added. The division is in process of hiring an extra help to develop the messages and tools needed and assist in developing strategies to meet varied audiences	
Continue to improve collaboration and communication between courts and DCFS to improve outcomes for children and families	6/30/10	The Director meets monthly with Ms. Tanner on legal practices and issues. Director spoke at children of court conference. She has one on one conversations with Judges as need arises. We are making progress with DNET which is data sharing.	
Implement training review in casework process to identify overall skill set	6/30/10	DCFS has revised functional to include behavioral and practice model language	
Design organizational strategies that will support and sustain the DCFS transformation process	6/30/10	Area Directors report monthly best practices and employee of month an approach with how we will assess and determine practice leaders develop DCFS receives technical assistance from Casey Family programs, NRCYD, NGA, and Children Defense Fund. DCFS personnel have been identified as practice leaders and represent all ten geographical areas of the state. Although these personnel are identified in monthly reports at "Employee of the Month," their performance has in fact been evaluated over a lengthily period of time. Many	

		have also been identified for demonstrating "best practices" by their Area Directors, County Supervisors, and in several instances, by providers. The majority of them have been performing as both formal and informal leaders for quite some time; however, the division did not adopt a formal recognition program for top performers until November of 2009. Whether they are caseworkers, investigators, resource workers, supervisors or managers, and support personnel, these personnel have demonstrated their willingness to change the child welfare system in Arkansas, and support the principles and philosophies of our new practice model.	
Enhance worker recruitment strategies for effective recruitment within DCFS	6/30/10	DCFS receives reports on worker and caseloads, turnovers, exit interview, as well as statewide trends. Director analyzes all data reports and trends when making decisions related to the assignment to the field.	

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

Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Conduct Overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	6/30/10	The meeting map strategy is used to schedule meeting and educate on child welfare and practice model.	
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	6/30/10	After identifying report needs, they are being utilized to effectively strategize in recruitment/retention efforts. The "Current Foster Children by Latest Removal County and Placement County Summary" is used to identify the percentage of foster children who are placed outside of their originating county and area. This report allows a snapshot of the needs of each county and area, which aids in county-specific recruitment. Other reports used are the "Provider Placement Preference", which determines characteristics that foster homes will accept, the "Active, Available Foster Home" report shows current numbers of homes, and the "Monthly Count of Foster Children by Age" shows trends of the age of children in foster care by county and area, which determines the types of foster homes needed. The data and trends received from the reports were used in creating county-specific recruitment plans for each area. By analyzing the trends of characteristics of current children coming into foster care, along with looking at the characteristics currently accepted by foster homes, Resource Workers are able to create strategies to recruit foster homes to meet the needs of children in foster care. The report which shows monthly foster home closures is analyzed monthly, with contact being made to ensure best practice with these homes. This aids in retention of foster homes. Using the Current Foster Children by Latest Removal County and Placement County Summary" report allows Resource Workers to see	

		what percentages of children are being placed out of their originating county, which aids in recruitment efforts. These statistics are also used to create a sense of urgency within the community. The Recruitment/Retention Manager continues to work with Resource Workers regarding recruitment plans for county and area. Resource Workers submitted their draft plans for review. Unfortunately, several of the plans did not reflect the AR Practice Model or best practice. These plans seemed to use duplicate strategies for different counties, did not build on the strengths of the individual counties, and missed key community partners. A couple of the area plans were good in that they showed individual focus on each county's strengths and challenges, identified active community partners, and were tailored to the demographics of each county. After the plans referenced in 4.6 are finalized, existing data reports, and if necessary, custom data reports will be developed and utilized in the management and tracking of the recruitment and retention of foster homes. Both successful outcomes and deficiencies will be continuously communicated to members of the Executive Staff, Area Directors, County Supervisors, and Resource Workers in order to enhance communication for this critical tasking and improve the overall effectiveness of foster home recruitment and retention. These counties include Pulaski, Lonoke, Saline, Ouachita, Faulkner/Conway (acting as 1), Sharp/Izard/Fulton (acting as 1), Crittenden, Arkansas, Crawford/Sebastian (acting as 1), White, Johnson, Jefferson, and Cleburne. There are 3 counties that are working toward launching the C.A.L.L. but are not yet active. To date, over 400 foster, adoptive, and respite homes have been recruited and are either opened/approved or are in the process of approval by the C.A.L.L. Mentoring initiatives and Visitation Centers are projects also in the process of implementation by the C.A.L.L	
Develop a strategy for retention of	6/30/10	A written retention plan was developed and is being implemented. The Foster	

foster parents		Care website was created to further positive communication with current Foster Parents and allows easy access to information on all things Foster Care. This page is updated by the Foster Care Unit, maintained by the DCFS webmaster, and is used as a mechanism to direct prospective Foster Parents to for basic information, and keep current Foster parents informed of DCFS updates, changes, resources, and upcoming events. This website is kept current with information that will help further the cause of Foster Care and the AR Practice Model. Maintain a list of Foster Parent Associations and have a plan in place to expand and support Foster Parent Association. A recognition program has been developed that will be implemented this next year	
Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	6/30/10	Data reports have been developed to better determine trends and gaps. Adoption staff analyzes data and follow up as needed. Recruitment material has been developed and is utilized	

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

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.			
FIRST YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Develop training on how to access reports and understand the data including the analysis of the data	6/30/10	Access to reports is simple but ensuring reports provide information can use in challenging. We have many conversations and data is used. Require to report monthly progress. Challenges and what you are doing about them in monthly report. QSPR assist in monitoring	
Conduct annual surveys that collect information in regard to client satisfaction and needed improvements for quality and practice improvement	6/30/10	Surveys have been revised to reflect more strength based and practice model language	
Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Assess and continue staged practice model change strategy	6/30/11		
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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/11		

Continue information sessions to gather information and create ownership	6/30/11		
Continue Protocol for CACD/DCFS/LLE relationships and implement recommended change	6/30/11		
NGA plan activities are integrated into strategies of the practice Model development	6/30/11		
Transform training partnership and professional development approach	6/30/11		
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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Transform Foster/Adopt Parent Training	6/30/11		
Review and Revise Policy	6/30/11		
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	6/30/11		
Implement staged phase in of 2 counties/with identified practice model projects in other counties across state	6/30/11		

Implement revised casework process designed strategically for Prevention/Support Services	6/30/11		
Implement revised casework process designed strategically to improve investigation and safety of children	6/30/11		
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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/11		
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/11		
Provide safe and permanent adoptions for all children needing adoption as their best permanency option	6/30/11		
Implement revised casework process designed strategically for Youth Services	6/30/11		

including National Youth Transitional Database			
Process implements for peer reviews that align with practice model and federal requirements	6/30/11		
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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/11		
Evaluate and change the QA process to include strategies that are effective in appropriate identifying area needing improvement	6/30/11		
Spec (identify data elements) Test, and train for Decision Support system	6/30/11		
Enhance the Quality Services Peer Review	6/30/11		
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.			

SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Assess effective communication plan that reflects DCFS message	6/30/11		
Continue to improve collaboration and communication between courts and DCFS for better outcomes for children and families	6/30/11		
Continue training review in casework process to identify overall skill set	6/30/11		
Design organizational strategies that will support and sustain the DCFS transformation process	6/30/11		
Assess and develop new worker recruitment strategies within DCFS	6/30/11		
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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Develop strategies for Retention of workers at all levels within DCFS	6/30/11		
Goal: Establish an ongoing process that identifies services gaps and implements			

resource development at the state and local level to address those identified gaps.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	6/30/11		
Complete statewide assessment of contracted, purchased, and free services for children and families and develop strategies for improving performance indicators that lead to improved services	6/30/11		
Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Conduct overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	6/30/11		
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	6/30/11		

Assess and enhance strategies for retention of foster parents	6/30/11		
Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	6/30/11		
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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Continue to develop improvement plan for the Quality Assurance of the QSPR process; Assess and review plan developed as implemented	6/30/11		
Feedback for practice improvements and service development	6/30/11		
Consolidate existing data reports to improve accessibility of effective management of data	6/30/11		
Begin to develop strategies to revise the process and request enhancement to align CHRIS with practice model	6/30/11		

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.			
SECOND YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROGRESS**	**REVISION NEEDED**
Develop training on how to access reports and understand the data including the analysis of the data from 1st year	6/30/11		
Conduct annual surveys and align with practice model that collect information in regard to client satisfaction and needed improvements for quality and practice improvement	6/30/11		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Assess and continue staged practice model change strategy	6/30/12		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Continue to convene PIP Practice Model Workgroup	6/30/12		

(Advisory Board)			
Continue information sessions to gather information and create ownership	6/30/12		
Evaluate working relationship statewide and strategize for improvement	6/30/12		
Shift in the number of children entering foster care and increase in the number of children being supported in their own homes	6/30/12		
Training partnership is repositioned and providing effective support to field	6/30/12		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Effective Training that focus on parenting children in foster care	6/30/12		
Continue analysis of policy	6/30/12		
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	6/30/12		
Implement staged phase in of 4 counties/with identified practice model projects in	6/30/12		

other counties across state			
Implement revised casework process for prevention support	6/30/12		
Improved assessment of families & support to prevent removal & keep children safely in own home	6/30/12		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Improved assessment of families needs and access to services to safely maintain children in their own home	6/30/12		
Improved assessment of families needs and access to services to safely maintain children in their own home	6/30/12		
Timely and appropriate match for children in adoptive families	6/30/12		
Established casework process for youth in foster care and ways of measuring success when transition to adulthood	6/30/12		
Continue QSPR process that aligns	6/30/12		

with practice model developed and implemented			
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Continue to evaluate case progress and make improvements through the development of quality improvement strategies	6/30/12		
Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement	6/30/12		
Dashboard accessible for data management	6/30/12		
Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	6/30/12		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**

Continue message consistent with practice model	6/30/12		
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/12		
New training curriculum and skill based training is developed and implements from 1st year review	6/30/12		
Integrate at priority level 1 strategies that support and will sustain the DCFS transformation process	6/30/12		
Annual activities for recognition of worker and decreased turnover	6/30/12		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Implement strategies for retention of workers at all levels of DCFS	6/30/12		
Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			

THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
Data reports available to accurately identify resources in local communities	6/30/12		
Develop and Implements new strategies to improve the contracts and purchased services based on statewide assessment results and recommendations	6/30/12		
Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Services developed to meet the individualized based on accurate data reports for families within the local community	6/30/12		
Experienced resource family homes to meet the individualized needs of children entering out of home placement	6/30/12		
Specialized foster families with experience to meet the individualized needs of children entering foster care	6/30/12		
Available Adoptive Homes to match all needs of children waiting	6/30/12		

adoptive placement and decrease in disruption of adoptions			
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
QA of the QSPR is integrated into the current system to align with the Practice model	6/30/12		
Assess data reports and feedback on accuracy and develop strategies to improve practice with families	6/30/12		
Accurate data management reports for managers and supervisors to focus on items and practices to improve	6/30/12		
Prioritize and complete when possible due to fiscal capacity CHRIS enhancements necessary for practice model alignment	6/30/12		
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.			
THIRD YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**

Continue to train and develop skills of new staff and develop refresher courses for experienced staff	6/30/12		
Surveys conducted are utilized to improve practices and processes within the practice model implementation	6/30/12		
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.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Assess status of each County practice model	6/30/13		
Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/13		
Continue information sessions to gather feedback of practice model implementation	6/30/13		
Continue strengthening CACD/DCFS/LLE relationships	6/30/13		
Continuing shift in	6/30/13		

the number of children entering foster care and increase in the number of children being supported in their own homes			
Training partnership is repositioned and providing effective support to field	6/30/13		
Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Improved well being of children and support and retention	6/30/13		
Continue analysis of policy	6/30/13		
Working relationship that are effective and ensure safety of children	6/30/13		
Phase in of practice model across the state at varying levels dependent on capacity	6/30/13		
Statewide revised casework process with increased ability and practice in prevention support activities	6/30/13		
Improved risk assessments and planning for safely keeping children in own home	6/30/13		

Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Improved assessment of families needs and access to services to safely maintain children in their own home	6/30/13		
Improved assessment of families needs and access to services to safely maintain children in their own home	6/30/13		
Timely and appropriate match for children in adoptive families	6/30/13		
Continue to improve casework process for youth in foster care and ways of measuring success when transition to adulthood	6/30/13		
Improved practice statewide are reflected in the QSPR results	6/30/13		

Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Continue to evaluate case progress and make improvements	6/30/13		

through the development of quality improvement strategies			
Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model	6/30/13		
Dashboard accessible for data management	6/30/13		
Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	6/30/13		
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.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Effective messaging for community and stakeholders understanding of DCFS role	6/30/13		
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/13		
New training curriculum and	6/30/13		

skill based training is developed and implements from 2nd year review			
Integrate at priority level 2 strategies that support and will sustain the DCFS transformation process	6/30/13		
Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover	6/30/13		
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.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Continue to implement and assess and evaluate effectiveness of retention strategies and change as needed	6/30/13		
Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Data reports available to accurately identify resources in local communities	6/30/13		
Continue to implement strategies and	6/30/13		

assess effectiveness of changes made to improve contracts and purchased services for children and families to achieve better outcomes			
Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Services developed to meet the individualized based on accurate data reports for families within the local community	6/30/13		
Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth	6/30/13		
Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families	6/30/13		
Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	6/30/13		
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.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Continue to assess and make needed changes to ensure the QSPR process remains aligned with the practice model	6/30/13		
Assess data reports and feedback on accuracy and develop strategies to improve practice with families	6/30/13		
Accurate data management reports for managers and supervisors to focus on items and practices to improve	6/30/13		
Prioritize and complete when possible due to fiscal capacity CHRIS enhancements necessary for practice model alignment	6/30/13		
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.			
FOURTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Align process of training on how to access reports and understand the data including the	6/30/13		

analysis of data with the training system			
Survey results are utilized to make changes in practices and integrates within the QSPR process for continuous quality improvement and customer satisfaction	6/30/13		
Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Practice model change strategy implemented statewide	6/30/14		
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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Report out progress over the last 4 years	6/30/14		
Assess and gather feedback from practice model implementation	6/30/14		
Overall statewide good working relationships with CACD/DCFS/LLE statewide	6/30/14		
Appropriate children are entering the foster	6/30/14		

care system and increased number of children are able to remain in their own homes with appropriate services and supports with positive outcomes			
Evaluate training partnership and professional development	6/30/14		
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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Improved well being and stability of children in foster care	6/30/14		
Policy supports and is user friendly	6/30/14		
Working relationship that are effective and ensure safety of children	6/30/14		
Continuing to build practice model statewide with improved outcomes for children and families	6/30/14		
Improved outcomes for children and families; decreased removal from home	6/30/14		
Children are able to remain home	6/30/14		

with appropriate plans for safety decreasing the number of children entering foster care			
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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Improved assessment of families needs and access to services to safely maintain children in their own home	6/30/14		
Improved assessment of families needs and access to services to safely maintain children in their own home	6/30/14		
Timely & appropriate match for children in adoptive families & decreased adoptive disruptions	6/30/14		
Improved outcomes for youth in foster care	6/30/14		
Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families	6/30/14		

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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
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	6/30/14		
Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model	6/30/14		
Dashboard accessible for data management	6/30/14		
QSPR process in place that aligns with Arkansas Practice model and state and federal regulations and is strong in inter-reliability and validity	6/30/14		
Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Effective messaging for community and	6/30/14		

stakeholders understanding of DCFS role			
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/14		
Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to)	6/30/14		
Organization has supports and strategies in place to sustain the DCFS transformation process	6/30/14		
Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover	6/30/14		
Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Varied strategies on statewide level for recognition and	6/30/14		

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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Data reports available to accurately identify resources in local communities	6/30/14		
Appropriate, Available, and Accessible and Quality services are available to children and family services to achieve positive outcomes	6/30/14		
Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Accessible, available and quality services to meet the needs of families at the local level	6/30/14		
Improved stability of placement and decrease in sibling separation and decrease in the utilization of group	6/30/14		

home living for older youth and reassess strategies			
Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring	6/30/14		
Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	6/30/14		
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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Effective QA process in place that includes various strategies	6/30/14		
Assess data reports and feedback on accuracy and develop strategies to improve practice with families	6/30/14		
Accurate data	6/30/14		

management reports for managers and supervisors to focus on items and practices to improve			
Continue to prioritize and complete CHRIS enhancement when possible due to fiscal capacity to further alignment with practice model	6/30/14		
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.			
FIFTH YEAR	**TARGET DATE**	**STATUS ACCOMPLISHMENT/PROCESS**	**REVISION NEEDED**
Training system include training on how to access reports and understand the data including the analysis of the data	6/30/14		
Survey results are utilized to make changes in practices and integrates within the QSPR process for continuous quality improvement and customer satisfaction	6/30/14		

Summary Update

The Arkansas child and family service strategy plan mirrors the goals and benchmarks of the Program Improvement Plan.

Arkansas embraced the CSFR process by internalizing key learning from the statewide Assessment and onsite review.

The implementation of the PIP which was approved July 1, 2009 initials an effort to transform our child welfare system.

The first year activities focus on strengths of the system and building on these as well as strategizing to impact or influence changes where we know the work is ineffective.

Arkansas developed a Practice Model framework with goals and principle as well as outlining a child journey through the process to identify strength and gaps. As we moved forward with communication and development a shift in decision making consideration, these items would be our guiding references.

The Division has several active workgroups that focus in at specifies time as development of best practices; shift practices; develops changes in programs and policies take place.

Information sessions were conducted statewide to inform development of practice model framework with follow up steps of three CCC training (practice model training-Care Commit Connect) for supervisors and frontline staff.

A part of the process was reviewing the agreement of CACD and aligns with our practice model and develops opportunities to conduct joint training to strengthen partnership.

One joint training occurred in 4th quarter in form of Structured Decision making a (SDM).

The state was selected to participate in the National Governor Association (NGA) initiative to decrease the number of children entering foster by 2012. All the NGA strategies are integrated into our PIP with long term planning strategies and outcomes reflected in our year plan.

Another key strategy in transforming our system was related to transforming or training partnership and professional development approach. Arkansas had has and continues to have a strong partnership with our University partners with the focus being on new employee mentorship and follow up. There has been some opportunity to provide advanced practice but not necessarily focused. We are strengthening this partnership by co-facilitating training workshops and shifting our approach to engaging and supporting supervisors. We hope to impact the value, consistency, and critical role supervisors have in transforming practice and hope that this strengthens the support system for supervisors.

As a part of our practice model development we are reviewing our approach to foster/adopt process and have integrated to one process, review training and shifting to a

more permanency focus as well as pursuing the SAFE Home Study for all placements provides. This will assist on quality and consistent home studies for prospective foster and adoptive homes.

All programs from Prevention to Permanency have PIP strategies and workgroups that are evaluating the effectiveness of program, review of policy, rewrite development of practice guides, partnering w/ professional development unit to determine approach to training as well as follow up needed for account ability. All program managers are communicating and developing a working relationship with area directors to better ensure they have appropriated identify needs and analyzed data.

Arkansas has revised the QSPR process which is further explained in the QA section.

The meeting map strategy is an integral to the development, implementation and sustainability of the practice model. This strategy is about integrating meetings conducted around the state that require the same stakeholders at each meeting. This strategy allows internal stakeholders access to various meetings already scheduled and either request an invite to attend or place on the agenda to share information and educate the audience about child welfare and influence the priorities of the group.

This strategy meets several priorities which include: time management; educating stakeholders about child welfare; engaging them to become a part of the solution; and begins to build sustainable community partnerships.

This strategy will be utilized for non client specific and "high level meeting and events" at all levels within the Division. No other reporting period will be necessary except for periodic updates.

Service Array Assessment Process

The Service Array Committee has initiated a process for assessing and disseminating information for local services to children and families. To target of the assessment is the county level and includes both formal and informal services. Data collection is being carried out with the use of an extensive services survey, which is sent to service providers and stakeholders located in each county. The survey is delivered on line, though both email and phone contacts are made to encourage participation, also to answer technical questions.

The survey has four sections. The first section consists of a set of questions relating to formal services. Each service is rated on both need and availability. The second section focuses on informal services. The participant is asked to rate the availability of services that are often delivered informally within the county. The third section asks the rater to choose the top three service needs in the county. And the fourth section inquires about the survey takers relationship to the service delivery system and their knowledge of the systems.

Currently four counties have been surveyed and an additional four are about to be surveyed. As information is received it is loaded into a database and disseminated via a web portal. The web portal is currently under construction, though users can currently access survey results via a number of charts available online. When completed the portal will provide a number of interactive tools to assist in ongoing assessment of the service array and closing service gaps. Currently data is displayed in charts, the graphic below shows a section of a chart comparing the perceived county service needs with the county service availability.

Description of Services and Training (CAPTA and Prevention Support)

- **The Fatherhood Initiative is a component of the Family Resource Centers. Six additional initiatives were added during this reporting period. There are now nine (9) fatherhood programs. This program provides resources and services to fathers to help them develop meaningful relationships with their children, obtain employment, and contribute to the support of their families. A total of 102 fathers and 252 children were served through this initiative. This program will continue.**
- **The agency partnered with the Family Resource Centers to provide parenting education training as well as providing service to their community. The Family Resource Center services are community based and family focused directed toward prevention, intervention and alleviation of community identified problems. Services include but are not limited to, family support, employment services and community outreach services. Demographics from July 1, 2009 through June 30, 2010 revealed 7233 children and 9,494 families received services through the Family Resource Centers. The Family Resource Centers are required to attend yearly training. This program will continue.**
- **Contracted Language Interpreter services provided statewide for county staff with families who are not proficient in English. Interpretation and telephone services were provided 24 hours a day, seven days a week. This service assists staff in the translation of documents and provides an avenue by which family service workers are able to communicate with Non-English speaking families. Translation services were provided last fiscal year for the first time for legal documents, as well as some of DCFS policies. There are no planned changes to this service.**
- **Contractual agreements with the Family Treatment Program provided opportunities for parents and caregivers of sexually abused children to receive treatment services. Participants receive an assessment, a diagnostic interview, a psychiatric review and individual and or group psychotherapy. Services were offered state wide and there are no planned changes to this program.**
- **The Human Service Workers in the Schools is a partnership between DCFS and school districts across the state. The Human Service Workers work collaboratively with DCFS to deliver services meeting the Division's philosophy of protecting and preserving children. Human Service Workers in the Schools provided services including, but not limited to problem solving, home visits, transportation, parent training activities and supportive service referrals. Child abuse prevention materials and promotional items were distributed to the Human Service Workers in**

an effort to promote child abuse and neglect prevention in schools across the state. The Human Service Workers in the Schools provided services to a total of 19,582 children. Because of the large number of persons served, it is very important that this group receive yearly training and updates on child maltreatment, the laws and current trends. This program will continue.

- **Intensive Family Services (IFS) was modified to become more prevention focused. An RFP was issued this past fiscal year and received respondents for the first time to cover all 75 Arkansas counties. DCFS sponsored a 2 day training facilitated by the Family Preservation Services Network for all state fiscal year 2011 contract IFS providers. Contractors were trained on referral, assessment, case planning, reducing risk, closing cases and practice with the North Carolina Family Assessment Scale – G + R assessment tool as well as development of case plan using the tool. DCFS Contract providers will use an evidence based assessment tool both pre and post test with families receiving services. Clients receiving IFS will receive wraparound services.**

- **Performance Indicators for Counseling Services were amended to be more family focused and friendly. Counseling Services will now be flexible and offered during times that will not interfere with the family's work and or school schedule.**

- **DCFS maintains an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to "Baby Doe" reports. The Division has a policy that outlines procedures to be taken in the event a "Baby Doe" report is received. DCFS did not receive any "Baby Doe" reports during this reporting period. "Baby Doe" services are provided statewide.**

<u>During the past year, the activities for CAPTA are listed below:</u>

- **DCFS Social Service Aides were trained and certified through Mid-South in Parenting Education.**

- **The agency distributed child abuse materials and promotional items including telephone magnets, two sided book markers, pens, brochures, etc. in an effort to educate the community. Throughout the year, DCFs receives request for child abuse materials from the Family Resource Centers, Human Service Workers in the Schools, Arkansas State Police, Field Staff, community agencies, schools and medical facilities. County offices and the Human Service workers in the Schools held community awareness events in collaboration with members of the community.**

- **A prevention website and PSA billboards were developed during last fiscal year to target the reduction and awareness of child abuse and neglect. The prevention website www.arstopchildabuse.org received 2,820 hits. The PSA billboards were located in ten (10) locations around the state.**

- **Developed and facilitate training protocols for individuals mandated to report child abuse and or neglect. This service was provided to the Human Service Worker in the Schools and the Family Resource Centers.**

- **The Human Service Workers in the Schools provided one on one parenting classes and home visits for pregnant and single teen mothers. Services were provided to one hundred-six (106 teens compared to sixty-three (63) last fiscal year.**
- **Parent Support Groups, where parents worked together to strengthen their families and build social networks was formed. There were three (3) groups formed through the Family Resource Centers in collaboration with community partners. Additional support groups are needed.**

Outline of Activities for FY 2011

- **DCFS will purchase PSA billboards and maintain the prevention website to continue to target the reduction of child abuse and community awareness of the problem.**
- **Parent Support Groups through the Family Resource Centers in collaboration with community partners will continue.**
- **The Human Service Worker in the Schools will continue to provide home visitation and parenting classes to pregnant and teen moms.**
- **DCFS will purchase promotional items and prevention materials to target the reduction of child abuse and community awareness on the importance of prevention. These materials will also continue to be distributed to the Human Service Workers and the Family Resource Centers to raise the community's knowledge of the need to protect children.**
- **Mandated training will be required of both the Human Service Worker in the Schools and the Family Resource Centers.**
- **Contract providers, community stakeholders and staff will be provided training and education on DCFS Program Improvement Plan.**
- **DCFS Social Service Aides were trained and certified through Mid-South in Parenting Education.**
- **Additional parenting training resources will be made available to field staff for guidance in providing services to families.**

There were no changes to the Citizens Review Panels during the last state fiscal year.

- **CAPTA funded three (3) Citizens Review Panels operating in Jefferson, Carroll and Ouachita Counties. The panels are active and work diligently to evaluate child protective services. The citizens Review Panel Coordinators serve as Multi-disciplinary (MDT) Coordinators. MDT's are located in counties in which the Citizen Review Panels are located. The Panels play a very important role in the success of this initiative. Some of the responsibilities of the Panel include: convening meetings of the MDT; ensuring agreements of confidentiality are signed by members; coordinating information on all Hotline calls that meet the protocol for**

review by the MDT; reviewing information on pending child maltreatment investigations; making recommendations for services on each investigation reviewed at the MDT meeting and submitting to DCFS within seven days of the MDT meeting.

Program Areas Selected for Improvement

- **Parenting - Increase the number of Parenting Support groups around the state.**
- **Citizen Review Panel - Request for 2 additional Citizen Review Panel (DCFS areas 6 and 9)**
- **Add an additional program for services for parents and caregivers of sexually abused children to receive treatment services in the Northwest part of the state.**

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

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 agency continues in the belief that engaging birth families directly relate to outcomes for children, in year one, slower progress is noted. DCFS strongly urges case workers to work with birth families to achieve positive outcomes. In year two, the agency will begin working to take the necessary steps to infuse engagement of birth families into best practice. The agency will gather information from birth families to use in trainings developed for field staff.**

The triangle of support (birth parent, foster parent and caseworker) for children in out-of-home care is one of the most important relationship dynamics that can evolve in the process of ensuring child safety, permanence and well-being. 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 obtain 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.

The agency has been diligently working to create the teamwork atmosphere of the triangle of support. While documentation of successful birth parent and foster parent relationships has not begun, dialogue regarding working together to provide permanency is in full swing. Toward the end of year one, the agency, along with guidance from Casey Family Programs, launched Permanency Round Tables. The PRT's piloted in Area 6 and included Values Training, workshops, and case mining with a team approach.

The second location of PRT's (Area 2) continued this trend, with other scheduled PRT's around the state. Review of Foster/Adopt Pride curriculum has begun, but has been less of a focus. With the newly hired Foster Parent Recruitment/Retention Manager, trainings have been conducted with Resource Workers on a variety of topics including Customer Service, Marketing, and Writing Recruitment Plans.

The agency continues to conduct exit interviews of foster homes closed the previous month, and contacting applicants who are "stuck in the process" has been added to see what can be done to move their progress along-therefore catching them on the front-end as well as the back-end. In year one, the agency located and updated local Foster Parent Associations. During year two, DCFS will move to engage them and partner with them to recruit and retain quality foster homes.

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.

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.

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.

1) 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. **Status: This strengthened with the implementation of Fostering Connections. The Practice Model placing children with relative whenever possible and new policy has been developed in regards to notification to relatives of children place in foster care.**

2) It is recommended DCFS staff should be instructed to obtain a comprehensive family history during the initial assessment process. **Status: Policy addresses this but the Practice Model will reemphasize this activity.**

3) It is recommended that 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. **Status: Developed form with necessary information.**

4) It is recommended that relatives who are or will become foster or adoptive parents should be assessed by licensing or adoption staff using the home study process. **Status: Policy provides guidance on approval of relative to be considered as provisional homes foster homes and adoptive homes.**

In year one, emphasis on relative placement has been an important focus. Encouraging field staff to work with relatives in the beginning of a case has increased the use of relatives for placement of children in foster care. This not only can influence the number of moves a child in foster care makes, but also sets the stage for stability and permanency with family. Although not all relatives are suitable placements, DCFS staff assesses the families to see which would be the best or appropriate placement.

Recommendation #3 – Implement Family Team Decision Making Meetings

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.

1) It is recommended that the division incorporate the Family Team Decision Making Meeting process into the new model of practice.
2) It is recommended 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.
3) It is recommended that 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.
4) It is recommended that a new placement not be authorized unless a Family Team Meeting has been held.

A. It is recommended that any and all costs associated with the implementation of this recommendation should be coordinated with the Chief Financial Officer, DCFS.

There was little progress in regards to this recommendation but it still part of Arkansas Plan.

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. 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 Directors, 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. **Status: See recruitment section.**

    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. **Status: Assessment as aligns with training plan.**

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. **Status: DCFS has hired a Recruitment Coordinator with marketing background who is developing a campaign to implement in year two (2).**

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 #5 – 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. It is recommended that DCFS hire a DDS liaison to assist with DDS applications and follow through.

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

Recommendation #6 – 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. **Status: Partnership Strengthening with System of Care personnel and referring families for Wrap Services.**

Health Care Oversight-There are no changes to our plans for July 2010 to June 30, 2011

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 establish
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) 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.

3) Back up consultation by a child psychiatrist through the Arkansas Division of Behavioral Health Services (DBHS).

An agreement has been reached with DBHS to provide consultation on policy, data analysis and case reviews, when concerning medication utilization are identified.

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.

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. **DCFS now receives weekly electronic reports from the Division of Medical Services (DMS) utilization management contractor. These reports identify foster children admitted to inpatient psychiatric facilities, for either acute or residential treatment. They also indicate if Medicaid has denied requests for**

continued stays at these facilities. These reports have resulted in increased monitoring and provision of technical assistance to the field regarding more appropriate discharge planning and placement.

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 charges 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 has been developed in the first year of the CFSP. This effort has involved 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.

  During the first year of the CFSP, DCFS worked in collaboration with the Division of Behavioral Health Services (DBHS) to provide a workshop at the statewide Foster Parent Training on psychotropic medications; utilization, side-effects, target symptoms, etc. In addition, the DCFS mental health specialist provided psychotropic medication training for all DCFS Health Resource workers in Arkansas schools. An ongoing process has been established and utilized in the first CFSP year for the DBHS Child Psychiatrist to provide case-specific consultation and recommendations when issues arise related to psychotropic medication utilization by foster children. DMS collaborates with DBHS in providing oversight and prior approval for certain psychotropic medication usage. When a request by a local physician is received by DBHS for consent to prescribe psychotropic medications that are outside of generally accepted practice, the DBHS psychiatrist

contacts the DCFS mental health specialist with any recommendations for follow-up.

- Development of guidelines for the process of Inter-Divisional 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.

  During the first year of CFSP, the Inter-Divisional Staffing process has grown in the number of children reviewed who have complex behavioral health issues and are being served by multiple systems. Systemic issues and barriers identified and addressed in this first year include communication processes being developed between DCFS and the Division of Youth Services regarding dual-custody children. This has resulting in improved plans for transitioning youth from DYS to community placements and increased collaboration, both formal and informal, between the two DHS Divisions. When possible, the youth and family members have been included in the staffing process, either in person or by teleconference. This practice will increase during the second year of the CFSP to provide youth and families more opportunities to be actively involved in the process of their case planning.

- 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.

  As a result of this policy change, eighty-three assessments of children under the age of ten years resulted in diversion from hospitalization from July 2009 through May 2010. There were a total of 149 emergency assessments during that time period.

These numbers may reflect duplicated number of children since the data that we receive is based on number of incidents. Continued training has occurred with DCFS field staff across the state regarding positive outcomes, including reducing trauma, if we are able to reduce the number of children and/or incidents of institutionalized psychiatric care.

- 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 in 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.

  Data indicates that one of the diagnoses associated most often with disrupted placements in Arkansas is Attention Deficit with Hyperactivity Disorder (ADHD). In May and June, DCFS obtained System of Care funds through DBHS to provide training for foster parents on managing children and youth with ADHD. Clinicians in all CMHC's throughout the state were trained in an evidence-based parent training curriculum. Approximately, 150 foster parents attended this training session with initial results indicating that foster parents that participated feel that they are better equipped to manage children with behavioral problems.

- 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 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.

DCFS is involved in the DHS System of Care initiative in all areas of the state. Over the past year, Community Care Councils have been developed across the state that oversees the implementation of wraparound planning for children with complex needs. DCFS is represented in all of the councils. These local multi-agency councils are developing new processes, services and supports that can benefit children that are involved in the DCFS system. The local SOC wraparound process has resulted in the prevention of several children/youth being placed into DCFS custody. Funds for non-traditional services and supports can be obtained through the wraparound process that were not previously available and can possibly better meet the needs of families, thereby possibly reducing the need to intervene by taking custody of children.

The need for improved Intensive Family Services statewide was identified in the first year of the CFSR and as a result, a Request for Proposals was published that included increased quality and data requirements. The primary focus of IFS will be prevention through necessary services and supports to stabilize family functioning, increasing the ability for children to remain with their families and in the community. DCFS will have thirteen providers of IFS statewide. This is the first time in more than ten years that DCFS has been able to obtain providers for every county.

DCFS now requires IFS providers to conduct a pre and post assessment for all clients, utilizing the North Carolina Family Assessment Scale (NCFAS), an evidence-based assessment that will measures family functioning in various domains. Providers will submit all data from the NCFAS to DCFS which will provide valid measurement of outcomes for IFS. Although data and outcomes were obtained previously, this new requirement provides improved monitoring of the quality and outcomes of IFS services on a statewide basis through evidence-based data.

Contract performance indicators require referral for SOC wraparound plans within ten days of beginning IFS services. Potential services and supports include positive behavior intervention and supports, mentoring services, tutoring services, natural supports family supports etc. The SOC values and processes are congruent with and support the DCFS Practice Model.

As a pilot, staff is being secured to work exclusively with the youth population at the state hospital that's in our care. A short term assessment of how to systemically integrate CFCIP services into the adolescent treatment units will occur – concluding

September 2010. At that time decisions will be made to determine the most effective way to incorporate the service into a sustainable part of AR Practice Model. This pilot will initiate skills classes, transitional team meetings, Transitional planning, and enhanced community communication and involvement with planning efforts.

Requirement of ACYF-CB-PI-10-10

The Division has developed the below policy to address the Patient Protective and Affordable Care Act required that the Health Care Oversight and Coordination Plan include "steps to ensure that the components of the transition plan development process requires under section 475(5)(H) that relate to the health care needs to children aging out of foster care, including the new requirements to include options foe health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under the State law and to provide the child with the option to execute such a document.

The policy that includes this information also includes: VIIIA-VIII-C1

The purpose of Transitional Youth Services (TYS) is to better prepare youth in out-of-home placement for successful transition to adulthood. The Division of Children and Family Services shall ensure that each youth in foster care who reaches age 14, or who enters foster care at or after age 14, shall be provided the opportunity to take an active role in planning for his or her future. Youth entering foster care between the ages of 14 and 18 will be immediately referred to the Transitional Youth Services (TYS) Coordinator.

The Division shall:

A. Provide the youth with the opportunity to be actively engaged in all case/client plans impacting his or her future, including, but not limited to a Transitional Plan and a Life Plan.
B. Empower the youth with information regarding all available services and options and provide the youth with the opportunity to participate in services tailored to his or her individual needs and designed to enhance his or her ability to acquire the skills necessary to successfully enter adulthood.
C. Assist the youth in developing and maintaining healthy relationships and life connections with nurturing adults who can be a resource and positive guiding influence in his or her life after leaving foster care.
D. Provide the youth with basic information and documentation regarding his or her biological family and personal history.
E. Provide the youth with information that relates to the health care needs of youth aging out of foster care, including options for health insurance after exiting care and the importance of designating another individual to make health care treatment decisions on behalf of the youth, if he or she becomes unable to participate in such decisions and does not have, or does not want, a relative who would otherwise be authorized to make such decisions; provide the youth with the option to execute a

health care power of attorney, health care proxy, or other similar document recognized under State law.

F. Inform the youth of his or her right to stay in care until age 21.

Each youth shall be given the opportunity to create a Transitional Plan which encompasses all the life skills, resources, and future-planning for the youth's successful transition into adult life. The Transitional Plan will be created with the support of the youth's Transitional Team. The Transitional Team will consist of adults whom the youth identifies as significant. Because APPLA is the least permanent goal for a youth, the case plan and Transitional Plan shall address life connections.

The Transitional Plan shall allow for client protection. If a youth is identified as legally impaired and likely to become endangered, the Transitional Plan shall include automatic referrals to Developmental Disabilities Services and/or Adult Protective Services as appropriate. For youth with significant mental health issues, the Transitional Plan shall consider appropriate referrals and applications for post-care services (e.g. adult SSI).

The youth and his or her attorney shall have the right to attend all staffings and to fully participate in the development of the Transitional Plan, to the extent that the youth is able to participate medically and developmentally.

Chafee Services

Each youth in DHS custody, age 14 or older, is eligible for Chafee services. All Chafee services are voluntary. Services provided are primarily education- and training-oriented and are intended to keep youth in school while they obtain life skills and participate in other life preparation activities and plans to promote a successful transition to adulthood.

Adoptions

Adoption is considered a number one issue on Arkansas' Practice Model implementation agenda. We intend to clarify the methodology we use to determine the number of children waiting for adoption by incorporating the Administrative Office of the Courts data into our CHRIS system to ensure all TPR's are entered for every available child. We are analyzing the work process so all staff understand and improve the process we use to recruit adoptive homes, get them approved, match waiting children with prospective adoptive parents, and organize all the administrative and practice pieces that need to be in place to finalize adoptions in a timely manner. This is a part of our changing practice that actually begins at the point of entry into foster care. We intend to increase the number of adoptions which may move forward in the areas of compliance, but at the same time, attending to the quality of adoptive practice to ensure permanent placements.

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

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

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. Completed

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. Completed

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. Ongoing

Foster Parent Recruitment and Retention

Efforts to increase and retain foster homes in the last year focused on implementing plans and efforts that were identified in previous years. At the end of SFY 2009, foster home recruitment was at 133% of compliance compared to 94% in SFY 2008. Resource Workers have been receiving training and tools to equip them in recruiting quality foster homes. Monthly meetings have included training on effective recruitment, building recruitment plans, and timely contact with potential foster homes. Each Resource Worker was given reports with data showing the needs of the counties that they are responsible for. This data included characteristics of children entering foster care and preferences shown by current foster parents. This showed them what types of homes that they needed to recruit. The Resource Worker Subcommittee continued to meet monthly to discuss and work on specific tasks, procedures, and practices relevant to foster home recruitment and retention.

By working directly with Resource Workers, they have learned and agree that Foster Parents are in fact volunteers and do view them as vital. While there is still an air of urgency to "find a bed" for a child, looking at what placement is best for a child is beginning to take hold as more homes open.

The county and area recruitment plans were designed to complement the statewide recruitment plan by being a more detailed version of that plan for each county and area statewide. Data has been a key element to creating and implementing these plans. A key piece of the recruitment plans has been identifying, engaging, and partnering with community groups to assist in foster home recruitment. Working with CASA, faith-based groups, Foster Parent Associations, etc. is imperative to recruit the number of homes needed for the types of children in foster care. DCFS cannot recruit them alone, and must work with these groups effectively. Word of mouth by "happy foster parents" is crucial to recruiting more quality homes. By showing appreciation and gratitude, these foster parents are coming forward to assist.

These partners have been identified, and are being contacted by Resource Workers across the state. One key in working with new recruitment ideas has been the hiring in January 2010 of the new Foster Parent Recruitment/Retention Manager. With a background in marketing, non-profits, and working with volunteers, she plays a major role in supporting the Resource Workers and other field staff in recruitment activities. The Manager has been meeting with Resource Workers and Area Directors monthly to train on Customer Service, Marketing 101, Effective Communication, etc. The Manager is currently designing a Foster Parent Recruitment campaign that will launch in late summer 2010. The CALL has expanded to 18 counties and has recruited over 400 foster, adoptive, and respite care homes that are either open or currently in the process of approval. Continuing this partnership will be crucial to reaching the faith-based community.

The Foster Parent recognition program continues to be "tweaked" and edited to be more effective. Recruiting Respite Care homes is an effective strategy not only to retain current foster homes, but also to introduce fostering to a population who might not start out as full time foster homes, but realize through the Respite Care experience that they can become full-fledge foster homes.

At the end of SFY 2009 there were 3,856 children in foster care in Arkansas, and there are currently 1,323 foster homes open. While the number of foster homes is on the rise, the ability to open more homes monthly than are closed remains a challenge. This year, the goal is to recruit more quality homes than the number closed monthly by monitoring the reasons for closure, contacting closed homes for quality control and lessons learned, and building upon the partnerships established in the community and with current foster homes to bring more families in.

In regards to recruitment of foster homes, careful consideration has been taken to identify the types of foster homes needed in each county and Area. While general recruitment is needed, targeted recruitment is needed as well. According to data reports, the largest groups of children in care are 0-5 yr olds, Caucasian, and more male than female. However, individual Area and county needs vary drastically. Resource Workers have utilized data reports to show what types of homes are needed versus the preferences of current foster homes. This identifies what specific homes that are needed. Recruitments have included awareness events during National Foster Care Month, speaking at community events, and other recruitment activities. Plans for recruitment include partnering with CASA to target recruitment in the neediest counties where the CASA group is stable with positive relationships with DCFS. A statewide recruitment campaign will also launch in the fall. Recruitments will include partnering with multiple community

groups to increase awareness and effectiveness. Recruiting quality foster homes is the number one priority.

Statewide Recruitment Plan

The AR Division of Children and Family Services' Statewide Recruitment/Retention Plan is a reflection of a team approach to recruiting and retaining quality Resource Families to provide temporary and long-term care to children in foster care.

In its simplest form, this plan provides represents the strategies to recruit and retain, goals created, outcomes expected, and team members/community partners involved. This statewide plan also creates the foundation and support for all County and Area Recruitment/Retention plans.

Resource Families provide a critical service to the children who enter foster care. Therefore the message must be consistent, persistent, and ongoing in order to reach the goals of overall public awareness, stability in placements, and the goal of children remaining in their own communities when brought into foster care.

Retention

Public Awareness

- Examples/Tools: Service recognition of the *volunteers* who are Resource Families publicly;
- Goals: To increase retention of Resource Families and increase longevity of their service.
- Outcome: Resource Families feel appreciated for their service to children in foster care, resulting in longevity of their service.
    - ✓ Measurability: Data reports indicating a decrease in the number of Resource Family homes closed each month.

Community Partnerships

- Examples/Tools: Forming relationships with those groups in the community who will team with DCFS to host retention activities for Resource Families.

- Goal: To educate these community partners regarding the service provided by Resource Families within their community.

- Outcome: Increased awareness/appreciation within the community regarding the Resource Homes.

    - ✓ Measurability: Evaluations completed following meetings with community partners.

Partners in Action

- Examples/Tools: Community partners who are committed to the vision and values of DCFS agree to create/host activities designed to retain Resource Families. (Ex. The C.A.L.L.)

- Goal: To train an equip these committed community partners to assist DCFS in retaining Resource Families, therefore allowing them to hold retention activities as an extension of DCFS. This allows Resource Workers to "work smarter, not harder".

- Outcome: More community-led events to retain Resource Families and an increase in the retention of those families.

    - ✓ Measurability: Sign in sheets collected at community-led events; increase in Resource Families' years of service.

Targeted Retention

- Examples/Tools: Events/activities aimed at Resource Families who receive children who are more difficult to find a placement for; recognizing specific years of service.

- Goal: To retain targeted types of quality Resource Families

- Outcome: Fewer Resource Families closing each month; fewer children placed out of County/Area.

    - ✓ Measurability: Data reports showing a decrease in Resource Family home closure; a decrease in the percentage of children placed out of County/Area.

Enhancing Knowledge, Skills, and Abilities

- Examples/Tools: Training for DCFS that focuses on increasing the ability to retain Resource Families such as Public Speaking, Marketing, Customer Service, etc.; newsletters, conferences, training, mentors, and use of the internet to continue increasing knowledge, skills, and abilities of community partners in retention efforts.

- Goal: To raise the level of confidence, expertise, and professionalism within DCFS when working to retain Resource Families, as well as continuous education/updates for community partners.
- Outcome: An increase in Resource Family retention and stability in placements.

  - ✓ Measurability: Data reports indicating a decrease in Resource Family home closures each month; Data reports indicating a decrease in the number of moves for children in foster care.

Recruitment

Public Awareness

- Examples/Tools: Foster Parent Website, PSA's, speaking engagements, billboards, brochures/handouts, recruitment items.

- Goal: To increase awareness in every County and Area of the need for quality Resource Homes to care for the types of children currently in the foster care system.

- Outcome: An increase in the number of children in foster care who remain within their own communities while in an out of home placement.

  - ✓ Measurability: Data reports indicating a lower percentage of out of county/area placements.

Community Partners

- Examples/Tools: Forming relationships with those groups in the community who will team with DCFS to spread the word.

- Goal: To educate these community partners regarding the need within their community.

- Outcome: Increased education within the community regarding the need for quality Resource Homes for children in foster care.

    - ✓ Measurability: Evaluations completed following meetings with community partners.

Partners in Action

- Examples/Tools: Community partners who are committed to the vision and values of DCFS agree to actively recruit Resource Families. (Ex. The C.A.L.L.)

- Goal: To train an equip these committed community partners to assist DCFS in recruiting Resource Families, therefore allowing them to hold recruitment activities as an extension of DCFS. This allows Resource Workers to "work smarter, not harder".

- Outcome: More community-led events to recruit Resource Families and an increase in the recruitment of those families.

    - ✓ Measurability: Sign in sheets collected at community-led events; increase in Resource Family applicants going through the process of approval.

Targeted Recruitment

- Examples/Tools: Case mining done jointly by FSW's and Resource Workers to identify potential relatives or placement providers; identifying types of children who are lacking local placements in Resource Families and using specific recruitment strategies to increase the pool of Resource Families who will accept them.

- Goal: To increase the placements of specific children or types of children by looking within their cases and/or expanding the pool of Resource Families willing to receive them as placements.

- Outcome: Fewer moves for children in foster care.

    - ✓ Measurability: Data reports indicating a decrease in the number of moves/placements of children in foster care.

Enhancing Knowledge, Skills, and Abilities

- Examples/Tools: Training for DCFS that focuses on increasing the ability to recruit Resource Families such as Public Speaking, Marketing, Customer Service, etc.; newsletters, conferences, training, mentors, and use of the internet to continue increasing knowledge, skills, and abilities of community partners.

- Goals: To raise the level of confidence, expertise, and professionalism within DCFS when working to recruit Resource Families, as well as continuous education/updates for community partners.

- Outcome: An increase in Resource Family recruitment and stability in placements.
    - ✓ Measurability: Data reports indicating an increase in stability of placements.

Adoptive Parent Recruitment

A report was requested and received showing open adoptive providers by county/area and race/ethnicity. This report was compared to the report in CHRIS that list foster children in the county/area by age, race/ethnicity, and gender.

An email was sent to the Adoption Supervisors advising them to meet with their staff and develop a recruitment strategy to include plans to recruit African-American and other families of color for their specific areas and how they plan to conduct child specific recruitment, to include our older children. The Project MATCH information from Spaulding was also sent to them for review.

Recruitment plans have been submitted and they include recruitment of families of color, child specific recruitment activities, and recruitment of families for siblings and older children. We are continuing with our partnership with the CBS affiliate in Little Rock, Channel 11, with "A Place to Call Home". This project is specifically dedicated to hard to place children. Sibling groups, teens, children in placement at Arkansas Pediatric Facility, and children we have been unable to find placement for have been featured and will continue to be featured.

We recently agreed to partner with the CBS affiliate in Ft. Smith which will feature children in Northwest Arkansas available for adoption. We will use the same format for recruitment of our hard to place children. The Little Rock station is not received in that area. This effort will be a partnership with the TV station, the Northwest Arkansas Adoption Coalition and the River Valley Adoption Coalition.

Some of the plans include:

General recruiting ideas/plans:

- **To continue to use the internet and media to display information regarding adopting a child out of foster care and to offer education and support to adoptive parents**

- **Regular monthly contact with local civic and professional groups, churches and organizations**

- **Continue to display the Heart Gallery photos and digital frames in area churches and businesses that includes the information and website to read about and begin the inquiry process of adoption**

- **Continue to hold community meetings for those interested in adopting**
- **Presentations to area groups and organizations regarding adoption**
- **Access local cable stations, newspaper and radio stations to have the adoption information "ran" on a regular basis as a community public service announcement with a contact person and phone number**
- **To have local banks include the Heart Gallery information and adoption information mailed to families with their monthly statements**
- **Continue to have a booth providing information at local fairs and festivals**
- **Engage local and area businesses to display advertising for adoption and brochures**
- **To offer quality support, timely response and information on available resources to adoptive families needing assistance or support**
- **To education and train adoption staff in the importance of being available to open adoptive resources, to be helpful, to respond timely to their requests and to offer their experience and support when needed by the family in an effort to retain them as a resource. For staff to be flexible and provide good customer service when dealing with approved families or interested families.**
- **To continue to work with the adoption coalitions in their efforts to recruit quality families interested in adoption.**

Recruitment of families of color:

- **All items listed above in the general recruitment could also be used in indentifying families of color**
- **Engage and develop a relationship with local and area churches of color, asking to speak at their congregations and indentifying a volunteer from each church to form a committee to assist us in recruiting families of color, not only within their church, but also the whole area**
- **To engage community businesses and establishments that provides various ethnic services and products, to support the advertising and recruitment effort of the agency by posting our information and brochures in their businesses regarding adoption. This would expose and distribute the information about adoption to a wide variety of ethnic backgrounds.**

- **Develop a sponsor/volunteer through the Catholic Churches in the area to recruit and advertise for us through their Hispanic support programs at their churches.**

- **To continue to work with the adoption coalitions in their efforts to recruit quality families interested in adoption.**

- **Identify an adoptive family of color that would attend meetings with various groups and meetings to talk about their success as an adoptive family.**

- **Ensure that adoption staff is well educated regarding cultural diversity.**

Individual Child Recruitment:

- **In all plans listed above, to seek the possibility of each of these agencies, churches, businesses, hospitals and organizations to sponsor a different child each month that is need of a forever family (this child would have TPR, have signed the consents needed for the exposure and have permission of the child and the AAL). This would cover a vast amount of our individual child specific recruitment.**

- **Engage area hospitals and health care agencies to sponsor and present a child each month with significant medical problems. That would allow exposure to a population of health care providers that would knowledgeable in caring for children with special medical needs.**

- **To continue to use the internet and all media resources to support and present a child each month who is in need of a forever family.**

- **When speaking at the final class for Foster/Adopt Pride, take a child/or sibling group that is in need of a placement, to meet the families and interact with them. (All permission required would be obtained from all parties needed and consent signed if applicable). This would allow people to meet the children rather than just viewing a photo of them and it engages the teen or child in meeting families that are ready to be opened as adoptive resources.**

- **Continue with the adoption picnics to allow the opportunity for open and approved families to meet and interact with the children who are in need of a forever family.**

- **Continue to refer children in need of a forever family to Channel 11 for vast exposure for those child/children.**

- **For staff to be knowledgeable about the children on their workload that are in need of a family and to use that child's strengths when presenting child specific recruitment information.**

<u>Professional Development Unit</u>
Strategy 1(Item 6.1)
Transform Training Partnership and Professional Development Approach
We began our transformation efforts with our training partners by renewing our commitment to a partnered approach in professional development activities.
This process began by creating a "dialog" versus a "monologue" with our partners. Historically, our partners found themselves unable to consistently implement new strategies and training approaches due to a significant absence of direction and/or follow up from the division-both from a Central Office and a field management perspective.
The first step required improved communication and team approaches between Central Office program units. As we developed the capacity to work better with each other, we increased our capacity to team with our training partners. In other words, the more we engaged in joint problem solving together at Central Office, the better prepared we became to joint problem solve with our training partners.
We then used our team development efforts to begin the process of soliciting feedback on the development of the PIP and the Practice Model. Our training partners assisted with this effort by participating in various workgroups and providing a several different venues for information gathering.
The expansion of Executive Staff also strengthened our ability to transform our training partnership. With access to meta-analysis reports, routine updates from the Division Director and information about other program development activities, we increased our capacity to share macro data with our training partners. This, in turn, increased their capacity to conduct better needs assessments related to professional development activities.
Outcomes from the above activities include, but are not limited to:

1. **Adding Practice Model information to the new staff training (family service workers, program assistants and supervisors) programs.**

   Note: After participants have read the material, they complete exercises to assess personal fit with the stated values of the Practice Model and Division Mission. Participants are then given an opportunity to practice behaviors that reflect the Practice Model values.
   The exercises around behaviors reflect the job duties of the particular training group and how those can be done in a manner that reflects the model. The Practice Model and Mission Statement are revisited in each subsequent training module as some of the cornerstones of practice.

2. **Including Practice Model information to continuing education programs.**
3. **Evaluating new training programs to ensure consistency with Practice Model goals and principles.**
4. **Evaluating policy regulations to ensure consistency with Practice Model goals and principles.**

5. **Creating training development principles for all partners to use when designing training programs.**
6. **Using these principles in the Division's review of other training programs not developed by university partners.**
7. **Increasing the exchange of information between the Division and our training partners. Representatives from our training partnership are now engaged in a number of planning meetings and/or discussions in which they did not previously have the opportunity to participate. This includes participation in:**
    a. **Routine meetings with Executive Staff and CHRIS representatives.**
    b. **Conference calls and meetings with key Executive Staff members related to new initiatives and contract renewal issues.**
    c. **Central Office Area Director Meetings when appropriate.**
    d. **Quality assurance information exchanges related to COR and other reporting mechanisms.**
    e. **Presentations related to new tools the Division may be considering.**
    f. **Conference calls and meetings with other training professionals who are developing training programs outside of the partnership. This helps us ensure congruency of practice messages.**
    g. **Participation in staff training events developed by training partners and other professional training entities.**
    h. **PDU Manager Participation in local train's development meetings with the Area Director and university training coordinator.**

Re-defining the Traditional Training Roles of the Training Partnership
Note: PIP items 11.7, 13.7 and 14.7 are also addressed in this section.
The above examples of a renewed partnership commitment include asking our field trainers and MidSOUTH partners to assume new training roles.
These role changes are two-fold. First, we want our field trainers to partner with supervisors to help support stronger DCFS team engagement in county offices. This request relates to efforts to hold supervisors more accountable in the development of staff skills and performance.
Second, we have also asked our field trainers to participate in the development and implementation of more statewide training events. This includes participation in mandated training events and helping supervisors to create more effective team practices (using ideas from training and other resources) in the county offices.
These efforts began with the Care, Commit, and Connect Training Conference for Supervisors in December 2009. Using the Practice Model value of "Engagement" as a development theme, we asked representatives from the DCFS Quality Assurance Unit, MidSOUTH, the various partner universities and System of Care representatives to develop workshops addressing topics related to:

    a. **Effective supervisory and leadership traits.**

b. **Supervisory engagement with staff-routine staff meetings, team building and case reviews.**

c. **Community partnership development.**

d. **System of Care: Wrap Around services for families.**

In the above workshops, our partners acted as group facilitators and participants. We asked them to provide support and follow up to supervisors as they implemented the ideas gained from the training experience.
Note: While posters and handouts of the Practice Model were a part of the materials provided, the workshop topics were identified as supportive leadership topics of the principles versus topics to raise awareness of the model itself.
This decision was based on evidence that supervisory staff had already participated in numerous events related to the development of the Practice Model.
Other Training Events
We have continued the above partnering efforts in the following training events:

1. **<u>Care, Commit and Connect Training for Direct Services Staff</u> (Audience-Family Service Workers and Program Assistants). This two (2) day training was implemented (following a train the trainer session) in April 2010.**

   Developed through the collaborative efforts of MidSOUTH and the partner universities, this workshop:

   - **Ensures all family service worker and program assistant staff has seen the Practice Model and understand the history behind its development.**
   - **Uses the Appreciative Inquiry process to give staff an opportunity to identify practice successes and necessary supports/resources that will perpetuate continued practice improvements.**
   - **Establishes a mechanism to capture field staff feedback related to the implementation of the Practice Model goals and values across the State.**

   Four (4) DCFS Central Office staff from the Policy, Professional Development, Planning and QSPR units also assuming facilitator roles in these workshops.
   Upon completion in June 2010, the Division will have provided 20 training sessions and will have gathered feedback from field staff across the state. Follow up activities to this training series include developing a mechanism to share how the feedback is being used in on-going change efforts. Until then, the Administrator for the Professional Development Unit has been sending follow up emails to all participants thanking them for their involvement in these sessions.

2. **<u>Foundations of Transitional Youth Services</u> (Audience-Family Service Worker Supervisors, Field Trainers and Community Stakeholders). Developed by MidSOUTH (in conjunction with the program manager) this training event supported the partnering of the field trainers and supervisors. Acting as joint participants, we asked our partners and supervisors to work together on the implementation of ideas gained from the experience.**

This workshop was also one of the first field staff training events that included community stakeholders as participants.
Offered in a central location on two (2) separate days (04/14/10 & 04/15/10) participants identified elements that support youth and stakeholder engagement in the development of life plans. It also challenged supervisors to begin thinking about how they can help family service worker staff engage with youth and stakeholders for more successful outcomes on behalf of our youth.
Along with MidSOUTH trainers, three (3) DCFS Central Office staff from the Policy and the Professional Development units served as small group facilitators for these discussions.

3. **<u>Structured Decision Making</u> (Audience-Investigative Supervisors, Investigators, CACD supervisors, CACD investigators and DCFS County Supervisors).**

   Developed in the third quarter by Ed Cotton, with Hornby Zeller Associates, Inc., this workshop builds on the investigative training, *Initial Child Maltreatment Assessments*, provided to staff in the fall of 2009.
   Mr. Cotton spoke with the MidSOUTH training developer to ensure consistency of training messages and to help him determine how to use his training program to build on the content provided in the *Initial Child Maltreatment Assessments* trainings.
   The Structured Decision Making Training series began on May 17th. This two (2) day workshop covers:

   - **Identifying imminent danger;**
   - **Identifying the difference between safety and risk;**
   - **Identifying protective factors;**
   - **Conducting safety assessments that are thought processes which guide decision-making;**
   - **Fostering consistency in decision-making among staff regardless of the views of outside parties;**
   - **Knowing when milestones have been reached which warrant changes in a case plan.**

A total of 15 classes will be offered in local areas between May 17th and July 29th.
Future Training Events and Activities
Looking forward to the next 2 quarters, we anticipate working on the following development and training activities:

a. **Psychotropic Medications and Foster Children-promoting a stronger understanding of the short and long term impact of medicating children to address behavioral issues. This training also helps teach foster parents and case workers how to ask questions of a medical professional related to medication therapies.**

b. **Intensive Family Services-supporting more front-end casework practices designed to prevent removal of children from their homes.**

c. **Transitional Services-supporting knowledge transfer of legal changes related to youth transitional services, CHRIS transitional service enhancements, intra-team development with a youth focus and community stakeholder partnering with DCFS to serve youth.**

d. **Care, Commit and Connect Training-mirroring the training model used with direct service staff, we want to continue messaging the Practice Model and building feedback mechanisms for remaining field staff, county supervisors and Central Office staff.**

e. **Permanency Values Training-supporting a shift in perception related to long term life goals for foster children who do not have reunification as a case plan goal. This training takes place in conjunction with the Permanency Round Table review process.**

Challenges

Staffing shortages in the Professional Development Unit limit the speed and effectiveness in which we are able to change our training approaches with our university partners. Moreover, as we add additional assignments to our field trainer roles, we are limiting our ability to maintain consistent access to on the job training support resources traditionally provided by field training staff.

Staffing changes in key job roles such as the Professional Development Manager and Area Directors, while necessary, have also required more time to prepare these new staff members to fully support the work of the PIP.

Perhaps the biggest challenge we face as a Division is shifting our own perceptions of the role of training and the role(s) of accountability for worker performance. While we have started to address this by asking our field trainers to partner more with supervisors as well as messaging the importance of implementing ideas gained from training events, we still have much work to do as a Division in this area.

More work must be done with supervisory staff and the role they play in supporting field staff development and job performance. While the training events may provide information necessary to transform practices, the actual change in practice on a local level is supported by the quality of supervisory response and support to staff.

Strategy 1(Item 6.2)

Overview of New Staff Training (CORE Training)

MidSOUTH and key university partner staff provided an overview of the new staff training program to the new Professional Development Manager, Area Directors and Central Office program managers.

The current training program was last reviewed in 2004 and is based on competencies defined by Division workgroups. These competencies were derived from the available functional job descriptions for field staff positions. *Note: Some positions did not have functional job descriptions.*

What we discovered is the content provided in the current training program strongly supports the goals and principles of our Practice Model. Areas of concern related to the training model focused more on the development of consistent job functions for positions across the state and the role of supervisors in the development and on-going support of newly hired staff.

While we have not abandoned reviewing our training program, we determined that any changes to the current training program should wait until we had developed updated functional job descriptions for field staff that are consistent across the state. We also decided that this allowed us more time to identify and implement strategies related to the supervisory role in the development and support of field staff practices.
One possible strategy to support supervisory accountability regarding staff skill development and support is to add a duty area to the Performance Evaluation. Perhaps formally reviewing the quality of support and assistance that supervisors provide staff will help move us forward with this effort.

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. **Arkansas has made some progress and some changes to the Disaster Plan. We continue to partner as a Department with Arkansas Emergency Management System.**

Ensure that each County has an Action Plan for Natural Disasters and/or Emergencies: By June 30, 2011

- 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

Establish a Protocol for Contacts and Centralized Information-By December 30, 2010

- 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. **Update: The department had a web based form that new employees complete to capture emergency contact numbers.**
- Each DCFS foster parent will complete and Emergency Contact form to ensure the Agency has a way to follow up and ensure the safety and status of the employee. **Update: The emergency contact form and preparedness training and guidance have been outlined. In the next year, we will be implementing and formalizing the training opportunity.**
- 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: Each County Supervisor has this established in the local offices and the department has protocols established for managers and central office staff.**

Update Current Contingency Plan for Access to Records as needed -Annually

- 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-Complete by June 30, 2011

Update: In process as part of practice model development

- 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-June 30, 2011

- Area Directors 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. **Update: Currently have an informal but consistent process of follow up as Arkansas University Partners supports these needs at a local level. The division director more formally follows up with debriefings and education about services available through Employee Assistance Programs (EAP).**
- The division will establish a de-briefing protocol to review outcomes and needed changes on plans-**Update**: **Debriefings are conducted after disasters, tragedies such as child death, and other high profile situations in order to learn from the situations to improve our response or practices in serving children and families.**

Evaluation and Technical Assistance

<u>Arkansas Supervisory Review Tool</u> – On a quarterly basis, supervisors within each of DHS's 83 county offices review each active foster care and in-home case in their respective counties. The tool enables supervisors to complete their required quarterly review of all open cases in their respective counties, and supervisors must review 100 percent of their cases for a given quarter. The review provides supervisors with a one-on-one training tool to staff and discuss individual cases with caseworkers, including working with caseworkers on practice issues. The tool allows the supervisor to determine whether caseworkers know hot to utilize best practice concepts; and if not, the supervisor can work with them on developing these skills. After all of the reviews have been completed for a given quarter, reports are generating offering case review information by county, area and statewide.

During SFY 2010, supervisors completed 91 percent of all of their required reviews. Supervisors in seven areas—specifically, Areas 1, 2, 3, 4, 5, 6 and 10—completed the overwhelming majority of their required reviews. However, supervisors in the remaining three areas—Areas 7, 8 and 9—struggled to consistently complete all of their required

reviews. Supervisors completed 85 percent of their reviews in Area 7 and 80 percent in Area 9, respectively. Supervisors in Area 8 struggled the most to complete reviews, doing so in only 69 percent of required instances during the last 12 months.

<u>Family Preservation Services Evaluation</u> – DCFS conducts this evaluation on an annual basis, in accordance with state law. This evaluation must describe the number of families and children receiving family preservation services; track the progress of children within six and 12 months of receiving services; and provide recommendations on progress and service delivery.

This report presents the results of an evaluation of the effectiveness of the state's program of family preservation services. A precisely defined population of families that were involved in true maltreatment reports during calendar year (CY) 2008 was tracked for 12 months to determine whether or not those families experienced another true maltreatment report or a child removal during that time period.

These two outcome measures were examined in relation to certain case and intervention characteristics, including:

1. **the specific types of allegations made in the initial maltreatment report,**
2. **the number of children in the case,**
3. **the ages of the oldest and youngest children in the case,**
4. **the length of time the case had been open,**
5. **specific family preservation services received by the case, and**
6. **the DCFS Service Area handling the case.**

The specific family preservation services that were examined in this study included:

1. **psychological evaluations or assessments,**
2. **counseling services,**
3. **Intensive Family Services, and**
4. **subsidized daycare.**

The likelihood of a family experiencing another true maltreatment report within 12 months of the initial report was found to be significantly related to three specific types of allegations; cases that opened because of "environmental neglect" and "educational neglect" were significantly more likely to experience another true report than were cases that opened for other reasons, while cases that opened because of "sexual abuse" were significantly less likely to experience another true report. None of the specific family preservation services was found to be significantly related to the likelihood of another true report, nor were there any significant differences across DCFS Service Areas in this likelihood.

The likelihood of a family experiencing a child removal within 12 months of the initial report differed significantly only across DCFS Service Areas. In particular, Areas 2, 3, 7 and 8 were found to have higher rates of child removals than the other Areas. Neither case characteristics or the types of services received had any significant effects on the likelihood of a child being removed.

With respect to the primary purpose of this evaluation, the major finding was that none of the four specific types of family preservation services examined in this study was found to have a significant impact on either of the two outcome measures. This "non-finding" may be due to the fact that these services were likely to have been underreported during the time period examined in this study.

There was, however, one small indication that concrete services might make a difference. Although the results were not statistically significant, the fact that the initial analyses showed that families who received some concrete service, as opposed to simply caseworker contacts, were less likely to experience another true report and less likely to have a child removed from the home suggests that these services may make a difference.

<u>Compliance Outcome Report (COR)</u> – The COR represents a monthly report that assesses the performance of DCFS caseworkers in divisional and regional areas. Specifically, the COR measures 35 indicators that represent standard casework or case-related activities, many of which must comply with state regulatory requirements.

Some of the more interesting findings regarding compliance during SFY 2010 had to do with the timely initiation and timely completion of incoming investigations and the number of required monthly visits made by DCFS caseworkers. Specifically, staff statewide initiated 77 percent of Priority I investigations and 69 percent of Priority II investigations on time (combining for 70 percent compliance). Furthermore, DCFS caseworkers subsequently completed 56 percent of newly assigned investigations within the required 30-day timeframe. All of these numbers indicated improvement over SFY 2009, when the agency initiated just two-thirds (67 percent) and completed only half (50 percent) of new investigations on time.

Despite the Division's improvements on several measurements, there is still some room for improvement. Caseworkers completed only three-fifths (61 percent) of its required visits to see children in foster care during the year; and furthermore, they completed fewer than half (49 percent) of their required visits to see children in foster care. These figures both represented decreases from the Division's performance during SFY 2009, when it completed two-thirds (66 percent) of its required foster care visits and over half (53 percent) of its in-home visits.

<u>An Evaluation of *The C.A.L.L.*</u> – This special study represents an in-depth evaluation of foster parent recruitment and support within central Arkansas—specifically Pulaski and Lonoke Counties—in recent years. *The C.A.L.L.* is a non-profit organization that performs

faith-based recruitment of foster and pre-adoptive families. This study compares the experiences between foster and pre-adoptive parents who were recruited and assisted through *The C.A.L.L.*, and those families who received no assistance and relied solely on DCFS. Among other things, the report compared recruitment approaches, the demographics of parents recruited, and the demographics and outcomes of the children placed in these homes.

This study serves as an evaluation of *The Children of Arkansas Loved for a Lifetime* (*The C.A.L.L.*). Established in 2007, *The C.A.L.L.* is a non-profit organization which performs faith-based recruitment of foster and adoptive families for DCFS. The organization's Memorandum of Understanding with DCFS enables *The C.A.L.L.* to allow families to complete the training and certification necessary to become DCFS foster or adoptive homes within a religious context without violating the requirements for separation of church and state because *The C.A.L.L.* receives no reimbursement for its work from DCFS. At the same time, the homes recruited and supported by *The C.A.L.L.* must meet the same requirements as any other foster home.

The goal of this evaluation is to compare *C.A.L.L.* recruited foster and pre-adoptive families to those families who are recruited solely through DCFS. So while the focus of this study is on *C.A.L.L.* recruited families, the characteristics, experiences and placement preferences of those families are compared against those families who are not assisted by *The C.A.L.L.* Within this context, this report seeks to address the following questions.

1) **What attracts families to open their homes through *The C.A.L.L.* as opposed to DCFS' traditional recruitment efforts?**
2) **Whom does *The C.A.L.L.* recruit?**
3) **Which children do *C.A.L.L.* recruited families accept into their homes and what are their outcomes?**

Hornby Zeller Associates, Inc. (HZA), the Division's Quality Assurance vendor, employed the use of treatment and comparison groups for this study. The treatment group was made up entirely of *C.A.L.L.* recruited foster and pre-adoptive families that were opened since the program began receiving placements on August 1, 2007 until August 1, 2009. During this two-year window, *The C.A.L.L.* was primarily active in two counties in central Arkansas—Pulaski and Lonoke Counties. Meanwhile, a comparison group was made up of all foster and pre-adoptive families that had opened in Pulaski and Lonoke Counties during this same timeframe but had not been assisted by *The C.A.L.L.*.

The following is a summary of this report's key findings, highlighting the differences between *C.A.L.L.* recruited families and DCFS recruited families:

- ***The C.A.L.L.* targets and appeals to individuals of Christian faith who are religiously motivated; meanwhile, DCFS homes have various motivations for becoming foster parents. Nearly all *C.A.L.L.* recruited foster families cited a religious motivation as their primary reason for serving as foster parents, viewing *The C.A.L.L.* as a ministry. These foster parents also emphasized the importance of**

going through the necessary steps in becoming approved with a group of other families who held similar religious beliefs. Meanwhile, most DCFS recruited foster parents had other motivations for becoming approved—many had relatives (e.g., grandchildren, nieces or nephews) in foster care, and others had served as foster parents in other states prior to moving to Arkansas.

One important distinction between families whose homes were approved through *The C.A.L.L.* and those who did not, however, is that most of the *C.A.L.L.* families were actively recruited and the idea of fostering was presented to them. *The C.A.L.L.* publicized a need for these foster families' involvement and participation, and these families responded to it. Meanwhile, nearly all DCFS recruited foster parents contacted DCFS only after they took the initiative and made the deliberate decision to learn more about becoming a foster family. In other words, *The C.A.L.L.* actively promotes the need for foster and pre-adoptive parents, whereas DCFS does not.

<u>Arkansas Child Fatality Review</u> – This in-depth review examined all of the child fatalities that had occurred within the state during state fiscal year 2009. This review analyzed all of the information available from these child fatalities to determine what lessons can be learned to guide future DCFS practice and ultimately to reduce the number of child fatalities.

Given the relatively small number of cases reviewed here and the even smaller number which involved maltreatment as the cause of death, it would be presumptuous to call the impressions which follow here "conclusions." They are perhaps better thought of as hypotheses which may be subject to change or indeed validation through future research.

The following are pertinent recommendations:

DCFS should re-examine working relations with law enforcement, particularly at the local level. The collaboration between law enforcement and DCFS and between county offices within DCFS needs to improve in substantive, not bureaucratic, ways. Dual responsibility cannot be an impetus for each side to be less vigilant on the grounds that the other one is taking care of things.

Case practice decision-making needs to become more thoughtful and less formulaic. There appears to be a direct and formulaic correlation between bruises and true findings of abuse. Bruises ought to be a reason to look more closely at the situation, especially when they involve very young children, but it is the situation as a whole which should guide agency action. DCFS needs to take a more thorough and holistic approach to analyzing the family situation and determining how to proceed. Making better use of tools such as the FSNRA should help in this effort.

DCFS needs to be more vigilant in ensuring that safety plans are enforced. This generally implies assuring that a family member is present who will take responsibility for protecting

the child from harm. In many of the cases there appears to be an assumption that if a safety plan exists, the child is safe and no action needs to be taken to ensure that the safety plan is really being carried out. However, the protection of the child needs to be ensured and assessed by further involving all family members. Removing harmful people from a situation or putting a safety plan in place are often not enough when there is no adult in the family to protect the child from harm or enforce the safety plan.

Supervision needs to be improved to ensure that decision-making, assessment and actions are appropriate. Cases of abuse and neglect require a safety net not just for the family but also for the agency. That is, the frontline worker needs support both to assure that the job is getting done and in the judgments that are being made. Supervisors need to be more pro-active in assessing casework practice, questioning decisions, and assuring that the intent of the safety plans and case plans is being carried out in practice.

DCFS needs to think clearly and concretely about the differences between abuse and neglect and the practice implications. Child protection cases are not all of the same type and they do not all exhibit the same dynamics. Only a quarter of the child deaths investigated for this report were the result of physical abuse. A higher proportion of children in foster care have neglect than abuse as the primary reason. Long-term neglect can be as lethal as short-term abuse. Until these dynamics are better understood and acted upon, the system will struggle to be effective. As part of that effort the agency should re-design the death reviews dealing with cases of potential neglect, so that the special dynamics of those cases become better understood.

Contract Monitoring – In a comprehensive effort to improve the quality of its service delivery system and the outcomes it achieves for children and families, DCFS began conducting contract monitoring reviews of many of its contracted service providers. For state fiscal year 2010, DCFS reviewed its residential treatment care facilities, therapeutic foster care providers, and sexual offender treatment programs. DCFS examined the intake processes and array of services offered by each provider; the types of children accepted into these programs, and their subsequent outcomes after leaving the program; and each provider's compliance with contract required documentation and paperwork. DCFS evaluated program-specific as well as system-wide reports for each type of provider.

The following two programs have been reviewed:

Sexual Offender Treatment

DCFS began offering sexual offender treatment (SOT) programs in 1995. Per definition, SOT programs offer specific and specialized treatment for juvenile sexual offenders. Arkansas currently has six such programs—five inpatient programs located at the Centers for Youth and Families (Centers), Consolidated Youth Services (CYS), Piney Ridge, Ridge View and Arkansas State Hospital (State Hospital), and an outpatient program at the University of Arkansas for the Medical Sciences (UAMS). The type of specialized program these providers offer vary. Piney Ridge and Arkansas State Hospital offer a

comprehensive residential program; Ridge View and CYS offer a less restrictive program in a residential treatment facility, often as a "step down" for children who have successfully completed a comprehensive residential program; and Centers offers a series of therapeutic foster homes specially designed to manage sexually offending children. Finally, UAMS offers an outpatient option.

Collectively, these programs offer a total of 187 beds or slots for children needing their services, but at the time of the reviews, only 76 beds or slots–-46 beds (for the five residential programs) and 30 slots (for UAMS's outpatient program)–-were available to children involved with DCFS. Nearly all of these SOT resources are concentrated in four counties, serving three of DCFS's ten Service Areas. Those are Pulaski (Area 6), Craighead (Area 8), and Washington and Benton (Area 1) counties. Only a small number of SOT therapeutic foster homes are scattered in three additional counties, meaning that only seven of the 75 counties in Arkansas have sexual offender resources.

Based on the findings of this review, the following recommendations are designed to assist DCFS in ensuring the quality of the services for which it is paying. Some of these are similar to those made in relation to residential treatment care and therapeutic foster care simply because many of the issues and concerns are similar.

RECOMMENDATION 1: **In order to better meet the needs of children who exhibit sexually offending behaviors, DCFS should consider expanding its sexual offender treatment resources into Areas which have a higher-than-average proportion of the state's child sexual offender population.**

The majority of DCFS's sexual offender treatment resources are concentrated in only three of the agency's ten Service Areas. Four Areas—specifically Areas 2, 3, 5 and 9—either have no or very limited sexual offender treatment resources, despite having some of the highest proportions of sexually offending children in the state. For example, Area 2 has the second highest number of child sexual offenders in the state (only Area 6 has more), yet there is not a single SOT therapeutic foster home, residential or outpatient option for these children. Although not all children who have a true finding of sexual abuse do not require such services from DCFS, it is safe to assume that some do. As a result, some of these children have to be placed further from their homes in order to receive appropriate treatment.

RECOMMENDATION 2: **DCFS needs either to enforce its standards regarding children's sleeping arrangements or to revise them.**

The Minimum Licensing Standards for Child Welfare Agencies specify "two children in sexual offender programs shall not share a bedroom." According to the Division of Child Care's Placement and Residential Licensing Unit, the licensing standards intend to prevent the "placement of [only] two residents in a room," rather than prevent the placement of

two or more residents. The State Hospital's practice of allowing only children to share a room does not violate licensing standards directly, since that program is not licensed by DHS, but it does violate the contractual standards which incorporate the licensing standards.

In examining this issue, HZA did an extensive search both for standards from national organizations and for statutes and regulations in other states. While something may exist somewhere, nothing was found. That may suggest that the standard needs to be revised, with more emphasis placed on the effectiveness of the supervision provided than on the physical arrangements. In any event, there should be consistent application of whatever standards are determined to be needed.

RECOMMENDATION 3: Providers and DCFS must work together to encourage the participation of more parents and DCFS caseworkers in the child's treatment process.

Engagement of children's biological families and DCFS caseworkers in the treatment process is already a part of the contract requirement. While the involvement of children, biological parents, and DCFS workers in treatment planning varied greatly among providers, collectively, of the 32 records reviewed that would require a parental participation, only seven (22 percent) included evidence that the biological parents were involved in the initial treatment planning process. Similarly, DCFS involvement in the initial treatment planning was quite low as well, 22 percent.

Absence of parental and DCFS involvement does not mean that the providers did not attempt to involve them in treatment planning. Providers indicated that DCFS workers and parents are often invited to participate but frequently do not do so. Some program staff stated that they try to include children's parents in treatment planning, but cited logistical barriers, such as long distances between families and the program facility and lack of transportation. Some also cited a lack of interest by parents as a problem that impedes family involvement.

The issue of a stakeholder involvement seems to be consistent across the board with other types of providers, as well. For example, TFC providers involved parents only in 7 percent of the all applicable cases and out of 182 RTC records reviewed, only one record showed the evidence of parental involvement in the initial treatment planning.

Recommendation 4: DCFS should create a mechanism for enforcement of its contract performance indicators.

Aside from these reviews, which were re-started this year after several years' hiatus, the only tool DCFS appears to use for ensuring compliance with the contract performance indicators is a self-certification providers submit with each monthly bill. That many of these certifications are something less than accurate is clear from the cases reviewed here

which had no monthly progress reports, and in some instances, lacked discharge summaries as well.

There are several ways in which DCFS could enforce its performance indicators. One mechanism would be to institute some type of financial consequences, either positive or negative, based on compliance as reported in future reviews of this type. Another would be to incorporate the findings of this and later reviews in its considerations of proposals for contract renewals. Like the financial consequences, this need not be an all-or-nothing decision. The indicators might be used instead to grant expansions to providers with better compliance records. However it is done, there needs to be some means of ensuring that DCFS is actually getting what it pays for.

Recommendation 5: **DCFS should incorporate in its contracts with sexual offender treatment programs a well articulated set of outcomes it expects providers to strive to achieve.**

DCFS's goal is not merely to ensure that providers develop and submit all their documentation on time. It is, rather, to ensure the safety, permanency and well-being of the youth it serves, whether it serves them directly or through contracts with private providers. As agents of the public agency, sexual offender programs need to be committed to these same goals, and the contract is the appropriate place to make that connection.

<u>Therapeutic Foster Care</u>

Based on the findings of this review, the following recommendations are designed to assist DCFS in obtaining the services for which it is paying. Most of these are the same or similar to those made in relation to residential treatment simply because the issues are similar.

Recommendation 1: **DCFS should create a mechanism for enforcement of its contract performance indicators.**

Aside from these reviews, which were re-started this year after several years' hiatus, the only tool DCFS appears to use for ensuring compliance with the contract performance indicators is a self-certification providers submit with each monthly bill. Despite these self-certifications, one provider could report that it was completely unaware of the standard requiring written monthly reports on each child. Moreover, for this review itself, one provider was unable to produce a single case file for any of the eight children discharged during 2008 who were selected into the sample. That represents not only an inexplicable lapse in professionalism but also a statement that the provider does not consider it worth its staff's time to show DCFS its compliance with the performance standards.

There are several ways in which DCFS could enforce its performance indicators. One mechanism would be to institute some type of financial consequences, either positive or negative, based on compliance as reported in future reviews of this type. Another would be

to incorporate the findings of this and later reviews in its considerations of proposals for contract renewals. Like the financial consequences, this need not be an all-or-nothing decision. The indicators might be used instead to grant expansions to providers with better compliance records. However it is done, there needs to be some means of ensuring that DCFS is actually getting what it pays for.

Recommendation 2: **DCFS should incorporate in its contracts with therapeutic foster care programs a well articulated set of outcomes it expects providers to strive to achieve.**

DCFS' goal is not merely to ensure that providers develop and submit all their documentation on time. It is, rather, to ensure the safety, permanency and well-being of the youth it serves, whether it serves them directly or through contracts with private providers. As agents of the public agency, therapeutic foster care programs need to be committed to these same goals, and the contract is the appropriate place to make that connection.

This recommendation should not be understood to call for the imposition of rigid outcome standards that apply to all programs equally. There are sufficient differences among the populations served by the different providers that one can reasonably argue that some serve more difficult youth than do others. One program in particular was singled out in this review for serving a younger population, keeping them far longer than 18 months and admitting only one of 16 children over two and one-half years who had been removed from the home for child related reasons. That program's relatively high rankings on the outcome measures probably has more to do with its population than with its program.

The differences in populations cannot, however, constitute a reason to ignore the outcomes actually achieved for the children served. At a minimum, the outcome record, taken together with the characteristics of the population served, needs to become a part of the rate negotiations between DCFS and the providers when a new request for proposals is released.

Recommendation 3: **DCFS should take affirmative steps to communicate its practice model to therapeutic foster care providers and to convince them to make it part of their own missions.**

Even if some of this is already being done, it is important to emphasize it here. When barely three out of five of the treatment plans for children whose parents are still involved contain a plan for reunification or visitation, the message of the practice model has either not been heard or has been rejected. Moreover, the practice model's emphasis on the involvement of families is not new; it is in fact already incorporated into the performance indicators. The formalization of the practice model as a philosophy guiding all of DCFS' work provides, however, an opportunity to put new emphasis on families, and the providers of therapeutic foster care need to be partners in that effort.

Recommendation 4: **Therapeutic foster care programs must involve families in treatment planning, including discharge planning, and they must maintain regular contact with the families to keep them apprised of the youths' progress.**

These things are already part of the contract requirements, yet only one provider shows regular contacts with even two-thirds of the relevant families and none showed consistent involvement of the families in either treatment or discharge planning. The children in therapeutic foster care are likely to remain involved with their families long after their stays in the therapeutic program are over. The programs need to support the success of those relationships.

Recommendation 5: **DCFS should examine the reasons for the large proportion of children with parental rights terminated who enter therapeutic care and determine whether these interim placements are consistent with the child's need for permanency and stability.**

Over one-quarter of the children entering therapeutic foster care have no legal parents at the time they are admitted to the program and more have parental rights terminated while they are in the program. Similarly, about one-quarter of the children are discharged to adoptive homes. While the normal course of action would be to seek an adoptive home for a child with terminated rights, this does not appear to be happening for many of the children entering therapeutic care. If DCFS is to know how to make best use of these resources, it needs to know whether this disproportionate concentration of such children in therapeutic care is a result of the programs' admission policies or its own caseworkers' referral decisions.

<u>Case Closure Project</u> – During SFY 2010, DCFS examined all of its in-home protective services and supportive services cases in an effort to identify cases in which no active casework was being performed. In addition, the project helped to identify practices that can prevent the buildup of such cases in the future.

Within the Arkansas Division of Children and Family Services (DCFS), large caseloads are often cited as a major barrier to performing quality casework with families and children. According to the most recent caseload report, the average total workload of DCFS caseworkers was more than 36 cases per worker. However, caseload statistics can be misleading, as generating simple counts of caseloads as a measure of workload assumes that all cases assigned to workers need to remain open and are being actively worked. Experience in child welfare agencies in other states has shown that this assumption is not always valid. To address the issue directly, DCFS' Executive Staff asked Hornby Zeller Associates, Inc. (HZA), the agency's quality assurance vendor, to review a select group of in-home cases to determine to what extent such cases needed to remain open or whether some could possibly be closed. The cases had either been open for longer than

recommended periods of time, had no case activity for long periods, or lacked basic casework components.

A review of 920 protective services and supportive services cases that fit certain criteria found that nearly one-third (32.7 percent) of those cases could probably be closed immediately without jeopardizing the safety of the children involved in those cases. Nearly 40 percent more of the reviewed cases could not be closed because substantial risk factors or service needs still existed in the family's home. The remaining 28 percent could possibly be closed after completing an additional home visit to ensure the health and safety of the children, providing for the completion of on-going services and/or petitioning the court that has jurisdiction over the case. Clearly, a large number of cases reviewed in this project are not being worked in an active or appropriate manner.

Overdue Investigations Project – At the start of SFY 2010, DCFS had a large number of overdue investigations languishing on its workers' caseloads. DCFS led a concentrated effort to thoroughly examine each of these overdue investigations to determine their seriousness and whether or not they could be closed. In addition, the project helped to identify practices that can prevent the buildup of such investigations in the future.

This report focused on investigations of child abuse and neglect conducted by the Division of Children and Family Services (DCFS) which are not completed on time and are therefore characterized as "overdue." Completed on time means the caseworker has investigated the referral, made a determination of "true" or "unsubstantiated," recorded the finding and closed the investigation in CHRIS, all within the 30 days permitted by state policy.

DCFS asked the staff of Hornby Zeller Associates (HZA) to identify the cases that were overdue as of a given date, to review what had been done on those cases, and to recommend what should be done now, from visiting the child on an emergency basis to closing the case as no longer relevant to investigate. There were three objectives for the project:

- **to determine whether the children involved in these overdue investigations were safe;**
- **to identify the actions necessary to close the investigations; and**
- **to identify the factors that led to such an extensive backlog and make recommendations for preventing the situation from recurring.**

Investigation Progress

Prior to beginning the review, HZA expected to find at least three types of overdue investigations:

- **those where no action had been taken at all;**
- **those where an initial visit had been made but no further action had been taken; and**

- **those where essentially all the components of the investigation had been completed but where the "paperwork" had not been completed.**

Any referrals for which no action had been taken at all would be of greatest concern because no one had checked to determine whether the children were safe. Those in the third group were obviously of least concern, although they continued to represent a workload burden for the investigative workers.

According to the information obtained from CHRIS on the 1,407 investigations, 65 percent of alleged victims had been observed and nearly half of them (49 percent) had been observed outside the presence of the caregiver. However, less than half (40 percent), of the non-victim children were observed and only 31 percent of the non-victim children were observed outside the presence of their caregiver.

In addition to interviewing the children in the home, workers are required to interview the alleged offender. The information in CHRIS indicated that more than half (61 percent) of the investigations did not include a completed interview with the alleged offender. Frequently, however, workers not only reported that they had interviewed the perpetrator but also provided detailed information about what they learned through those interviews. Much the same pattern is seen with non-offending caregivers. In those cases where a non-offending caregiver existed, CHRIS documented an interview in only 29 percent of the investigations. Again, however, discussions with the workers indicated that these figures underestimate the number of interviews conducted.

Policy requires that before closing out a case and making a final determination, the worker must complete a Health and Safety Assessment (HSA) for each child in the family. Based on the information in CHRIS, the HSA was not completed for any children in the family in nearly 90 percent of the referrals reviewed .

If the CHRIS data are taken to represent an accurate picture of which activities are and are not completed, there is no specific bottleneck to the investigative process: all requirements are completed less often than they should be. The solution to the problem is not likely to be found in redesigning the investigatory process but in a reduction in the number of investigations to be conducted. If, as workers repeatedly told HZA's reviewers, the CHRIS data do not represent the activities that are and are not completed there is at least one bottleneck in the investigative process and it involves the documentation of the investigation.

Safety

The most important question to be answered by this study is fairly straightforward: has the large number of overdue investigations itself compromised the safety of the referred children? Put another way, are the children subject to these investigations safe even though the investigation is overdue?

Based on the information gathered in this project, it appears that children are being kept safe. During the review, only 14 referrals (1 percent) received a recommendation that the children be seen immediately. Equally importantly, in only 96 (7 percent) of the cases did HZA recommend that the child and family be seen even on a non-emergency basis. In the vast majority of cases (92 percent), reviewers believed that the information they received indicated additional field work was not necessary to ensure safety.

This impression is reinforced by the relative absence of subsequent referrals of families with overdue investigations. If the agency were failing to identify serious conditions of abuse and neglect, there should be a higher number of subsequent referrals. In fact, fewer than four percent of the cases (N=56) showed subsequent referrals.

Findings and Recommendations

In response to the project's first objective, the reviews indicated that, although DCFS did develop a sizeable backlog of overdue investigations, this backlog did not lead to widespread endangerment of children. Nevertheless, the generation of a backlog itself represents a potentially serious problem for the agency, particularly if it gets repeated, as it has over the past several years.

The second objective, identifying the actions necessary to close the investigations, occurred throughout the life of the project. This information has been shared with DCFS on a weekly basis and work is progressing to close out the overdue cases where appropriate.

With regard to the third objective, there were at least three major sources of the backlog. One was presumably the workload itself. A simple analysis of new investigations coming into the agency suggested that on a statewide basis the average worker doing investigations on a regular basis receives an average of about 14 new investigations per month. For a worker doing nothing other than investigations, this is somewhat high by national standards, but it is not outrageously so. On the other hand, for workers with ongoing caseloads, it is far above what can be handled. A more extensive analysis of workloads would be needed to determine precisely how much workload contributes to the backlog, but it does appear to be a significant factor.

The second reason is documentation. There is little doubt that more investigative work had been accomplished on these investigations than had been documented in CHRIS. There may be several reasons why this is the case, but two appear to be especially problematic in contributing to the late completion of investigations. One is that CHRIS has does not permit caseworkers to close an investigation until various screens in CHRIS have been completed. These screens do not, however, include essential requirements such as whether the custodial parent or the alleged offender was interviewed, so some of the most important policies are not being enforced.

The other way in which CHRIS contributes to the size of the backlog is related. There are some places where complying with CHRIS requirements is burdensome to the workers and not directly related to the quality of the investigation. An example is having to document

the relationship between each pair of people and having to do so twice, from the screen for each person.

The third cause of the large number of past due investigations has to do with the types of cases which are accepted for investigation in the first place. There were numerous instances where the allegations recorded in CHRIS simply did not represent a valid allegation of maltreatment. Yet, under current statute, DCFS is required to investigate, unless it can convince the hotline staff to screen the report out.

All of these observations and findings lead to two recommendations.

Recommendation 1: **DCFS should work with the State Police in two ways to ensure that only reports with valid allegations are assigned for investigation. The two agencies should work at a high level towards a common understanding of what constitutes abuse and neglect, while DCFS County Supervisors should also make greater use of their authority to challenge individual hotline decisions.**

Compared to the statutory definitions in some other states, Arkansas' definitions of abuse and neglect are broad and widely encompassing. Even with the specificity of PUB 357, the Child Maltreatment Assessment Protocol, there is room for interpretation. It would be useful if the State Police and DCFS could meet to agree on interpretations of situations which appear fairly regularly, that may warrant a different type of response under the law.

It should be understood that screening out more reports does not need to mean that families will not be served. DCFS already has a mechanism, Supportive Services, for serving families where there has been no substantiated abuse or neglect. Part of the agreement between the two agencies could include referral by the hotline of cases where there is no valid allegation but where there is a valid concern about children's well-being. These families could be served on a completely voluntary basis.

The broad effort at agreement between the two agencies can also be aided by more frequent use of a DCFS policy which allows a County Supervisor to make a request to the hotline that a referral be screened out after it has been accepted by the hotline and before the investigation is initiated by DCFS staff. After such a request is made to the Hotline Supervisor, the supervisor and the appropriate hotline staff can make a determination that the report can be screened out.

Recommendation 2: **DCFS should change the way that CHRIS enforces investigation policy both to reduce the burden on caseworkers and to enhance the quality of investigations.**

When one compares what policy requires for the completion of an investigation and what CHRIS requires for closing the investigation, it becomes clear that the focus is on completion of CHRIS forms rather than on the basic investigative activities of interviewing

those involved. Moreover, there are more efficient ways in which to use CHRIS to support quality casework. For instance, it is possible to allow the worker to propose closing the investigation without some of the required activities but to have CHRIS notify the supervisor prior to his or her approval of the closure about which activities have not been documented. Under such a system the range of activities which would be monitored could be expanded, but supervisors could decide in individual cases that documentation of some of the activities was either not necessary or could be completed after the investigation had been closed.

The obvious objection to this recommendation is that supervisors are likely to grant such exemptions to the documentation requirements too often, and that danger is certainly real. However, because CHRIS does not enforce most of the policies related to interviews of the subjects of the report, its current contribution to the quality of the investigations is minimal. In effect, supervisors already have *de facto* authority to allow workers to skip some of the critical steps in the process.

Part of the easement would be felt where CHRIS makes it difficult to complete the on-line documentation, most notably in the documentation of the familial relationships. CHRIS requires that the relationship mapping be done at the individual level, requiring the worker to document each relationship for each individual, meaning that every relationship between two people must be entered in two screens, and CHRIS monitors this information for consistency.

Finally, screens such as the HSA default to "Yes" for each and every question. It is a rare case that will have notable problems for every field in the HSA, yet this is the default, which forces workers to answer every question for every child. The HSA, risk assessment and safety plan forms could be completed more efficiently if CHRIS defaulted to "No" for each question.

<u>Quarterly Performance Report (QPR)</u> – The Quarterly Performance Report (QPR) is a statistical report created for legislative committees dealing with youth and children involved with DCFS. The report is completed quarterly for the state fiscal year and consists of three parts: compliance index, performance indicators, and a description of population and services.

DCFS has established nine performance indicators to measure its progress with regard to its major goals of child safety, permanency and well-being. DCFS continued its efforts toward meeting these goals. Overall, DCFS maintained a performance standard that mirrors past efforts and successes.

DCFS has set compliance measures with guidance from the House Committees on Aging, Children and Youth, Legislative and Military Affairs and the Senate Interim Committee on Children and Youth. An index is compiled by reporting the level of compliance with these measures.

The QPR addresses six noteworthy areas, as shown below:
• Timely Initiation of Child Maltreatment Assessments

The percentage for timely initiations stood at 87 percent, an increase of two percentage points from the previous quarter (85%) but below the goal of 95 percent compliance.

Eight of the ten DCFS Service Areas improved compliance with Priority One initiations over the previous quarter, and five areas improved compliance with Priority Two initiations. All areas exceeded 90 percent compliance for Priority One initiations; and except for Areas 3 and 4, all areas met or exceeded 80 percent compliance for Priority Two initiations. Five areas—Areas 1, 2, 5, 6 and 7—exceeded the 95 percent goal for Priority One initiations, although only Area 5 met the 95 percent goal for Priority Two initiations.

With compliance in several areas below the goal of 95 percent for both Priority One and Priority Two initiations, the Division has established corrective action plans to help improve initiations' timelines. DCFS is developing area-wide and county-specific plans to help increase staff's ability to initiate investigations in a timely manner. Corrective actions include closer supervisory oversight of staff's workloads, assigning incoming investigations to staff more efficiently, and making greater efforts to see the persons cited in the investigation immediately.

Timely Completion of Child Maltreatment Assessments

The percentage for timely completions stood at 55 percent, an increase of 11 percentage points from the previous quarter (44%) but below the goal of 90 percent.

Nine of the ten DCFS Service Areas improved compliance with Priority One completions over the previous quarter, and eight areas improved compliance with respect to Priority Two completions. No areas met the 95 percent compliance goal for either Priority One or Priority Two completions.

Since compliance in all areas fell below the goal of 95 percent for both Priority One and Priority Two completions, areas have established corrective actions to increase compliance in future quarters. Most areas intend to increase supervisors' involvement in overseeing and ensuring that investigations are completed in a timely manner and documented correctly. The Division has also held or arranged for several trainings for Investigations staff and supervisors in recent quarters, which should lead to improved compliance. In addition, several areas are implementing processes in which investigations staff will conference with their supervisor several days before an investigation becomes overdue. A heavy volume of overdue investigations certainly impacted staff's ability to complete newly assigned investigations in a timely manner, but this should no

longer be the case for future quarters. A statewide directive from the DCFS Central Office required all Areas to significantly reduce their backlog of overdue investigations by April 15, 2010. As a result of this effort, staff should be able to devote their time to newly assigned investigations rather than overdue ones.

• 24-Hour and 72-Hour Initial Health Screenings (IHS) for Children Entering Foster Care.

The percentage for 24-hour initial health screenings stood at 89 percent, an increase of four percentage points from the previous quarter (85%), closer to the goal of 95 percent.

The percentage for 72-hour initial health screenings stood at 87 percent, a decrease of three percentage points from the previous quarter (90%) and below the goal of 95 percent.

For the 24-hour screenings, seven areas exceeded compliance levels of 90 percent, including five areas—Areas 1, 2, 4, 6 and 7—that met or exceeded the 95 percent goal However, a few areas struggled during the quarter. In particular, Areas 3, 8 and 9 all had compliance figures of less than 80 percent.

For the 72-hour screenings, eight areas exceeded compliance levels of 90 percent. This included three areas—Areas 4, 7 and 10—that met or exceeded the 95 percent goal. Only Areas 3 and 9 had compliance rates of less than 90 percent.

Since overall compliance fell below the goal of 95 percent in several areas, the Division has established corrective actions to help remedy the barriers that prevent more timely health screenings. Several areas attributed their compliance figures to scheduling and availability problems between workers and health care providers, and other areas cited the holiday schedule and inclement weather for failing to meet compliance. Despite these reported problems, Area Directors hope that more advanced planning, improved scheduling with providers, and greater supervisory oversight can improve these numbers.

• Comprehensive Health Assessments

The percentage for comprehensive health assessments stood at 57 percent, a decrease of 21 percentage points from the previous quarter (78%) and below the goal of 95 percent.

Only one of the ten DCFS Service Areas improved compliance over the previous quarter, and no areas met the 95 percent goal. In fact, all areas except Area 6 had compliance rates of less than 75 percent. The same issues that negatively affected the timely completion of Initial Health Screenings also adversely affected the number of children who did not have their comprehensive health assessment completed within 60 days of entering foster care. Area Directors hope that

improved scheduling with providers can improve the situation.

• Foster Home Recruitment

There were 112 new foster homes recruited during the quarter, a decrease from the 131 homes recruited during the previous quarter but still well above the goal of 80 new homes. This represents a compliance rate of 140 percent for the quarter.

The statewide recruitment of foster homes has again exceeded the Divison's goal for quarterly recruitment. This sustained effort can be attributed to an increase in the frequency of foster family inquiry meetings and other promotional efforts, as well as the agency's decision in 2008 to assign a dedicated staff person to manage and coordinate foster home recruitment statewide. Many individual areas continue to promote the need for new foster homes by recruiting at local organizations or civic groups. In addition, DCFS continues to maintain a strong partnership with *The C.A.L.L. (Children of Arkansas Loved for a Lifetime)*, a faith-based foster parent recruitment organization that began in Pulaski County in 2007 but has expanded into more than a dozen additional counties over the past year. Presently, *The C.A.L.L.* has a presence in six of the ten DCFS Service Areas.

• Required Visits Made by Worker
During the third quarter, the percentage of children who received a required visit from their caseworker averaged 62 percent, which was below the goal of 85 percent. The percentage of children who received visits from January through March averaged 59 percent, 62 percent, and 66 percent, respectively.
No DCFS Service Areas met the 85 percent compliance goal for required visits, although Area 4 came closest (80%). Of the remaining areas, only staff in Areas 3, 6, and 10 made at least two-thirds of their required visits.

In order to increase the number of required worker visits, several areas have placed a greater focus on monitoring workers' visitation schedules. The Division also emphasized the need for their supervisors to ensure that workers manage their time efficiently. Area Directors intend to increase the number of completed monthly visits with the addition of new staff (the Division employs seven percent more caseworkers than was the case one year ago) and by holding more frequent case staffings between supervisors and their staff. The purpose of such efforts is to lower worker caseloads, so that staff have more time to devote to completing their required monthly visits.

<u>Annual Report Card (ARC)</u> – The Annual Report Card (ARC) is a statistical report that is also created for legislative committees dealing with youth and children involved with DCFS. The ARC is reported on a state fiscal year and consists of three parts, similar to the QPR. The report deals with the demographics of the population served by DCFS and the trends over time.

Results for state fiscal year 2010 are in the process of being finalized.

QSPR PROCESS & HOW THE RESULTS ARE USED

The Quality Services Peer Reviews (QSPR) conducted by the DCFS Service Quality and Practice Improvement (SQPI) unit use the federal CFSR instrument. The first round of QSPRs conducted by SQPI occurred between August 2009 and January 2010. SQPI staff reviewed 15 out-of-home cases and 15 in-home cases in each of the Division's Service Areas during the reviews that were selected using stratified random sampling. The manager of the unit reviewed all of the reviewers' scoring of the cases in the same way that someone reviews all of the cases in the federal CFSR process. When scores were not sufficiently well documented, staff members were required to produce additional justifications for their scores with the intention of ensuring the inter-rate reliability of the process.

Each Area is required to develop a practice improvement plan relating to two of the most prominent deficient indicators. DCFS Executive Staff approve the practice improvement plans, requiring amendments where necessary. The intent is to utilize the QA process to enhance the initiatives emerging from the CFSR and the PIP. The results of the first six months of reviews from all ten Service Areas have been aggregated and will serve, assuming federal concurrence, as a baseline for measuring the success of Arkansas' Program Improvement Plan (PIP).

The attached QSPR Synopses from each of the ten Service Areas outline each Area's performance during the first six months of the QSPRs. As a whole, the State did not achieve substantial conformity with any of outcomes. The outcomes with which the State struggled the most were Safety Outcome 2, Permanency Outcome 1 and Well-Being Outcome 1. Two of the individual Service Areas did achieve substantial conformity on Safety Outcome 1, namely Areas 1 and 9. However, although some of them were close, none of the Service Areas achieved substantial conformity on any of the other outcomes. Generally, the State does a better job of responding to allegations of child maltreatment and addressing the initial safety concerns at the onset of the agency's involvement with a family than it does of consistently and competently assessing and addressing risk and safety concerns throughout the life of cases and providing services to families to prevent children from entering foster care.

In the realm of permanency, Arkansas commonly succeeds in placing children in out-of-home care within close proximity to their families and in placing sibling groups together. The QSPRs also provided that Arkansas has a relatively low incidence of foster care re-entries. Conversely, the State struggled with achieving finalized adoptions in a timely manner. On the subject of well-being, Arkansas was relatively successful in ensuring that the physical and dental health needs of children receiving services were met. However, the State failed to properly assess and address the needs of children and families, involve children and families in case planning and visit both children and their parents in half or more of the reviewed cases. Overall, casework in Arkansas is not sufficiently family-centered. Families are not adequately engaged, and caseworkers tend to make unilateral decisions about the cases. There are also discrepancies between the ways in which in-home and out-of-home cases are worked, with in-home cases suffering more than foster care cases in many areas.

The attached QSPR/CFSR Comparative Table contrasts the Arkansas' statewide performance during the first six months of the QSPR process with that of the second round of the CFSR. Three separate sets of numbers are delineated, including the straight averages in which all Service Areas contribute equally to the statewide averages, the weighted averages in which each area's contribution to the final totals is based on the area's foster care caseload as of October 31, 2009 and the results from the second round of the Child and Family Services Reviews (CFSR). You will note that in most but not all instances the weighted average produces a slightly lower score on a measure or item.

The Division has proposed to the Administration for Children and Families (ACF) that the results of the QSPRs conducted between August 2009 and January 2010 are used in establishing the baselines for Arkansas' PIP and that the results of QSPRs conducted two years from now are used for measuring progress from that baseline. Furthermore, DCFS recommended that weighted averages be employed when aggregating the results from the ten individual reviews into the statewide averages, both for the PIP and for measuring the improvement two years from now. Each Service Area's contribution to the final totals should be based on the area's foster care caseload as of October 31, 2009. This date represents the midpoint of the reviews, and the number of foster children in each area is a significant indicator of each area's total client population.

Arkansas Statewide QSPR/CFSR Comparisons			
	Straight Averages	***Weighted Averages***	***CFSR***
SAFETY 1: Children are first and foremost protected from abuse and neglect	**76%**	**76%**	**76.9%**
ITEM 1: Timeliness of investigations	**82%**	**83%**	**77%**
ITEM 2: Repeat maltreatment	**82%**	**82%**	**95%**
SAFETY 2: Children are safely maintained in their home when possible and appropriate	**64%**	**60%**	**58.5%**
ITEM 3: Services to prevent removal	**67%**	**62%**	**68%**
ITEM 4: Risk of harm	**65%**	**60%**	**61%**

Arkansas Statewide QSPR/CFSR Comparisons			
	Straight Averages	***Weighted Averages***	***CFSR***
PERMANENCY 1: Children have permanency and stability in their living situations	**63%**	**62%**	**41.0%**
ITEM 5: Foster care re-entry	**91%**	**93%**	**100%**
ITEM 6: Stability of foster care placement	**74%**	**74%**	**64%**
ITEM 7: Permanency goal for child	**84%**	**84%**	**72%**
ITEM 8: Reunification, guardianship, and placement with relatives	**86%**	**85%**	**72%**
ITEM 9: Adoption	**64%**	**56%**	**33%**
ITEM 10: Other planned permanent living arrangement	**76%**	**71%**	**57%**
PERMANENCY 2: The continuity of family relationships and connection is preserved	**73%**	**73%**	**53.9%**
ITEM 11: Proximity of placement	**90%**	**90%**	**96%**
ITEM 12: Placement with siblings	**90%**	**92%**	**82%**
ITEM 13: Visiting with parents and siblings in foster care	**72%**	**69%**	**59%**
ITEM 14: Preserving connections	**87%**	**87%**	**79%**
ITEM 15: Relative placement	**85%**	**84%**	**67%**
ITEM 16: Relationship of child in care with parents	**71%**	**70%**	**48%**
WELLBEING 1: Families have enhanced capacity to provide for children's needs	**48%**	**45%**	**27.7%**
ITEM 17: Needs/services of child, parents and foster parents	**59%**	**56%**	**37%**
ITEM 18: Child//family involvement in case planning	**57%**	**53%**	**31%**
ITEM 19: Worker visits with child	**58%**	**54%**	**46%**
ITEM 20: Worker visits with parents	**47%**	**41%**	**33%**
WELLBEING 2: Children receive services to meet their educational needs	**78%**	**75%**	**71.1%**
ITEM 21: Educational needs of child	**78%**	**75%**	**71%**
WELLBEING 3: Children receive services to meet their physical and mental health needs	**71%**	**69%**	**62.3%**
ITEM 22: Physical health of child	**83%**	**84%**	**74%**

Arkansas Statewide QSPR/CFSR Comparisons			
	Straight Averages	***Weighted Averages***	***CFSR***
ITEM 23: Mental health of child	**70%**	**68%**	**67%**

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 included in 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 Subsidy Care - entered at age 16 or after
- After-Care – Left Custody of DCFS after age 18 (in-care minimum of 90 days) until age (21except ETV, see above)

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.

Room and Board for Aftercare is proposed to be expanded to include Transportation – which could include car repair up to $250 for purposes of transportation to education/vocation classes or employment. Could also be approved to match $250 saved by youth to be used as down payment. Work Clothes: work related clothing allowance up to $250. Emergency: requests for bus tickets (to return them to the state after leaving care for an unplanned reunification or for emergency housing should they be homeless and requesting assistance, with a cap of $250 is being proposed. The $500 a month limit on expenditures for room/board is proposed to remain in place with any additional expenditure as described above requiring State Office approval.

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

- 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

Arkansas has firmly moved plans and services required by youth into an integrated strength-based client-focused service component of the new practice model being developed in Arkansas. This change is planned to 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 individual youth to thrive and reach their potential

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 have met and will continue to meet and re-form during the period of this plan. DCFS has assessed our current system and identified new approaches needed aimed at improving the lives of youth and youth adults in our system. Major planning and collaborative efforts as well as training, initiated or revitalized, has included 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

All workgroups are product oriented.

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

NYTD Tech Support Group

1) Track the independent living services (including educational aids) that are provided to youth.
2) Develop outcome measures that can be used to assess performance. The Fern cliff group was asked to consider survey design, data elements, youth involvement and youth reporting.

NYTD is on-track for implementation before 10/1/2010 with tracking/ monitoring tools along with worker alerts in place

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**; report in development**
- Adding client submitted location information; **completed as of 6/30/2010 in CHRIS**
- Updating client locations for youth not in placement in cases not open completed as of **6/30/2010 in CHRIS**
- Reflecting college or school and ETV participation regardless of case open/closed status **completed as of 6/30/2010 in CHRIS**
- Updating information from youth driven web sources; in development
- 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; **partially completed as of 6/30/2010 remaining expenditures coming into the system by 10/1/2010**
- 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**. Survey in testing and development for Youth Advisory Board at present. Survey will be further tested at the Leadership Conference in August with the Survey going into production – along with automated notices being emailed to the youth and worker and supervisor beginning 10/1/2010.**
- Reflecting Life Plan assignments by responsible person by date to be completed in analysis
- Reflecting the purpose of a contact to a youth in foster care – specifically for what purpose or context of supporting their successful transition. **Completed as of CHRIS enhancement 6/30/2010**
- Making the Life Plan available to the youth, Foster Parents, Court and AAL electronically in analysis stage
- Gaming environments would be helpful to entice youth back to state sites. **Rather than spend resources designing an AR site, AR has partnered with Foster Club as a State Connect site and be able to broadcast messages, send reminders, update information etc with Foster Club maintaining the site.**

The work of the groups has 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. **Family Unification Program under HUD was applied for with the Little Rock Housing Authority for Section 8 Housing vouchers for 18 months of housing for alumni foster youth at risk of homelessness. Grant has not been awarded at this time, but AR remains hopeful.**

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. System of Care in AR has included many Transitional youth for referral for wrap services to enhance transition.

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. Transitional Services along with efforts to enhance Positive Permanency with participation in the Permanency Round Tables have the potential to make meaningful changes in the lives of young people.

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. Arkansas is moving in a more inclusive direction – "big tent". **The number of youth choosing to stay in care is indicated by the growth in numbers of youth 18-20. In January 2009 – DCFS had 185 youth remaining in care, while by the close of April, 220 were in care with a slight dip in May to 216** – probably because of school terms ending. 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. 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 continues to explore enhance navigation and coordination with existing resources while proposing new services such as supported living situation for 18 and older, living arrangements for chronically mentally ill young adults along with 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 month 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 (**with a small proposed increase in amount available for next year**) – and ETV assistance if the youth is involved in post-secondary educational or training efforts.

The major effort has been 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. **These efforts at local levels have proved more challenging than anticipated, but are gradually being embraced by practice leaders in our agency and with other stakeholders.**

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. **Revised Job Descriptions have been developed, but the number of youth between 18 and 21 has increased 50% in the last 18 months. That increased demand plus NYTD requirements may move more revisions in the coordinator positions.**

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.

A DHS Transitional Task completed work to outline the steps required for enhanced Transitional Planning for these youth that have multiple DHS agency involvement. **A Memorandum of Understanding has been approved at the DHS organizational level including 5 Agency Directors Task Force member include Division for Developmentally** Disabled 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. Further, DHS has a new program for Public Guardianship, which has greatly enhanced our agency efforts at appropriate Life Planning with Connections for the most fragile and vulnerable of our population.

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 have been shared with more in development**. 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/DCFS is charged with assisting youth with:

- Completing applications for ARKids First, Medicaid, or assistance in obtaining other health insurance;
- Referrals to transitional housing, if available, or assistance in securing other housing;
- and assistance in obtaining employment or other financial support

Arkansas requires all foster youth to receive assistance in applying for admission to a college or university, or to a vocational training program, or another educational institution and in obtaining financial aid, when appropriate; as well as assistance in developing and maintaining relationships with adults who could serve as a Life-Connection.

Before closing a case for a youth in foster care that has reached 18 or older – the youth will have in their possession:

- Social security card;
- Certified birth certificate or verification of birth record, if available or should have been available to the department;
- Family photos in the possession of the department;
- Health Records

- Educational Records
- Credit Report

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 are raised to allow for student employment or participation in work programs/internships without losing eligibility. **While budget constraints currently exist in AR and the plan cannot be implemented at present, new Health Care legislation on the Federal level will have impact on the state's ability to address this need in the near future. It is under consideration. Currently, all youth in care up to age18 are covered by Medicaid FC Category or ARKids Part B age 19 or over, other Medicaid categories or State General Revenue. Youth 18 to 19 years of age who have left care are generally eligible for ARKids Part B or some other Medicaid category.** Youth who have left care after age 18 have no generally available Medicaid category of eligibility available to them after age 19. **New Health Care legislation will impact these youth to age 26.**

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.

Ninety (92) youth participated in AR ETV for 09-10 school years. Efforts have begun to address school retention with the beginning of networking/support "clubs" starting on 3 Arkansas campuses this year. Fifty-three (53) 58% were new 2009-2010 students and 39 (42%) were returning students from 08-09

OFA provides Academic Success Program (ASP) support to students whose GPA has slipped below the 2.0 level. At the first sign of academic difficulty, OFA intervenes to assist students develop their study skills, increase their use of local resources, and enhance their

proficiency to learn and demonstrate lessons learned. During school year 2009-2010, 26 Arkansas ETV students were served by the Academic Success Program. During the Fall 2009 term, there were 39 students in the ASP, of which 4 were active participants. In the Spring 2010 semester, there were 17 Arkansas students in the ASP of which 12 actively participated throughout the term.

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 has worked with 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 and distributed before Jan 1, 2011

Proposed Educational Incentive Trust Fund for Transitional Service Youth

Eligibility – Between the ages of 18 to 23 and have been in care at least 6 months or more before the age of 18 and been in the custody of DCFS at age 18. Not on academic probation at the time of application.

Cash awards for applications received with required documentations supporting

Completion of 2 years of college

Completion of certification earned at a less than 2 year, more than 6 month Vocational program in areas such as Cosmetology, Auto Mechanic, Heating and Air Conditioning repair etc and employment in related field for a length of time to be combined to 2 years

Awarded an Associate Degree at a Community College

Completion of a Training program such as CNA, Receptionist, etc and employment in the training area to achieve a two year combined effort.

Completion of Job Corp program and employment or successful participation in other educational or training programs (average C's or better) to achieve a two year combined effort.

This is a time-limited opportunity – Applications will be available July 1 and must be submitted by July 30

Awards will be $1000 each to the limit of funds in this trust account. If applications exceed the amount available, the awards will be given on a first come/first serve basis until the account is exhausted.
If the applications do not exhaust the account of available funding, an additional award period will be announced.

This process has been tentatively approved. Approach approved will be announced at the Fostering Leadership Conference in August.

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 by blending all available services and community stakeholders in these youth's futures. Youth development, new non-traditional partnerships, or any resource/service to support individual Life Plans while providing opportunities for positive permanency/life relationships is our focus. Youth in local or State YAB are 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 continue to receive training in community development, skill development, organizational skills, advocacy, coaching techniques, etc. Training efforts have been expanded to include renewed

sensitivity to the diversity of our youth and young adults. Leadership training for teens is available for all older teens with the capacity to participate.

Youth are participating in training efforts to further their support available through efforts with Courts, CASA, AAL's DCFS staff and Foster Parents during their respective conferences by offering workshops, youth-led.

Specific training is schedule in October on the use of Life Plans, Transitional Teams, etc for DCFS staff as well as local stakeholders as the service system changes continue to be incorporated into the practice model and practice. Supervisor and Manager training occurred in April with external stakeholders.

Arkansas is developing the policy and procedure to ensure that children receiving independent living services and/or education and training vouchers and those that are aging out of care have information and education about the importance of having a health care power of attorney or health care proxy and to provide the youth with the option to execute such a document.

Statistical and Supporting Information

Juvenile Justice Transfer

Provides the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system: **53 SFY 09**

Inter-Country Adoptions

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

Monthly Caseworker Visits

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

- **The worker visit money was used to support visitation primarily by helping to pay for air cards for tablets, fuel and maintenance on state vehicles, and mileage reimbursement for personal vehicle use.**
- 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 10-1-09 plus (+) all children who entered foster care from 10-1-08 to 9-30-09 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 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

We did not meet the 2010 goal of 70%. Despite this, activities continue that we believe will impact in preventing worker visits.

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 staffing and one on one mentoring to improve caseworker practices.
- **Service Quality and Practice Improvement Teams**: Utilize Central Office quality review teams who:
  - Review cases
  - Measure quality of visits based on the Practice Model
  - Debrief findings with local staff
  - Develop improvement plans (with local staff at the time of review) to make specific improvements
  - Use previous review findings to monitor level of change

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)**:
  - 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).
        - Face to Face (Home).

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:

- $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.

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

CFDA#93.603 - Adoption Incentive Payment Program
Grant Award #- 0801ARAIPP - Amount- $ 822,000.00
Grant Period- 10/01/2009 – 9/30/2011
These funds must be obligated no later than 09/30/2011 and liquidated no later than 12/31/2011.

Recommendations for expenditures:

- $47,110.00 of this money to be used to partner with Chanel 11 for their "A Place to Call Home", featuring children available for adoption. The cost includes thirteen weekly segments that will run from September through November and a monthly feature for one

year. This is a valuable recruitment tool for adoptive families and we would include information on fostering, mentoring teens transitioning out of care, and other areas of need. Our Heart Gallery Website is features with banners for viewing the Foster Care and Preventive Services Websites.

- $60,000.00 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. This also includes at least five digital frames for each of the Areas. These promotional items will be distributed to each of the 10 Areas for use at all adoption related events.
- $60,000.00 for contracted RAD therapy for pre and post adoption services. ($30,000 per year).
- $100,000.00 for respite for post adoption services.
- $100,000.00 for other post adoption services either not covered by Medicaid or for children who do not receive Medicaid.
- $40,000.00 for statewide foster/ adoptive parent conference
- $450.00 for Adoption Recruitment booth to be displayed at an event sponsored by the Citadel Broadcasting Corporation.
- $236,440.00 for extra help positions in each of the Adoption Areas to assist in copying and putting together disclosure and legal packets for waiting children and children in placement. These positions will also be used for purging and boxing closed adoption files for scanning.
- $42,000.00 ($3,000.00 each year for each of the 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 to purchase frames for pictures of our children featured in the coalitions' Heart Galleries. These professional portraits are given to the children after placement.
- $61,000.00 for workbooks to be used in Fetal Alcohol Spectrum Disorder training for foster and adoptive families and adoption staff.
- $75,000.00 for network printers for Adoption Specialists and 5 individual printers for Adoption Supervisors, in order for vital information to be copied for disclosure packets and legal packets.

TA PLAN

DATE REQUESTED	TA DESCRIPTION	NRC/Provider	APPROVED
3/1/09	Decrease number of children entering foster care	National Governors Association (NGA)	Yes

3/25/09	Peer to Peer development Community Stakeholder Iowa.	NRC for Organizational Improvement	Yes
4/9/09-June 30, 2010	Leadership development planning conf.	NRC for Youth Development	Yes
5/18/09-12/31/09	FP conference FP/Bio parent teams 10/2-3	NRC for Family Centered Practice and Permanency Planning	Yes Rose Wentz
6/15/09-10/1/09	Child Abuse/Neglect Dr. Leslie Connections 9/9-11	NRC for Family Centered Practice and Permanency Planning	No
6/09-current	Communications Strategy	NGA/Casey Family Programs	Yes
10/1/09 through 6/30/10	Assist with YAB Leadership; marketing NYTD	Foster Club	Yes
1/1/10 to 6/30/10	Permanency Round Table Strategy for moving youth toward legal permanence	Casey Family Programs	Yes

Arkansas continues to receive Technical Assistance from the following from July 1, 2010 through June 30, 2011:

- NRC Youth Development
- Foster CLUB
- Casey Family Programs
- Children Defense Fund
- Zero to Three Program
- LAMM (with 2 Middle Managers)
- National Governors Association (Communication)
- Consortium for Children (Structured Analysis Family Evaluation)
- Hornby Zeller Assoc. (QA and Child Protective Services)

We are assessing the needs and expected outcomes for possibly accessing Technical Assistance from the NRC related to:

- Effective Strategies for Foster Parent Recruitment and Retention
- Concurrent Planning

  Arkansas will continue to assess the need and consult with our Regional partners for available technical assistance as the need arises.

  The Technical Assistance we have received has been very specific to our Program Improvement Plan and has been effective in shifting the “mindset” and developing new strategies specifically related to Permanency Planning, Youth Leadership Development, and Structured Decision Making during the Investigative stage.

Attachments

CFS-101 Part 1 Annual Budget Request for Title IV-B, Subpart 1&2 Funds, CAPTA, CFCIP, and ETV Fiscal Year 2011, October 1, 2010 through September 31, 2011

CFS -101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

CFS -101, Part III: Annual Expenditures for Title IV-B, subparts 1&2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) : Fiscal Year 2008 : October 1, 2007 through September 30, 2008

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.

Citizen Review Annual Report Area 7 & Response Letter

Citizen Review Annual Report Area 4 & Response Letter

Citizen Review Annual Report Area 1 & Response Letter

DCFS Organizational Chart