

**ANNUAL PROGRESS AND SERVICE  
REPORT**

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**Submitted to**

**Administration for Children and Families**

**U.S. Department of Health and Human Services**

**By**

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## **Summary**

Arkansas 2009 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 32,915 reports of child maltreatment, provided child protective services to 10,385 families, placed 7,431 children in foster care with 4,118 children exiting foster care, and finalized 580 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

**The Division Operational Structure**

The Director of DCFS has management and administrative responsibilities for the Division and has an interactive role with the Child Welfare Agency Review Board and the Child Placement Advisory Committee. An Assistant Director supervises each of the following sections: Office of Community Services, Office of Finance and Administrative Support, and Office of Central Operations.

**Office of Community Services**

The Office of Community Services provides administrative leadership and guidance to DCFS staff throughout all 75 Arkansas counties. Counties are grouped into 10 service delivery areas, each with an Area Director. The Assistant Director of the Office of Community Services directly supervises the 10 Area Directors and administers the Interstate Compact for the Placement of Children unit.

**Each Area is comprised of the following counties:**

AREA I: Benton, Carroll, and Madison, Washington

AREA II: Crawford, Franklin, Johnson, Logan, Scott, Sebastian, Yell

AREA III: Clark, Garland, Hot Springs, Howard, Montgomery, Perry, Pike, Polk, Saline

AREA IV: Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, Union

AREA V: Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, Searcy, Van Buren

AREA VI: Pulaski

AREA VII: Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, Prairie

AREA VIII: Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, Sharp

AREA IX: Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, White, Woodruff

AREA X: Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, St. Francis

### **Office of Finance and Administrative Support**

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

The Central Operations section is responsible for the smooth and timely functioning of the operational facets of the Division. It consists of the Eligibility Unit, Information Technology, Vehicle Safety Program, Criminal Records, Central Registry, and Child Protective Services Programs

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

### **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 authorized and funded in conjunction with various state and federal laws that govern the operation of the Division.

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

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

- XIX Medical Services
- XX Social Services Block Grant

### **Public Laws**

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

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

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

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

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

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

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 life 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: 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
5. 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.
6. Adoption: All children have a right to a safe, permanent family. The Division of Children and Family Services shall develop and implement permanency plans for children. One option is to terminate parental rights to a child for adoptive placement, when it has been determined that reunification with the family is not a viable option. The court may consider a petition to terminate parental rights (TPR) if the court finds that there is an appropriate permanency placement plan for the child. It is not required that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights, or as a prerequisite to the court considering a petition to terminate parental rights.
7. 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 services. The respondents submit proposals in two separate parts, technical and cost. The proposals are

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

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

#### How these agencies are community based

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

#### **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. **DCFS plans to strengthen this partnership over the next year to learn more about service available and to ensure child welfare families are a priority.**
- **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. DCFS continues to strengthen their relationship with SOC and DCFS and SOC Executive staff meets every other week to identify issues and problem solving. We review and discuss update in the Pulaski County Pilot; we also discuss how we can improve referral, screening, communication and partnership in the field.

- **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.
- **Therapeutic Foster Care:** Community Mental Health Centers maintain contracts with DCFS to provide this service statewide. **DCFS meets once a month with providers to strengthen communication of referral and other issues.**
- **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 C.A.L.L** has become a permanent faith-based initiative by becoming a tax-exempt, 501 (c) 3 organizations. The CALL has created a county-based/statewide oversight model that has been replicated in 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](http://www.thecallinarkansas.org).
- **Multi Disciplinary Teams (MDT):** The Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Department of Human Services and the Arkansas State Police have entered into an agreement in cooperation with law enforcement agencies, prosecuting attorneys, and other appropriate agencies and individuals to implement a coordinated multidisciplinary team (MDT) approach to intervention in reports involving severe maltreatment.

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

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

The current focus of the YAB is on gaining a better understanding of the Child Welfare system, engaging community stakeholders, incorporating community service activities and providing the Agency with an authentic youth voice. Youth representatives are incorporated in planning, policy initiatives, the annual Youth Leadership Conference and other program development efforts. Including community based development within the DCFS, along with the implementation of any component that impacts or could impact the likely outcomes of youth leaving care. These youth receive Board Training from DCFS training partners including the National Resource Center for Youth Development and MidSOUTH.

These youth are engaged as partners in program improvement plans and fully communicate with the DCFS Executive Staff on a monthly basis and provide recommendations for program improvements. The YAB is a valued and involved stakeholder and assists with the agency’s efforts to promote and provide the best

supports and opportunities for youth making their transition from foster care to adulthood.

- The Arkansas Pilot Court Team Project is a new project between the DHS Division of Child Care/Early Childhood Education (DCC/ECE), the DHS Division of Children and Family Services (DCFS), and Zero to Three that will be piloted in Judge Joyce Warren’s court located in Pulaski County. The Arkansas Pilot Court Team Project is based on the Zero to Three Court Team Project for Maltreated Infants and Toddlers. This is a systems change initiative focused on improving how the courts, child welfare agencies, and child-serving organizations work together, share information, and expedite services for young children. The local Community Coordinator for the Arkansas Pilot Court Team Project works with Judge Warren to support local Court Team activities by facilitating coordination and collaboration among community stakeholders, scheduling Court Team meetings, and conducting follow-up activities related to Court Team goals.
- The Arkansas Early Childhood Comprehensive Systems (AECCS) is administered by the DCC/ECE in partnership with the Arkansas Department of Health (ADH) to “increase the health and well being of Arkansas’s young children and their families by creating a comprehensive and coordinated early childhood system that will maximize existing early childhood investments, address critical needs and assure that children in Arkansas are healthy and ready to learn by the time they enter school.” The DCFS Policy and Professional Development Administrator serves as a DCFS representative in this partnership.
- 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.
- Children Trust Fund: We believe our support of programs and initiatives that promote positive parenting practices and encourage strong, healthy families will ensure a brighter future for all Arkansans. The Arkansas Children's Trust Fund provides a permanent funding source for the prevention of child abuse in Arkansas. Collected funds are disbursed in the form of grants to organizations or individuals that operate programs with a proven child abuse prevention component.

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

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

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

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

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

Status: Not in Substantial Conformity

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

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

Status: Not in Substantial Conformity

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

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

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 41.0% of the cases reviewed

Permanency Outcome 2: The continuity of family relationships and connects is preserved for children

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 53.9% of the cases reviewed

Well Being Outcome 1: Families have enhanced capacity to provide for the children's needs

Status: Not in Substantial Conformity

The outcome was determined to be substantially achieved in 27.7% of the cases reviewed

Well Being Outcome 2: Children receive appropriate services to meet their educational needs

Status: not in Substantial Conformity

The outcome was determined to be substantially achieve in 71% of the cases reviewed

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

Status: Not in Substantial Conformity

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

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

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

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

**Program Strategy Plan**

Goals and Objectives

<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Design a practice model change strategy	9/30/09	<ul style="list-style-type: none"> <li>a) Outline for casework process completed-Flow chart of child journey through AR DCFS</li> <li>b) Meeting map strategy implemented and ongoing tool to track meeting opportunities</li> <li>c) Continuing to engage internal and external stakeholders</li> </ul>	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
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	6/30/10	CACD agreement revised monthly meeting continue to discuss and resolve	

DCFS and CACD and LLE to ensure safety of children		<p>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.</p>	
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	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.	

safety of children			
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/10	Clarified and added behavioral and practice model language to functional job description met and trained on investigation expectations with supervisors and conducted SDM training. HZA review cases and each area developed plan for closing overdue investigations.	
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/10	Clarified and added behavioral and practice model language to functional job responses. Each area has a PIP that addresses the outcome of QSPR and 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.	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/10	Case reviews are conducted local, by QSPR, and by QA staff (Admin. Review and 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.	Ongoing.

Strengthen the QA process	6/30/10	Finalized the Administrative Review process and methodology and conducted the review. We transitioned the licensures unit to the Division of Child Care and Early Childhood Division. They developed training guides for licensing visits. DCFS and DCCEC have been meeting to develop a partnership with clear roles and responsibilities. DCCEC have trained all their staff on licensing of Foster Homes. DCFS have developed functional job responsibilities for resource workers that clarify expectations. DCFS has a process in place for follow-up on non compliance	
<b>Specify and/or identify data elements</b> Test, and train for Decision Support system	6/30/10	Several meetings have taken place with the personnel from UAMS, and the CHRIS Technical Staff. The P.A.C.E exams are going to be scanned into the CHRIS system, and the medical recommendations screen in the system is being modified to track medical outcomes from the recommendations made by medical personnel.	
Enhance the Quality Services Peer Review	6/30/10	The QSPR process now includes a coaching session in the 2 <sup>nd</sup> part of year as follow up	
<b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Create an effective communication plan that reflects DCFS message	6/30/10	Communication plan developed and communication strategies training with Executive staff. The communication plan will include strategies to improve our messaging about the work of child welfare and reflect our practice model. This benchmark will not require ongoing reporting but will advise if stakeholders are added. The division is in process of hiring an extra help to develop the messages and tools needed and assist in developing strategies to meet varied audiences	

Continue to improve collaboration and communication between courts and DCFS to improve outcomes for children and families	6/30/10	The Director meets monthly with Ms. Tanner on legal practices and issues. Director spoke at children of court conference. She has one on one conversations with Judges as need arises. We are making progress with DNET which is data sharing.	
Implement training review in casework process to identify overall skill set	6/30/10	<b>DCFS has revised Family Service Worker or FSW job description/functional to include behavioral and practice model language</b>	
Design organizational strategies that will support and sustain the DCFS transformation 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	6/30/10	DCFS receives reports on worker and caseloads, turnovers, exit interview, as	

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

<p>Conduct Overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)</p>	<p>6/30/10</p>	<p>The meeting map strategy is used to schedule meeting and educate on child welfare and practice model.</p>	
<p>Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care</p>	<p>6/30/10</p>	<p>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</p>	

		<p>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.</p>	
<p>Develop a strategy for retention of foster parents</p>	<p>6/30/10</p>	<p>A written retention plan was developed and is being implemented. The Foster Care website was created to further positive communication with current Foster Parents and allows easy access to information on all things Foster Care. This page is updated by the Foster Care Unit, maintained by the DCFS webmaster, and is used as a mechanism</p>	

		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	
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FIRST YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop improvement plan for the Quality Assurance of the QSPR process	6/30/10	DCFS contracts this with HZA and a work plan with timeline is developed. The QSPR is similar to the CFSR tool and process. Staff was trained by CFSR consultant. New QA levels by managers are in place. The training and QA process should address the interrelated reliability issues	
Feedback for practice improvements and service development	6/30/10	The QSPR results are shared with Director, Assistant Director, and Area Directors. The QSPR teams follow up in 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of year to review and its effectiveness of PIP based on QSPR results	
Consolidate existing data reports to improve accessibility of effective management of	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	

data			
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.**

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

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

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

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

<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Continue to convene PIP	6/30/11	The Advisory Board continues to meet periodically throughout the year. Each	Complete with 8 <sup>th</sup> Quarter reporting.

Practice Model Workgroup (Advisory Board)		agenda includes discussion of changes, initiatives, consideration of changes in policy, practices, or new implementation of programs which includes consideration and discussion on how this aligns with the goals and principles of our practice model.	
Continue information sessions to gather information and create ownership	6/30/11	Through our meeting map process and the continued community development work at the local level, information sessions and modeling practices and communication which reflect our practice model continue at various levels with varied internal and external audiences.	Complete with 8 <sup>th</sup> Quarter reporting.
Continue Protocol for CACD/DCFS/LLE relationships and implement recommended change	6/30/11	The DCFS/CACD Mutual agreement of understanding has been amended to add clarification related to History checks, investigative procedures and documentation. Monthly meetings are conducted to discuss and obtain input related to potential policy or statutory changes.	Operational as annual review no longer part of CFSP strategy plan
NGA plan activities are integrated into strategies of the practice Model development	6/30/11	N/A	Requirement met
Transform training partnership and professional development approach	6/30/11	Consistently participate in quarterly regional training meetings; started and maintained annual site visits to Academic Partnership Universities; Increased participation and responsiveness to partners in the development of policy and programs affecting contractual relationship; Increased participation in monthly planning meetings between IVE Coordinators and Area Directors; Increased involvement of Central Office staff in training initiatives; increased participation in trainings provided to staff to assess and monitor effectiveness and responsiveness of staff to instruction.	Continues as part of strategy in 3 <sup>rd</sup> year of CFSP  Complete with 8 <sup>th</sup> Quarter reporting.
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			

SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Transform Foster/Adopt Parent Training	6/30/11	Training was review with no revision recommended	AR Adopted the SAFE Home study model
Review and Revise Policy	6/30/11	<p>Document numbers 358, 375, and 464a-464n. A total of 16 documents.</p> <p>The Policy Unit has steadily worked to update and reorganize the DCFS Policy Manual (as well as related forms and publications). The Policy Unit works closely with internal and external stakeholders, including the DCFS Policy Review Team (established in April 2010), in its effort to revise and streamline DCFS policy and other supporting documents. The DCFS Policy Review Team is comprised of several different representatives from across the state. This team reviews all documents prior to promulgation using the Policy Review Team website.</p> <p>The process that the Policy Unit uses as it moves forward with the policy, procedure, form and publication revisions as is follows:</p> <ol style="list-style-type: none"> <li>1) Policy Unit Staff Member reviews policy and may make any of the following changes: <ol style="list-style-type: none"> <li>a. Adjustment to formatting</li> <li>b. Addition of Practice Model language</li> <li>c. Needed updates</li> </ol> </li> <li>2) Policy Unit Staff Member meets with subject matter expert to review initial changes and then discuss any other revisions needed to ensure that the policy is accurate, clear, and family-centered.</li> <li>3) Mark up version of the policy is posted to the Policy Review Team SharePoint Site for approximately two weeks to allow Policy Review Team Members time to review and post comments, questions or concerns.</li> <li>4) Policy Unit Staff Member</li> </ol>	Complete with 8 <sup>th</sup> Quarter reporting

		<p>reviews comments and discusses with subject matter expert. Additional changes made as necessary.</p> <ol style="list-style-type: none"> <li>5) Policy Unit Staff Member responds to any questions or comments from Policy Review Team Members, if applicable.</li> <li>6) Promulgation Packet is prepared and sent to Executive Staff as well as other key partners such as CHRIS representatives, CACD representatives and MidSOUTH representatives for comment.</li> <li>7) Policy Unit Staff Member reviews comments and discusses with subject matter expert. Additional changes made as necessary.</li> <li>8) Promulgation Packet is initially filed with Bureau of Legislative Research. Thirty day public comment period begins.</li> <li>9) Any public comments received are reviewed and discussed with subject matter expert. Additional changes made as necessary.</li> <li>10) Final Promulgation Packet filed with Bureau of Legislative Research, Secretary of State and Arkansas State Library.</li> <li>11) Promulgation Packet Reviewed by Rules and Regulations Committee.</li> <li>12) DCFS all email sent alerting staff that new policy is effective. All effective policy can be accessed through the online DCFS Policy Manual:  <a href="http://www.arkansas.gov/dhs/chilnfam/masterpolicy.pdf">http://www.arkansas.gov/dhs/chilnfam/masterpolicy.pdf</a></li> </ol> <p>Forms can be accessed at <a href="https://ardhs.sharepointsite.net/CW/FormsByNumber.aspx">https://ardhs.sharepointsite.net/CW/FormsByNumber.aspx</a>.</p> <p>Publications can be accessed at <a href="https://ardhs.sharepointsite.net">https://ardhs.sharepointsite.net</a></p>	
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		<p><a href="#">t/CW/DCFS%20Publications/Forms/AllItems.aspx.</a></p> <p>During the past year, the DCFS Policy Unit has revised (and submitted as part of PIP reporting requirements) the following document numbers:</p> <ul style="list-style-type: none"> <li>• 358</li> <li>• 375</li> <li>• 464a-464n</li> </ul> <p><u>Revision Needed:</u> Over the course of the next year, the Policy Unit will continue to review and revise policy with the support of internal and external stakeholders. Immediate next steps include 2011 Legislative Session updates and incorporation of policy outlining the Guardianship Assistance Program (target implementation date October 2011) and the Differential Response Program (target date October 2011). The Policy Unit will also continue to rewrite and reorganize policy in an effort to ensure accuracy and consistency, eliminate redundancy, and more thoroughly reflect the Arkansas Practice Model with the ultimate goal of restructuring the policy manual in a manner that more accurately reflects the casework process.</p>	
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	6/30/11	Ongoing monthly meeting between CACD and DCFS are conducted to discuss potential policy/procedural and statutory changes.	Complete with strategy 8 <sup>th</sup> qrt reporting.
Implement staged phase in of 2 counties/with identified practice model projects in other counties across state	6/30/11	N/A	Requirements met
Implement revised casework process designed strategically for Prevention/Support Services	6/30/11	Completed 7 <sup>th</sup> quarter PIP reporting	3 <sup>rd</sup> year plan will include strategy for Differential Response System and other prevention activities

Implement revised casework process designed strategically to improve investigation and safety of children	6/30/11	The Department is working to implement a Differential Response system which deflects low risk neglect cases to an assessment tract. The maltreatment allegations are being revised to ensure child safety along with a thorough investigation	PIP requirement met
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/11	Structured decision making training for new staff and a refresher for veteran staff will ensure structured decisions when assessing child safety and when conducting investigations. Implementation of the Alternative Response will allow the Department to conduct assessments instead of investigations on low risk cases, this change will allow more time for investigator to conduct thorough investigations on situations involving serious child maltreatment. The maltreatment allegations are being revised to provide a prescriptive investigative process.	Completed PIP 7 <sup>th</sup> quarter reporting
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/11	Clarified roles and responsibilities into practice model language to include leadership response. The F/A process were reviewed for clarity as well as updating curriculum to 2010 version. The agency decided to adopt the SAFE home study process so implementation planning is in process. We have some challenges with tracking training records but continue to problem solve	Completed PIP 7 <sup>th</sup> quarter reporting
Provide safe and permanent adoptions for all children needing adoption as their best permanency option	6/30/11	Adoption staff were given information on SAFE (Structured Analysis Family Evaluation) and all foster and adoptive home studies will be conducted by Mid-South. The Adoption Field Staff are excited about the prospect of this new study process.  The Adoption Committee on Policy, Practice, and Procedures continues to assess and determine the training needs of Adoption staff. As the	Complete with 8 <sup>th</sup> quarter reporting.

		<p>training curriculum review occurs with the completed revision of functional job descriptions, training curriculum may be recommended for all staff in regards to adoption and other permanency options. These identified curriculum revisions or new development will not be identified until 7th quarter.</p> <p>Adoption manager review sections of policy at every field staff meeting, will Be providing adoption information at the Foster Parent Conference, and will speak at Area meetings regarding adoption issues when invited. Training for</p> <p>Adoptions are related to Permanency Strategy such as Permanency Round Tables Values Training, preparing children for adoption, concurrent planning, etc. All these types of training are a part of the training review process that is taking place to determine what training is needed to address specific skill sets.</p> <p>Adoption Supervisors are advised to review CHRISNet reports, workloads, and monthly trend reports monthly and report what they are doing to ensure timely placements of children waiting for adoption. They provide written feedback on status of cases. Examples include Children in Pre-Adoptive Placement six months or more, children not on our Heart Gallery (may need TPR's entered in CHRIS so they will automatically download). The monthly reports are also compiled and sent to Adoption Supervisors to review with their staff. This approach to analyzing data and trend reports will be an ongoing process for adoption manager and will not require further reporting.</p>	
<p>Implement revised casework process designed strategically for Youth Services including National</p>	<p>6/30/11</p>	<ul style="list-style-type: none"> <li>• Worked with Housing Authorities in Pulaski, Johnson &amp; Crittenden Counties on F.U.P voucher</li> <li>• Planned and executed "2011 Educational</li> </ul>	<p>Complete with 8<sup>th</sup> Quarter reporting.</p>

Youth Transitional Database		<p>Achievement Award Ceremony”</p> <ul style="list-style-type: none"> <li>• Planned 2011 “Teen Leadership” Conference with NRCYD</li> <li>• “Shadowed” Coordinators to assess skill sets and gain a better perspective of the daily activities associated with their job duties</li> <li>• Attended 2011 National Pathways to Adulthood Conference</li> <li>• Developed a “comprehensive” Coordinator monthly report to address concerns &amp; assist with the identification of gaps in the service delivery system</li> <li>• Participated in Permanency Roundtables</li> </ul>	
Process implements for peer reviews that align with practice model and federal requirements	6/30/11	Please reference to Pages 89-91	PIP requirement met
<p><b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b></p>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/11	Please reference to Pages 89-94	PIP requirement met Will continue strategy 3 <sup>rd</sup> year CFSP Plan
Evaluate and change the QA process to include strategies that are effective in appropriate	6/30/11	Please reference to Pages 89-94	PIP requirement met

identifying area needing improvement			
Spec (identify data elements) Test, and train for Decision Support system	6/30/11	Several meetings have taken place with the personnel from UAMS, and the CHRIS Technical Staff. The P.A.C.E exams are going to be scanned into the CHRIS system, and the medical recommendations screen in the system is being modified to track medical outcomes from the recommendations made by medical personnel.	PIP requirement met
Enhance the Quality Services Peer Review	6/30/11	Please reference to Pages 89-94	Completed with 7 <sup>th</sup> quarter reporting
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Assess effective communication plan that reflects DCFS message	6/30/11	<p>A Communication Specialist was hired for DCFS in January 1, 2011. His responsibilities include developing and implementing communication tools, researching and writing topical material related to DCFS message and practice model, respond to media request, develop feature articles for the Division, assist in planning press events and prepares press kits for events, develops talking points, develops materials for presentation as needed, and works with DCFS to coordinate media inquiries regarding child welfare issues.</p> <p><u>Public Information Coordinator activities over the past 6 months</u></p> <ul style="list-style-type: none"> <li>• Served as primary agency liaison for DCFS related public events.</li> <li>• Gathered positive success stories surrounding DCFS.</li> <li>• Reviewed and have revisions in process around the DCFS</li> </ul>	Completed with 8 <sup>th</sup> quarter reporting

		<p>communications plan</p> <ul style="list-style-type: none"> <li>• Developed and assisted with overall statewide Foster Care Recruitment Plan-12 separate earned media appearances through TV, Radio, and Print stressing the extreme need for more foster homes in Arkansas.</li> <li>• Met with DCFS stakeholders, partners, and media educating them on all aspects of child welfare.</li> <li>• Coordinated and assisted with DCFS conferences and community day events.</li> <li>• Assumed lead on DCFS Newsletters.</li> <li>• Began development other DCFS promotional products and brochures.</li> </ul> <p><u>Goals over the next Fiscal Year</u></p> <ul style="list-style-type: none"> <li>• Meet with all County Supervisors to see what they would like to see out of DCFS's Communications Plan.</li> <li>• Create a consistent message (talking points) for all DCFS employees to be able to use when speaking to the public or DCFS partners and/or stakeholders on what is going on within DCFS.</li> <li>• Setup a DCFS Communications Steering Committee to continuously update the DCFS Communications Plan.</li> <li>• Develop a DCFS logo and updated tagline that can be</li> </ul>	
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		<p>used to update brochures, literature, letterhead, videos, etc.</p> <ul style="list-style-type: none"> <li>• Develop new media materials and a video that focus on foster care recruitment.</li> <li>• Update the presentation given to potential foster parents in inquiry meetings.</li> </ul>	
Continue to improve collaboration and communication between courts and DCFS for better outcomes for children and families	6/30/11	The Director meets monthly with Ms. Tanner on legal practices and issues. Director spoke at children of court conference. She has one on one conversations with Judges as need arises. We are making progress with DNET which is data sharing.	Completed with 8 <sup>th</sup> quarter reporting
Continue training review in casework process to identify overall skill set	6/30/11	<p>Initiated Comprehensive Review of established training system. Review process included the comparison of revised functional job descriptions for FSW and FSW Supervisors to established training competencies. No competencies were deleted; One Teamwork Competency was added for FSWs. We added one OJT exercise to New Worker training related to teamwork and SOC referrals and are currently proposing revisions to the New Supervisor training provided by MidSOUTH. Proposed revisions place a heavier emphasis on performance accountability through coaching and mentoring by the supervisor. Training</p> <p>Initiated partnering with DHS Organizational Development and Training Unit to enhance training resources available to staff. Applied for Mountains and Plains Child Welfare Implementation Center Technical Assistance grant to help with review of and establishment of enhanced supervisory practices in the State.</p>	Completed with 8 <sup>th</sup> quarter reporting
Design	6/30/11	Area Directors report monthly best	Completed with 8 <sup>th</sup>

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

levels within DCFS		newsletter etc. Conduct survey with workers, youth, and foster parents and follow up on plans based on feedback	
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	6/30/11	Based on results of a statewide assessment, a snapshot was developed to identify population served and services needed. Current data reports, DCFS area staff and county-by-county surveys were conducted to determine service availability, appropriateness and accessible services. Data along with Information was submitted to the DCFS Director. Information was compiled and forwarded to the Service Array committee technical support person to devise an online resource directory.	PIP Requirement met
Complete statewide assessment of contracted, purchased, and free services for children and families and develop strategies for improving performance indicators that lead to improved services	6/30/11	HZA conducted a statewide assessment of Counseling, Intensive Family Services and Psychological Evaluation services. The statewide assessment found areas of strength and weaknesses as well. HZA discovered that one counseling provider was not in compliance with the performance indicators. This provider had to submit a corrective action plan. The HZA report mentioned that the system of care was not functioning consistently statewide as it should as well as some billing issues. HZA has not submitted their final report for psychological evaluations services. However; an informal review of psychological services did not reveal to be family friendly nor did some reports addressed means of strengthening families. Prevention support staff conducted research and revamped the service where the primary focus must be the child's health and welfare.	PIP Requirement met
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource</b>			

<b>development at the state and local level to address those identified gaps.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Conduct overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	6/30/11	DCFS Director during executive staffing sessions provides an overview of the outcomes, analysis and assessment of service from meta analysis, and QSPR results etc.	PIP Requirement met
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	6/30/11	After identifying report needs, they are being utilized to effectively strategize in recruitment/retention efforts. The “Current Foster Children by Latest Removal County and Placement County Summary” is used to identify the percentage of foster children who are placed outside of their originating county and area. This report allows a snapshot of the needs of each county and area, which aids in county-specific recruitment. Other reports used are the “Provider 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	Completed with 8 <sup>th</sup> quarter reporting

		<p>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.</p>	
Assess and enhance strategies for retention of	6/30/11	Previously reported Foster Parent Retention Plan	Completed with 8 <sup>th</sup> quarter reporting

foster parents			
Increase the number of adoptive homes in the state to meet the individualized needs of children awaiting adoptive placement	6/30/11	The Adoption Recruitment plans have not been revised to date. Adoption Specialists are following the original recruitment plans and the Supervisors report monthly on activities. We have added a local radio station, Power 92, to our recruitment efforts. This station reaches most all of Arkansas and is geared specifically to African-American audiences. Broadway Joe is the personality who talked about adoption and has done an interview with two Adoption Specialists in Pulaski County. He was adopted, so he gives a personal perspective to adoptions.	Completed with 8 <sup>th</sup> quarter reporting

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

<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Continue to develop improvement plan for the Quality Assurance of the QSPR process; Assess and review plan developed as implemented	6/30/11	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	Completed in 7 <sup>th</sup> quarter reporting
Feedback for practice improvements and service development	6/30/11	The QSPR results are shared with Director, Assistant Director, and Area Directors. The QSPR teams follow up in 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of year to review and its effectiveness of PIP based on QSPR results	PIP requirement met
Consolidate existing data reports to improve accessibility of effective management of data	6/30/11	On a quarterly basis, supervisors within each of DHS's 83 county offices review each active foster care and in-home case in their respective counties. The tool enables supervisors to complete their required quarterly review of all open cases in their respective counties, and supervisors must review 100 percent of their cases	Completed with 8 <sup>th</sup> quarter reporting

		for a given quarter. The review provides supervisors with a one-on-one training tool to staff and discuss individual cases with caseworkers, including working with caseworkers on practice issues. The tool allows the supervisor to determine whether caseworkers know how to utilize best practice concepts; and if not, the supervisor can work with them on developing these skills. After all of the reviews have been completed for a given quarter, reports are generating offering case review information by county, area and statewide.	
Begin to develop strategies to revise the process and request enhancement to align CHRIS with practice model	6/30/11		PIP requirement met
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>SECOND YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROGRESS</b>	<b>REVISION NEEDED</b>
Develop training on how to access reports and understand the data including the analysis of the data from 1 <sup>st</sup> year	6/30/11	MidSOUTH training academies provide CHRIS COR training when requested. This training helps staff understand the COR elements used in CHRIS and the relationship of data entries to the COR report findings. Hornby and Zeller have also provided training to Executive Staff on the Quarterly Performance Report.  Greg Moore, Manager of the Quality Assurance Unit, lead a discussion about the QSPR data reports to university partners at the regional Partnership meeting in November. The focus of this discussion was to help field trainers and coordinators better understand the relationship of the data reports to training	Completed with 8 <sup>th</sup> quarter reporting

		<p>needs/issues.</p> <p>The following items were highlighted as the most relevant to field staff training:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Services to family to protect children in the home and prevent removal or re-entry into foster care, (Item # 3)</li> <li><input type="checkbox"/> Risk assessment and safety management (Item # 4)</li> <li><input type="checkbox"/> Child and family involvement in case planning (Item # 18)</li> </ul> <ul style="list-style-type: none"> <li>• Caseworker visits with the child (Item # 20)</li> </ul> <p>The PDU and QSPR manager developed a training reporting template to help DCFS supervisors begin to link training activities specifically to the casework model as well as to think through how training relates back to specific QSPR items and Practice Model goals.</p> <p>The intent of this tool is that each Area Director and county supervisor uses the local QSPR findings and the Practice Model goals as a reference for identifying appropriate training/skill development activities for that area/county.</p> <p>CHRIS staff also conducted CHRIS overview training to new Central Office personnel in four 3 hour sessions. This training focused on organizational CHRIS screens, contract provider payment processes and CHRIS Net data reports.</p>	
<p>Conduct annual surveys and align with practice model that collect information in regard to client satisfaction and needed</p>	<p>6/30/11</p>	<p>Surveys conducted from July 1, 2010 and June 30, 2011 include:</p> <ul style="list-style-type: none"> <li>DHS Cultural Survey</li> <li>Foster Parent Survey</li> </ul> <p>Finalizing Results of the 3C Training feedback (field staff</p>	<p>Completed with 8<sup>th</sup> quarter reporting</p>

improvements for quality and practice improvement			
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Assess and continue staged practice model change strategy	6/30/12	Practice Model Goals and principle remain	3 <sup>rd</sup> year CFSP Strategy Plan supports
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/12	Delete activity for 3 <sup>rd</sup> year plan	
Continue information sessions to gather information and create ownership	6/30/12	Delete activity	
Evaluate working relationship statewide and strategize for improvement	6/30/12	Delete activity	
<b>DCFS will continue engagement of field staff in the implementation of the practice model in the strategies implemented over the last two years and others as</b>	<b>6/30/12</b>		

needed. (i.e. case consultations; practice guide and policy development)			
DCFS will continue the development of practice guides and other tools as outlined in plans developed.	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	Address in Training Plan CFSP	
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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	Delete activity	

other counties across state			
Implement revised casework process for prevention support	6/30/12	Delete activity	
Improved assessment of families & support to prevent removal & keep children safely in own home	6/30/12		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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	Address in Adoption Recruitment Plan	
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 with practice model developed and implemented	6/30/12		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			

<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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		
<b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue message consistent with practice model	6/30/12	Address in Communication Plan	
Improved collaboration between courts and DCFS for improved outcomes for	6/30/12		

children and families			
New training curriculum and skill based training is developed and implements from 1 <sup>st</sup> year review	6/30/12	Address in Training Plan	
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		
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b></p>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Implement strategies for retention of workers at all levels of DCFS	6/30/12		
<p><b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b></p>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Data reports available to accurately identify resources in local communities	6/30/12	Address in Foster Parent Recruitment Plan	
<b>Develop and Implements new strategies to</b>	<b>6/30/12</b>	<b>Operationalize Contract Monitoring</b>	

<b>improve the contracts and purchased services based on statewide assessment results and recommendations</b>		<b>Delete Activity</b>	
<b>DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provide and continue with follow up processes to sustain effectiveness.</b>	<b>6/30/12</b>		
<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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	Addressed in Recruitment Plan	
Specialized foster families with experience to meet the individualized needs of children entering foster care	6/30/12	Addressed in Recruitment Plan	

Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	6/30/12	Addressed in Adoption Recruitment Plan	
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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	Delete Activity	
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>THIRD YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to train and develop skills	6/30/12	Address in Training Plan	

of new staff and develop refresher courses for experienced staff			
<b>Surveys conducted are utilized to improve practices and processes within the practice model implementation</b>	<b>6/30/12</b>	<b>Operationalize Delete Activity</b>	
<b>DCFS will continue with annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model.</b>	<b>6/30/12</b>		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Assess status of each County practice model	6/30/13		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/13		
Continue	6/30/13		

information sessions to gather feedback of practice model implementation			
Continue strengthening CACD/DCFS/LLE relationships	6/30/13		
Continuing shift in the number of children entering foster care and increase in the number of children being supported in their own homes	6/30/13		
Training partnership is repositioned and providing effective support to field	6/30/13		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Improved 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		
<b>Phase in of practice model across the state at varying levels dependent on capacity</b>	<b>6/30/13</b>	<b>Delete Activity</b>	

Evaluate practice model implementation across the state to determine need training, resources, and other supports to integrate into every day practice.	6/30/13		
Statewide revised casework process with increased ability and practice in prevention support activities	6/30/13		
Improved risk assessments and planning for safely keeping children in own home	6/30/13		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Improved assessment of 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		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to evaluate case progress and make improvements through the development of quality improvement strategies	6/30/13		
Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model	6/30/13		
Dashboard accessible for data management	6/30/13		
Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	6/30/13		
<b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based</b>			

**services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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 skill based training is developed and implements from 2 <sup>nd</sup> year review	6/30/13	Delete Activity	
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.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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Continue to implement and assess and evaluate effectiveness of retention strategies and change as needed	6/30/13		
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**Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Data reports available to accurately identify resources in local communities	6/30/13		
Continue to implement strategies and assess effectiveness of changes made to improve contracts and purchased services for children and families to achieve better outcomes	6/30/13		

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

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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	6/30/13		

home living for older youth			
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		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Continue to assess and make needed changes to ensure the QSPR process remains aligned with the practice model	6/30/13		
Assess data reports and feedback on accuracy and develop strategies to improve practice with 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		
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**Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.**

<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Align process of training on how to access reports and understand the data including the analysis of data with the training system	6/30/13		
Survey results are utilized to make changes in practices and integrates within the QSPR process 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.**

<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Practice model change strategy implemented statewide	6/30/14		

**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**

<b>to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Report out progress over the last 4 years	6/30/14		
Assess and gather feedback from practice model implementation	6/30/14		
Overall statewide good working relationships with CACD/DCFS/LLE statewide	6/30/14		
Appropriate children are entering the foster care system and increased number of children are able to remain in their own homes with appropriate services and supports with positive outcomes	6/30/14		
Evaluate training partnership and professional development	6/30/14		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Improved well being and stability of children in foster care	6/30/14		
Policy supports	6/30/14		

and is user friendly			
Working relationship that are effective and ensure safety of children	6/30/14		
Continuing to build practice model statewide with improved outcomes for children and families	6/30/14		
Improved outcomes for children and families; decreased removal from home	6/30/14		
Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care	6/30/14		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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		
<b>Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
QSPR is an effective process with 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		
<b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Effective messaging for community and stakeholders understanding of DCFS role	6/30/14		
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/14		
Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices- (how to)	6/30/14		
Organization has supports and strategies in place to sustain the DCFS	6/30/14		

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

<b>Goal: Establish an ongoing process that identifies services gaps and implements resource development at the state and local level to address those identified gaps.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
Accessible, available and quality services to meet the needs of families at the local level	6/30/14		
Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies	6/30/14		
Specialized foster families with experience to meet the 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		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET</b>	<b>STATUS</b>	<b>REVISION</b>

	<b>DATE</b>	<b>ACCOMPLISHMENT/PROCESS</b>	<b>NEEDED</b>
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 management reports for managers and supervisors to focus on items and practices to improve	6/30/14		
Continue to prioritize and complete CHRIS enhancement when possible due to fiscal capacity to further alignment with practice model	6/30/14		
<b>Goal: Create a systemic approach for data management within DCFS at all levels to justify policy, procedure, and financial changes necessary based on valid data to continually improve the ability to provide the most appropriate services and supports to children and families for positive outcomes.</b>			
<b>FIFTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESS</b>	<b>REVISION NEEDED</b>
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		
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### **Status of the PIP Measurement Plan items:**

S1 Item 1-pending  
S2 Item 3-pending  
S2 Item 4-Met  
P1 Item 7-met  
P1 Item 10-Met  
P1 Item 17-Overlapping Year  
WB 1 Item 18—Overlapping Year  
WB 1 Item 19-Met  
WB 1-Item 20-Overlapping Year

### **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 **303** fathers were served through this initiative.  
A total of 48 teen fathers were received services through the fatherhood initiative  
Fathers were assisted with Job training  
Fathers were assisted in finding jobs  
Fathers were enrolled in parenting classes  
56 fathers had children involved with the Division of Children and Family
- 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, 2010 through June 30, 2011 revealed 4238 children and 11,448 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 15,383 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 re-issued this fiscal year statewide due to several changes to the Performance Indicators. DCFS sponsored a 1 day training facilitated by the Family Preservation Services Network for all state fiscal year 2012 contract IFS providers DCFS Investigators, DCFS Supervisors and Fatherhood Initiative Facilitators. 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. DCFS Investigators and supervisors received training on case planning. The Fatherhood facilitators and DCFS worker were trained on methods to use in getting more fathers involved along with various methods to use in communicating with the fathers.
  - Performance Indicators and Scope of Work for Psychological Evaluation Services were amended to be more family focused and friendly. The primary focus must be the child's health and welfare.
- DCFS maintains an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to "Baby Doe" reports. The Division has a policy that outlines procedures to be taken in the event a "Baby Doe" report is received. DCFS did not receive any "Baby Doe" reports during this reporting period. "Baby Doe" services are provided statewide.

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

- DCFS Program Assistants were trained and certified through Mid-South in Parenting Education.
- The agency distributed child abuse materials and promotional items including telephone magnets, two sided book markers, pens, brochures, etc. in an effort to educate the community. Throughout the year, DCFs receives request for child abuse materials from the Family Resource Centers, Human Service Workers in the Schools, Arkansas State Police, and Field Staff, community agencies, schools and medical facilities. County

offices and the Human Service workers in the Schools held community awareness events in collaboration with members of the community.

- A prevention website is being used throughout the year to target the reduction and awareness of child abuse and neglect. The prevention website [www.arstopchildabuse.org](http://www.arstopchildabuse.org) . This fiscal year the agency decided to use the newspaper and television media to bring about awareness of child abuse and neglect.
- 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- twenty-five (125 teens compared to one hundred-six (106) last fiscal year.
- Parent Support Groups, where parents worked together to strengthen their families and build social networks was formed. There were three (3) groups formed through the Family Resource Centers in collaboration with community partners. Additional support groups are needed however; no new groups were formed.

#### **Outline of Activities for FY 2012**

- DCFS will maintain a prevention website for FY 2012. The agency will also use the printed, television and radio media 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 Program Assistants 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 for FY 2012**

- Parenting - Increase the number of Parenting Support groups around the state. There was no progress in increasing the number of parenting support groups last fiscal year however; DCFS will continue to work on increasing the number of support groups.
- Citizen Review Panel - Request for 2 additional Citizen Review Panel (DCFS areas 6 and 9). Additional Citizen Review Panels are much needed. Efforts will continue in the request to add 2 additional panels.
- 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. This area was not completed during the last fiscal year however; it is really needed and efforts will continue to add at least 1 additional program in the Northwest part of the state. Having an additional program would cut down of travel for our workers and families.

There were no substantive changes in state law that impacted the State's eligibility for the CAPTA State grant. The Re-Authorization Legislation required CAPTA are in development in Arkansas to include Differential Response System and assessing Fetal Alcohol Spectrum Disorder.

New CAPTA Plan will provide assurances that requirement are met.

**Foster Care Services**

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

Currently, the agency is reviewing best practice on how to engage birth families. Some research suggests relational approach is best practiced when centered on child/parent visitation. 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 as well as accepting the services provided by the agency. Years three and four will focus on implementation of increasing worker visits and birth parent's involvement in the developing of the case plan and decision making process. The agency continues in the belief that engaging birth families directly relate to outcomes for children. In this past year, little progress is noted. DCFS strongly urges case workers to work with birth families to achieve positive outcomes. The agency will continue working to take the necessary steps to infuse engagement of birth families into best practice. The agency will gather information from birth families to use in trainings developed for field staff.

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

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

### **Permanency Roundtables**

Over the past two years, the Arkansas Division of Children and Family Services has worked toward positive transformation of the state's children welfare system. A key piece in our transformation efforts involves recognizing and communicating that every person within our system is a leader through his own daily demonstration of effective practices. We reinforce this message in our Practice Model values that "*how* we do the work is as important as the work we do."

We are drawing from a complex evidence base to assist us in our transformation. We are presented with both urgency and opportunity to design a child welfare system that includes:

- a comprehensive practice model to guide the work of the field and central office support;
- change management strategies;
- a strategic communications plan;
- continued professional development;

- a service array with attention to variety, efficiency, and effectiveness of procured services as well as services and support organized through community partnerships;
- efforts to enhance quality assurance including development of a system for results monitoring and practice improvement at all levels to ensure the safety, permanency, and well being of families.

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

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

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

The desired results all link to expediting permanency and include:

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

Arkansas targeted youth in care 24 months or longer regardless of the age, goal, and ethnicity. At the time we chose to implement Permanency Roundtables, there were approximately 4,000 youth in care with about one third of those youth having been in care 24 months or longer. As we began to identify youth who were appropriate for a round table, we began to also identify those youth that were in pre-adoptive placements. While these youth were already moving toward permanency, efforts to finalize the adoptions had stalled, so the urgency that the round table process provides was needed to finally achieve full permanency.

### **Placement Stability**

Last year we had a set of recommendations outline in the plan we were able to implement the recommendations:

1. Develop placement guide training, mental health specialist has provided technical assistance.
  - Emphasize use of relatives placement
  - Specialized Foster Homes and Provide recruitment
  - Updates in health oversight
  - Service training

2. Family Team Decision Making Meeting:

- We do plan to implement something similar in regards to permanency planning if Guardianship is being considered
- Specify a person follow and assist DCFS field staff with completing DDS application and following until client approved

**One strategy that we hope impacts retention and placement stability of children in out of home placement is “Alternate Care” for children in out of home placement. This policy may be used to provide assistance to foster parents when circumstances requiring supervision by an appropriate adult other than the foster parents exist, (e.g., if both foster parents work, during foster parent training, transporting a child in foster care for medical purposes, need for short-term, temporary care to provide relief to the foster parent from the on-going responsibility of care, etc.)**

The placements stability issues will be addressed in the 3<sup>rd</sup> year strategy plan previously documented in this report.

**Health Care Oversight-There are no changes to our plans for July 2011 to June 30, 2012**

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.

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

This last year, DCFS has began to meet about every three months with Medicaid services to discuss the possibility of targeted case management and health coverage for youth who remain in care at age 19 and 20.

Executive level of Medicaid, DCFS meet monthly in pursuit and development of electronic health records.

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

### **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.

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

The Community Mental Health Centers (CMHC) agree to provide assessments for any foster child in their community under the age of ten to determine if psychiatric hospitalization is necessary and to provide services to divert a hospitalization, if possible. DCFS implemented a policy in April 2010, requiring that DCFS case workers obtain an assessment from the CMHC prior to referring a foster child under the age of ten for psychiatric hospitalization. Since the policy was implemented, 189 children have been diverted from hospitalization through the community-based screening process and crisis stabilization services.

The mental health policy is being revised currently for promulgation. Changes will include the requirement of community-based assessments for a foster child of any age. It is hoped that with increased involvement by the by the community mental health system,

institutionalized care will be reduced with more appropriate evaluations and crisis stabilization services.

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

Community Mental Health Centers (CMHC) have agreed to pilot a new approach for assigning referrals of foster children to therapists/case managers. Instead of assigning the referral to the next available therapist, a therapist and a case manager, if needed, will be assigned to a foster home. The same therapist and case manager will provide services for all foster children in that home. This would mean that a foster home would have a consistent relationship with a therapist and case manager, instead of having multiple therapists (and providers) involved with children that are in their foster home. According to best practices in mental health with foster children, the primary focus for most children should be with the foster family, foster environment and biological/adoptive families (if re-unification is the goal). Of course, individual interventions should also occur but usually the most positive impact can be made through work with families and the home environment. This approach will be also be more time-efficient and may increase available direct service time by CMHC clinical staff.

Each Center will work with the DCFS Area Director to identify a county in their catchment area to begin this demonstration project. Targeted dates for implementation will vary by CMHC but it is expected that this will occur in 14 counties by July 1, 2011. If the concept proves to be beneficial for our foster children/families and helps CMHCs and DCFS improve service outcomes, we will expand to more counties.

Positive outcomes expected:

1. Increased support for foster parents
2. Decreased fragmentation of mental health services
3. Foster children would have access to mental health services more quickly, since the CMHC would know when another child was placed in the home.
4. Improved consistency in clinical direction on parenting skills and managing behavioral issues in the home
5. Over time, the foster parents will gain skills in maintaining children with behavioral problems in their home and community
6. Early intervention – if a child/youth's mental health status begins to deteriorate, interventions can be put into place more quickly, rather than the foster parent becoming frustrated and making the foster child leave their home, resulting in many children and youth admitted to inpatient facilities, unnecessarily
7. Decreased number of placement disruptions for foster children
8. More time-efficient for your therapists/case managers, cutting down on no-shows, decreasing travel time by case managers and/or therapists who will probably provide intervention for multiple children in one home, etc.
9. Improved accountability through increased monitoring of issues in the foster home that might require intervention by DCFS/mental health therapist or both
10. Better collaboration between DCFS and CMHCs
11. Less travel/time required by the foster parent/DCFS case worker when services are coordinated

### **Foster Parent Training – “The Defiant Child”**

System of Care funds have been designated to provide specialized training for foster parents. The 8-step curriculum on managing “Defiant Children” by Russell Barkley will be used for statewide training. This curriculum is evidence-based and will give foster parents increased skills in managing children and youth with behavioral issues that often result in disrupted placements.

Sharon Long with the Centers for Youth and Families’ Parent Resource Center provided a “train the trainer” session on February 18<sup>th</sup>. Participation through video-conferencing was available for those who could not participate in person. The “train the trainer” session ensures better consistency statewide in how the curriculum content is presented. It also ensures that our public mental health system has licensed therapists that are familiar with this evidence-based curriculum and can use this knowledge with the general population in their communities.

CMHCs set dates for training sessions in their areas and are working with local DCFS staff on distributing flyers and getting foster parent signed up for the conference. CMHCs are expected to provide child care and meals to make it easier for foster parents to participate. Trainings will occur in 14 locations across the state and will be completed by the first of June, 2011.

These funds were made available to DCFS because of the success of training provided by CMHCs for foster parents on Managing Children with ADHD. The participant evaluations were very positive statewide with many foster parents wanting continued training and collaboration with their local CMHCs. ADHD was chosen because this diagnosis is the most prevalent diagnosis associated with disrupted placements. Information on the impact of trauma was also presented to assist foster parents in having a deeper understanding of the behavioral issues exhibited by traumatized foster children and how multiple placements exacerbates those symptoms.

### **Therapeutic Foster Care Training – Prevention of Sexually Abusive Behaviors**

Providers of Therapeutic Foster Care (TFC) will receive training April 26 through the 28<sup>th</sup> on Primary, Secondary and Tertiary Prevention of Sexually Abusive Behaviors in Childhood and Adolescents. The trainer is Gail Ryan, Associate Professor, and Kempe Children’s Center at the University Of Colorado Health Sciences Center. Ms. Ryan has provided training in twenty-two states and territories. The training will certify each participant to utilize the content and materials of the training curriculum to train other staff in their programs and stakeholders in the community. Due to continued difficulty in finding appropriate placements and services for children with a history in inappropriate behaviors, DCFS sought expertise to enable our TFC providers to increase their competency and knowledge in providing community-based services for this population.

Many CMHCs provide TFC as well as other providers in the private sector. In addition to mental health clinicians with TFC programs, participant will include two behavioral specialists from Dept. of Education/Special Education, Division of Behavioral Health’s

Clinical Specialist with System of Care, and Partners for Inclusive Communities trainer for Early Childhood Mental Health and a clinician with the Division of Youth Services. Successful community integration will require the judicial system, schools, early childhood providers and community mental health to be more open to working with children with sexual issues. This increased knowledge and service availability will greatly improve the ability of DCFS to more appropriately place and serve children in the community rather than relying on institutionalized care.

### **Psychotropic Medication Utilization by Foster Children**

The utilization and possible over-utilization of psychotropic medication by foster children is an issue of concern for DCFS. Various approaches and changes in procedures have been explored. A guide for foster parents and case workers has been developed to assist them in types of questions and information they should ask the prescribing physician. A draft training curriculum for FSWs, foster parents has been developed and will require continued work with DCFS's training partners to plan and include in the rather extensive training expectations that currently exist. Dr. Steven Domon, Board Certified Child Psychiatrist, Medical Director of the Arkansas State Hospital and Dr. Larry Miller, Medical Director at the Division of Behavioral Health Services has agreed to assist in consulting with and training physicians within the CMHCs. A Medication Administration and Monitoring form specifically for Psychotropic Medications has been completed but not promulgated at this date.

Currently, Dr. Domon and other child psychiatrists working with the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy and Medicaid are monitoring utilization of psychotropic medications with children that are outside of set parameters. When a foster child is identified for prescribed medication or dosages of medications that are outside the norm, Anne Wells, licensed mental health specialist, receives notification. Ms. Wells follows up with local DCFS reviews the case and helps determine what steps are necessary to ensure that a second opinion is obtained regarding medication. DCFS staff also contacts Ms. Wells on any psychotropic medication concerns. Dr. Domon serves as a consultant, reviewing the case and making recommendations.

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.

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 157 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. Due to the success of this policy change, there is consideration of expanding this policy in SFY12, requiring that foster children of any age must be assessed by the local Community Mental Health Center to determine if the incidence of psychiatric hospitalization can be decreased.

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

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.

## **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**

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**

## **Adoption Recruitment and Retention Plan**

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

### **General recruiting plans:**

- To continue to use Websites and media to display information regarding adopting a child out of foster care and to offer education and support to adoptive parents-This would include Heart gallery websites, Power 92, and Channel 11.
- Contact with local civic and professional groups, churches and organizations-Maintaining communication with Pulaski County Adoption Coalition, The CALL, and utilizing these contacts to broaden into Teachers, Nurses, and Counseling Associations.
- Continue to work with volunteers and foster/adoptive parent to plan activities for children available for adoption-Girls Day Out, March Madness, and War Memorial Boys Night Out.

- Continue to display the Heart Gallery photos in area churches that includes the information and website to read about and begin the inquiry process of adoption
- Continue to hold Inquiry meetings for those interested in adopting
- Access local stations, newspaper and radio stations to have the adoption information and events featured to the Public.
- Continue to have a booth providing information at local fairs and festivals. This would include the Black Expo, Pedal Car Races, Adoption Picnic, Hat Gala, Easter Festival, Meet and Greet, and World Fest.
- To offer quality support, education, timely response and information on available resources to adoptive families needing assistance or support

#### Recruitment of families of Minority:

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

#### Individual Child Recruitment:

- To continue to use websites and all media resources to support a child who is in need of a forever family.
  - Continue with the adoption picnics to allow the opportunity for open and approved families to meet and interact with the children who are in need of a forever family.
  - Speak to approved families individually and at the Meet and Greets for child specific recruitment.
  - Continue to refer children in need of a forever family to Channel 11 for exposure for those child/children.
- For staff to be knowledgeable about the children on their workload that are in need of a family and to use that child's strengths when presenting child specific recruitment information.

**Foster Parent Recruitment and Retention**

Intermediate Outcomes	Initial Outcomes	Outputs	Actions	Inputs
Increased community awareness of the need for foster family homes.	Increased number of foster family homes which meet the needs of the children entering care.	Improved recruitment strategies for specific needs of each district.	Train resource workers on Diligent Recruitment as defined by federal standards. (scheduled 7/6/11)	Dedicated Resource Workers in each district who recruit and assess prospective foster parents and provisional relative homes.
Promote consistency in recruitment and retention of provider homes.	Promote information sharing and identification of barriers and issues.	Agenda includes training as well as information sharing.	Meet monthly with resource workers.	Dedicated Resource Workers in each district who recruit and assess prospective foster parents and provisional relative homes.
Engage local schools to partner with recruitment efforts.	Assessed which school districts where recruitment efforts need to be increased.	Management reports were shared with the Resource Supervisors in each district.	Addressed number of foster homes per school district to number of foster children placed out of county using SACWIS management reports.	Dedicated Resource Workers in each district who recruit and assess prospective foster parents and provisional relative homes.

Intermediate Outcomes	Initial Outcomes	Outputs	Actions	Inputs
Share reports with Resource Staff Supervisors. Discuss reports with Resource Staff.	Request new reports to identify recruitment need.	Utilize some reports to identify recruitment needs.	Assessed existing management reports in state SACWIS.	SACWIS management reports.
Contact information to be shared with foster parents by newsletter.	Develop contact information.	Approval to proceed with the development of this resource obtained.	Meet with foster parent who expressed interest in serving as a statewide liaison to facilitate foster parent retention.	Engaged Foster Parent Liaison.
Clarify expectations of the working relationship.	Improved understanding on the role of the Licensing Unit.	Promote working relationship between the Resource Workers and Licensing Staff.	Utilize Licensing staff for training.	Partnership with Licensing Unit.
Increase retention of foster parents.	Improve investment from foster parents.	More relevant topics presented at conference.	Seek input regarding training needs and speaker recommendations from resource workers and foster parents.	Coordinate with Foster Parent Conference committee to ensure topics are relevant for skill development and educational at annual conferences.

Intermediate Outcomes	Initial Outcomes	Outputs	Actions	Inputs
Increase retention of foster parents.	Increase communication.	Demonstrate commitment by central office staff to foster parent community.	Utilize foster parent surveys – past & present.  Attend foster parent association meetings.	Engage foster parents to share information.
Will review draft products as soon as available.	Approval to proceed obtained.	Submit suggestions to print shop staff.  Series of specific brochures discussed with communication specialist.	Meet with agency print shop staff regarding possible products.  Agency newsletter developed to include information on foster care recruitment and retention strategies.  Partner with Media outlets to raise community awareness of the need for more foster homes.	Develop new tools (brochures) for foster home recruitment.  Engage agency communications specialist for sharing the message – the need for more foster homes in communities across the state.

## **Disaster Plan**

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

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

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

- Activities include:
  - Informing staff on BCCP
  - Provide staff identified or role a copy of plan
  - Activate risk mitigation
  - Train back-ups
  - Conduct an exercise on day run of contingency action to identify gaps
- The following strategies are completed with a continuous quality improvement process in place as we learn from each disaster that occurs:
  - All counties have a plan in place to respond to a disaster with DHS/DCO identified as lead.
  - DHS established a protocol for contacts and Centralized Information. This activity is included as part of new employee orientation. The BCCP will “recover” the information in system when implemented in the event of a disaster.
  - Each county has an established protocol for “check in” in the event of a disaster.
  - The division has a protocol in place to debrief after a disaster and determined what is needed to improve or change. (Executive staff)
  - Each county partner with local law enforcement or 1st responders if needed to respond to high risk child welfare issues or safety of child is compromised.
- The following strategies remain in effect for continued implementation:
- Emergency contact form and preparedness information guidance has been developed for foster parents. This information will become a part of a foster home and electronic and hard copy files maintained. Goal date: June 30, 2012.
- Will continue to work with other child serving agencies and partners to assure appropriate and timely response to continue critical case management activities. Goal date: June 30, 2012.

### **July 2010 through June 30, 2011 status report:**

Arkansas experienced several natural disasters over this last year with the events of flooding and tornadoes. The protocols for notification of well being of staff, foster parent, foster children, and clients were effective. DCFS was able to provide technical assistance and consultation in determining the placement of children during evacuations. Some

children remained with foster parents and others had to be placed with a new provider, but the focus was on ensuring the best interest of the child was met. Local emergency responders worked well with DCFS staff, and DCFS was able to assist families with access to shelters, linkages to other resources and follow up case referrals.

DCO was prompt with notifying DCFS of office closures, relocating staff to other work sites, and needs to ensure the work could continue.

DCFS will follow up with each county in the next month to assess status of staff, foster parents, foster children, and other clients impacted by these natural disasters.

Lessons learned:

- 1) Importance of security of records and files in each office, (the need to have documentation in the electronic record for recovery purposes). The flooding destroyed many files records although there is some clean up taking place and file restoration.
- 2) Better message and communication of the assessment of the placement and not assume must move a child because a foster home is destroyed and no longer in compliance with licensing and policy.
- 3) Develop a way to document in SACWIS those children or families impacted so follow up can be better managed and monitored overtime.

### **Tribal Coordination**

Arkansas does not have any recognized tribes. We do have children in foster that are referred to the Tribal Nation for consideration of intervention, placement and case management. Our SACWIS system does have an element where we can document this information, but documentation is inconsistent as is tracking of this item. We do know that over this last year, on an average, we provided notice on about 40 children placed in foster care which represented about 15 different tribes. These tribes included Cherokee Nation, Pit River Tribe, Navajo, Northern Cheyenne, and Osage. Generally, when notified, the representative participated in hearings and staffing of these children and identified placement although the placement option was not always utilized. None of them moved to transfer to the tribal court.

Currently, CHRIS reflects 124 children who are identified as American Indian and Alaskan Native (AIAN).

**When a child is identified as having Native American Heritage, a referral is immediately made to Office of Chief Council (OCC), who then contacts the appropriate tribe for consultation and next steps. The Tribal Liaison or Coordinator is invited to case plan staffing, provided notification of placement moves, notification to court, and other agreed upon information if the Tribe chooses not to assume jurisdiction.**

**Our OCC utilizes a checklist to assist with tracking requirements and ensure that we comply with all federal regulations.**

Arkansas will assess and make necessary changes to better identify and track children to ensure timely notification of the Tribal Nation.

### **Evaluation and Technical Assistance**

**DCFS utilizes several strategies to determine how effective our programs are with leading to positive outcomes for families, to assist us in assessing best case practices, areas needing improvement, provides data charts and graphs as well as other visuals so that management can see how we are performing overall. We expect to continue to utilize our data to assist us with tying good case practice to performance evaluations and accountability. We continue to focus on not only the quantity but the quality of the work and the outcomes of our families.**

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

**Family Preservation Services Evaluation** – 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.

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

**Review of Sebastian County Child Welfare Practices** – Troubled by a localized but alarming increase in workload and a declining ability to satisfy policy standards, DCFS conducted a comprehensive review of Sebastian County to identify the reasons behind those trends. The goal of this study was to answer whether decisions to open and close cases are made differently in Sebastian County than they were elsewhere. To isolate the issues specific to Sebastian County and provide a yardstick for measurement, Garland County was selected as a comparison site because its similarities in terms of population size and child poverty rate, although its compliance levels and caseloads are closer to the statewide averages. The efforts of this study led to a series of recommended changes—both immediate and longer-term—that could be implemented in order to introduce, support and institutionalize sound decision-making processes.

**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 (SFY) 2011, DCFS reviewed its outpatient counseling programs, intensive family services (IFS) providers, and psychological evaluators. DCFS examined the intake processes and array of services offered by each provider; the types of clients accepted into these programs and their subsequent outcomes after participating in and being discharged from the program; and each provider’s compliance with contract required documentation and paperwork. DCFS evaluated program-specific as well as system-wide reports for its outpatient counseling and IFS agencies and it performed a system-wide and cross-agency evaluation of its contracted psychological evaluators.

**Quarterly Performance Report (QPR)** – 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.

**Annual Report Card (ARC)** – The Annual Report Card (ARC) is a statistical report that is also created for legislative committees dealing with youth and children involved with DCFS. The ARC is reported 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.

**Meta-Analysis** – as part of an effort to measure performance and outcomes on a localized basis, DCFS conducts an annual analysis of each of its ten Service Areas. As such, DCFS compiles, analyzes and reviews data regarding the children and families it serves within each Service Area, as well as measures the outcomes it achieves for the corresponding service population. Much like the federal Child and Family Services Review (CFSR), the primary issues on which this analysis focuses are safety, permanency and well-being; however, these analysis also place an additional emphasis on the personnel, contractual and foster care resources available to achieve these outcomes. The intent of these reports is to identify those practices and outcomes where each Service Area is producing well and can serve as a model for other Areas, as well as those practices and outcomes where each Area most needs to improve. At the conclusion of the ten Area-specific meta-analysis reports, DCFS also completes a statewide meta-analysis that measures DCFS’ progress and overall transition—whether for better or worse—over the most three recently completed calendar years.

**Summary of Garrett’s Law Referrals** – On an annual basis, DCFS completes an analysis of Garrett’s Law referrals received during the most recently completed state fiscal year. Garrett’s Law refers to a bill enacted in 2005 that intended to address situations in which a mother gives birth to a child, and either the mother or the newborn is found to have an illegal substance in his or her system. According to the law, the presence of an illegal substance in either the mother or newborn is sufficient to substantiate an allegation of neglect. This study presents information on the Garrett’s Law referrals received during SFY 2010.

## **DCFS Service Quality and Practice Improvement Unit 2011 APSR Items**

### **OSPR Process and Results**

The Service Quality and Practice Improvement Unit employ an ongoing, two-phase process for conducting Quality Services Peer Reviews (QSPRs). During the full, scoring rounds of QSPRs, each of the Division's ten geographical subdivisions is reviewed during the first six months. A random sample of thirty cases is drawn from each Area prior to the beginning of the reviews. The manager then assigns an equal proportion of cases to each of the reviewers. The review process begins with an evaluation of the records contained in the Children's Reporting and Information System (CHRIS), Arkansas' SACWIS. The reviewers are then deployed into the county offices for an onsite review. During the onsite review, the physical case files are reviewed and individuals pertinent to the cases are interviewed, i.e. children, parents, foster parents, ad litem, etc. The quality assurance reviewers write up their findings while in the county offices.

The manager of the unit reviews all of the reviewers' scoring of the cases in the same way that someone reviews all of the cases in the federal CFSR process. When scores are not sufficiently well documented, staff is required to produce additional justifications for their scores. The intent is to ensure the inter-rater reliability of the process. Following each review, the findings are compiled, and a report is generated to convey the results. Each Area is required to develop a practice improvement plan relating to the issues on which the Area scored lowest, unless the Area passed all issues. An Area would be deemed to "pass" on an issue if either 90 percent of its cases passed or all but one case passed (regardless of sample size).

The second phase targets specific deficient cases to provide coaching and guidance to caseworkers and supervisors as to how to improve casework and service provision to ensure compliance with all federal and state requirements and conformance with the Arkansas Practice Model. Four cases are reviewed in each of the three counties with the largest DCFS client population in each service area during the second phase of the review process, thus totaling 12 case reviews per service area. Each area is allowed to select the cases that will be reviewed during the second phase so long as they meet the case review criteria. Each case selected must be an active case and have been open and assigned to the current county for at least six months. Following the case reviews, coaching sessions are conducted with caseworkers and supervisors in each of the counties focusing on helping them to internalize the federal standards and the guiding tenants of Arkansas' practice model and casework supervision and its role in practice improvement.

Below is a table comparing Arkansas' performance during the second round of full, scoring QSPRs in 2010 to the 2009 round of reviews (Arkansas' CFSR PIP Baseline) and the 2008 CFSR. Some of the highlights from the attached table are as follows:

- Arkansas' performance has improved on all seven outcomes since the 2008 CFSR. The State's performance has improved on 18 of the 23 individual items since the federal review as well.
- Between the 2009 and 2010 round of reviews, Arkansas' performance has improved on five of the 7 outcomes and 13 of the 23 individual items.

- The State's performance remained constant on two additional items between 2009 and 2010.

### Statewide QSPR/CFSR Comparisons

	2010 QSPR	2009 QSPR	CFSR
<b>SAFETY 1: Children are first and foremost protected from abuse and neglect</b>	85%	76%	76.90%
ITEM 1: Timeliness of investigations	94%	83%	77%
ITEM 2: Repeat maltreatment	83%	82%	95%
<b>SAFETY 2: Children are safely maintained in their home when possible and appropriate</b>	62%	60%	58.50%
ITEM 3: Services to prevent removal	68%	62%	68%
ITEM 4: Risk of harm	63%	61%	61%
<b>PERMANENCY 1: Children have permanency and stability in their living situations</b>	66%	62%	41.00%
ITEM 5: Foster care re-entry	85%	93%	100%
ITEM 6: Stability of foster care placement	69%	74%	64%
ITEM 7: Permanency goal for child	92%	84%	72%
ITEM 8: Reunification, guardianship, and placement with relatives	88%	85%	72%
ITEM 9: Adoption	71%	56%	33%
ITEM 10: Other planned permanent living arrangement	77%	71%	57%
<b>PERMANENCY 2: The continuity of family relationships and connection is preserved</b>	67%	73%	53.90%
ITEM 11: Proximity of placement	92%	90%	96%
ITEM 12: Placement with siblings	83%	92%	82%
ITEM 13: Visiting with parents and siblings in foster care	69%	69%	59%
ITEM 14: Preserving connections	80%	87%	79%
ITEM 15: Relative placement	68%	84%	67%
ITEM 16: Relationship of child in care with parents	69%	70%	48%
<b>WELLBEING 1: Families have enhanced capacity to provide for children's needs</b>	45%	45%	27.70%
ITEM 17: Needs/services of child, parents and foster parents	56%	56%	37%
ITEM 18: Child/family involvement in case planning	49%	53%	31%
ITEM 19: Worker visits with child	60%	54%	46%
ITEM 20: Worker visits with parents	37%	42%	33%

WELLBEING 2: Children receive services to meet their educational needs	78%	75%	71.10%
ITEM 21: Educational needs of child	78%	75%	71%
WELLBEING 3: Children receive services to meet their physical and mental health needs	75%	69%	62.30%
ITEM 22: Physical health of child	85%	84%	74%
ITEM 23: Mental health of child	74%	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.

**Chafee Foster Care Independence Program (CFCIP) and ETV**

The Division of Children and Family Services is the state agency with the responsibility and authority to administer, supervise and directly deliver or arrange for the delivery of the programs identified as the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV).

In Arkansas, these programs are included in Transitional Youth 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 (21 except ETV, see above)

Room and Board through Chafee is an 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 costs– which could include car repair up to \$250 for purposes of transportation to education/vocation classes or employment and bicycle purchases. 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 services that supports making the transition to adulthood as self-sufficient, productive and healthy individuals.

**Objectives of programming will include measuring the instances of positive outcomes that indicate a measure of success for transition age foster youth. These positive outcome indicators include the following:**

**Financial Self-Sufficiency**

- **Job/Career Preparedness**
  - **Resume Creation**
  - **Interviewing Skill set**
  - **Employment**
- **Education**
  - **Receipt of High School Diploma**
  - **Adequate Math & Writing skills**
  - **Higher Education/ Training Plan**
  - **Current enrollment/attendance**
  - **Completion of a Post-Secondary Educational Program**
  - **Receipt of a Vocational degree/Certification**
  - **Educational/Vocational Attainment Current enrollment/attendance**
  - **Completion of a Post-Secondary Educational Program**
  - **Receipt of a Vocational degree/Certification Connections**
  - **Positive Connection to named Adult(s) other than Staff Member(s)**
  - **Permanent family-like relationship**
  - **Knowledge of Biological Family**
- **Health**
  - **Comprehensive Health Insurance Including Dental & Vision**
  - **Mental Health Provider (as necessary)**
  - **Health Education**
  - **PCP Identified**
  - **Knowledge of Community Mental Health Centers (if indicated to support wellness)**
  - **Community Drug and/or Alcohol Treatment (if indicated to support wellness)**
  - **DDS involvement for Developmentally Delayed Youth and if the youth is at a level of impairment where they are likely to become endangered by exiting custody- involvement with Adult Protective Services.**

- **Housing**
  - **Affordable, safe appropriate Home or Living Arrangement (Safety, Utilities Connected, etc)**
  - **Not Shelter / Transient Lodging**
  - **Not Incarcerated**
  - **Not Homeless**
  - **Apartment**
  - **Dorm**
  - **Receipt of FUP (HUD) Voucher**
- **Life Skills**
  - **Home life skills**
  - **Cooking**
  - **Personal Hygiene**
- **Community, Culture & Social Life**
  - **Community Connections**
  - **Spiritual support/Church (if interested)**
  - **Peer circle**
  - **Registered to Vote**
  - **Member of a community organization, fraternal organization, social group, political or service group/club**
  - **Completion of Service oriented programs (City Year, AmeriCorps, Job Corps)**

**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 of decision making, operational policy and the establishment of procedures as they relate to transition age youth. The overall goal of these changes is to impact decision making at all levels and will be beneficial for both the agency and the youth and will allow transition age youth to thrive and reach successful outcomes.**

**Members of the YAB along with the DCFS and the National Resource Center for Youth Development (NRCYD) host an annual retreat for transition age youth in foster care. At last year's 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 development of this plan. DCFS has assessed our current system and identified new approaches needed aimed at improving the lives of youth and adults 18 and over in our system. Major planning and collaborative efforts including training has been initiated or revitalized including the following stakeholders:**

- Current and former foster youth
- Administrative Office of the Courts
- Sister agencies
- Direct and administrative staff
- Other service providers working with this population

**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 was implemented 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 10/1/2011.**
- **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 has also been discussed.**
- **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 has the ability to broadcast messages, send reminders, update information etc with Foster Club maintaining the site.**

**The work of the groups has included 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 (FUP) under HUD was applied for with the Little Rock Housing Authority, the Jonesboro Housing Authority and the Johnson County Housing Authority for Section 8 Housing vouchers. If awarded, these vouchers will allow youth to access affordable housing for 18 months. The FUP vouchers, if received will allow alumni foster youth at risk of homelessness find appropriate housing. The recipients of this grant have not been notified at this time.**

**DCFS is in the 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. We currently collect information or identify gaps in services and address them by the following:**

- Monthly YAB/Coordinator meetings**
- Monthly Coordinator Reports that include:**
  - **The number of youth on their caseloads**
  - **Requests for Services processed for youth during the month**
  - **The Life Skills Classes offered for youth during the month**
  - **Housing situations for youth (Apartment, Dorm, APPLA, etc.)**
  - **The number of youth working**
  - **The number of youth in a post-secondary educational program**
- QSPR results**

**Reports from Coordinators are examined every month and assessed individually to determine where gaps in services exist and to identify appropriate measures to address any gaps.**

**The System of Care in AR has included many Transitional youth for referral for wrap services to assist with their 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 and Reunification efforts when feasible 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. Indeed, services and resources relating or directed to youth transitioning out of foster care will be found in every program component of DCFS and with service partners that serve this population. Historically in Arkansas, traditional assessments and basic skills training – while critical components of a successful transition - fell short of fully engaging the system or the youth in the journey necessary to realize either’s potential. Adoptions, Prevention, 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 arrangements for:**

- Youth 18 and older**
- Chronically mentally ill/ Low-Functioning**
- Pregnant youth**
- LGBTQ**

**Further, modifications to existing Independent Living programs are required to strengthen the comprehensive nature of the necessary youth supports required to promote self-sufficiency and lead to 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 Life Skill training will be maintained, custodians (foster parents, group homes, etc) along with DCFS staff will have expanded responsibilities. Expanded expectations include specific activities by the custodian and staff with the youth detailed in a proposed child’s Life Plan. This plan is developed by the youth and all stakeholders identified by the youth, this Life Plan outlines steps or tasks identified as supporting a successful transition to self-sufficiency. Concrete activities focused on the youth’s overall well-being and life connections could include actions like volunteer work, lessons, job shadowing or extra-curricular school activities along with the acquisition of basic life skills. 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 2009 legislative session and codifies the youth's involvement in the plan along with requirements that serve to inform and empower the youth (such as youth have all medical records, educational records, placement records, Birth Certificate, Social Security Card, State ID, family mementos, 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, , request funding for services, and arrange educational/training

programs as appropriate. Coordinators in the past have also been charged with youth leadership development programming, community collaborative efforts and had a primary role in all client activities as a youth neared 18. As an age appropriate Transition Plan will now be required for all youth in care after age 14 – the Coordinators role has changed. Revised Job Descriptions have been developed, but the number of youth between 18 and 21 has increased. That increased demand plus NYTD requirements may lead to even more revisions to the coordinator position.

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 the 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 Taskforce 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 members include the 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); Attorney Ad Litums along with DCFS. Further, DHS program for Public Guardianships greatly enhances our agency's efforts at appropriate Life Planning with Connections for the most fragile and vulnerable of our population.

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 that became effective in July 2009. This enabling legislation allows Juvenile Court to retain jurisdiction after age 18 unless the youth refuses services. Currently, a Transitional Plan/Life Plan requires documentation that the youth has been given information regarding their right to stay in foster care after reaching 18 for education, treatment, or work and specific programs and services, including but not be limited to the John H. Chafee Foster Care Independence Program and other transitional services. Further, the Transitional 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;
- 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. In some instances, bicycles have been requested to address this barrier. Constant changes to Youth placements exacerbate an already limited resource. There are a limited number of housing options available Efforts to address this problem have begun. Web based training for youth along with resource material availability is in early planning stages. Also, alternative methods to deliver group basic life skills classes arranged, coordinated or as a last resort, 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 limitations. 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 hopefully have an impact on the state's ability to address this need in the near future. It is under consideration. Currently, all youth in care up to age 18 are covered by Medicaid FC Category or ARKids Part B age 19 or over, other Medicaid categories or State General Revenue. Youth 18 to 19 years of age who have left care are generally eligible for ARKids Part B or some other Medicaid category. Youth who have left care after age 18 have no generally available Medicaid category of eligibility available to them after age 19. New Health Care legislation will impact these youth to age 26.

## ETV

Youth in care, aged out of care or that have entered Adoption or Guardianship may apply for assistance through the Educational Training Voucher Grant program. Arkansas contracts with Orphans Foundation of America to manage this grant program. If the youth, who applies on-line, is certified as eligible for participation through their foster care status and meets the other requirements (such as application to an accredited educational program, vocational-technical program or trade school) and has applied for PELL grants – then the available money – up to \$5000 - is allocated to each valid application. In the 2009-2010 school year, an average of \$3,118 was available per applicant . 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 who’s GPA has slipped below the 2.0 level. At the first sign of academic difficulty, OFA intervenes to assist students develop their study skills, increase their use of local resources, and enhance their proficiency to learn and demonstrate lessons learned. During school year 2009-2010, 26 Arkansas ETV students were served by the Academic Success Program. During the Fall 2009 term, there were 39 students in the ASP, of which 4 were active participants. In the Spring 2010 semester, there were 17 Arkansas students in the ASP of which 12 actively participated throughout the term.

**Education and Training Vouchers: Identify the number of youth who received ETV awards from July 1, 2010 through June 30, 2011 (the 2010 - 2011 School Year).**

**47 as “First funded 2010-2011”**

## 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 designed to provide an incentive savings account for students pursuing post-secondary educational goals upon successful completion of a semester as a full-time student with at least a C GPA.

- Youth serviced FFY 2007-2008 – 83 (Incentive accounts maintained or paid out)
- Beginning Balance Available 153,487
- Committed to Date - \$152,500
- Current Available Funds - \$987
- Expended to date \$82,500
- Projected expenditures FFY 2008-2009 – \$21,800

However, this Trust Fund Account, while the amount has been encumbered, has not been actively used as an incentive. There is no routine expiration of encumbrances, allowing accounts to languish. During FFY 2008-2009, only \$4500 was actually claimed by 1 youth, leaving a balance of \$148,987. Many of these encumbrances were established multiple years back and the whereabouts of the former youth are unknown.

Arkansas has worked with the Youth Advisory Board to develop a quick and timely process to provide incentives to youth successfully completing secondary educational programs in an on-going real-time process, with expiration for the award included. Allowing for money encumbered and not claimed to be quickly reallocated to others in secondary educational programs. The Youth Advisory Board and DCFS will have recommendations for a re-designed trust account dispersal method that supports their successful transition into adulthood – along with objective criteria for participation/awards developed by Jan 1, 2012 and distributed before Jan 1, 2013

**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 the following:**

- **Completion of 2 years of college**
- **Completion of certification earned at a less than 2 year, more than 6 month Vocational program in areas such as Cosmetology, Auto Mechanic, Heating and Air Conditioning repair etc and employment in related field for a length of time to be combined to 2 years**
- **Awarded an Associate Degree at a Community College**
- **Completion of a Training program such as CNA, Receptionist, etc and employment in the training area to achieve a two year combined effort.**
- **Completion of Job Corp program and employment or successful participation in other educational or training programs (average C's or better) to achieve a two year combined effort.**

**This is a time-limited opportunity – Applications were available July 1 and had to be submitted by February, 2011**

**Awards were \$500 each to the limit of funds in this trust account. There were only five (5) applications, the awards were given on a first come/first serve basis and did not exhaust the funds.**

**Since the applications did not exhaust the account of available funding, an additional award period will be announced.**

**This process has been tentatively approved. Approach approved will be announced at the Fostering Leadership Conference this 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 has taken place since February 2011 on the use of Life Plans, importance of Transitional Teams, new policies and forms in the CHRIS database 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 continue to occur throughout the state with external stakeholders.

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

## **Statistical and Supporting Information**

### **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**

- Percentage of Children Receiving Monthly Visits Each and Every Month:  
FFY 2010: 45%:

- Number of Children in Foster Care for at least one full month (Denominator) 5,887
- Number of Children Visited Each and Every Full Month (Numerator) 2,653
- Percentage of Children Receiving Visits in the Home:
  - FFY 2010: 67%:
  - Number of Visit Months For Children Visited Each and Every Month (Denominator) – 12,641
  - Number of Visit Months that occurred in child’s residence (Numerator) 8,433

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

- Calendar month = last day of previous + all days during current month + first day of subsequent month,
- Monthly Visits Denominator: Includes all children in foster care for one calendar month or more in the FY (from October 1 through September 30). This number should be the total number of children in foster care on 10-1-09 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.

The following defines how we plan to use the PIP and Practice Model strategies to achieve the 90% threshold for worker visits by 2011. **The caseworker visit funds were part of salaries to ensure activities are carried out. Although we have not seen a significant improvement in case worker visit percentage, there are some areas of the state that are showing incremental improvement. We plan to assess what strategies are working for them and share with other areas for consideration. We have a compliance outcome report that monitors compliance with the worker visits, but we utilize the annual QSPR to assess quality and quantity of visits based on the assessment of the family’s need and safety management of children. Our intent is to continue with the implementation of our practice model framework which has an emphasis on family engagement, involvement, and visits with parents and children. With strategies in place to address these practices, we hope to see increase in the visits with families and children in their own homes.**

- **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- \$ 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.

Arkansas Adoption invested and will continue to invest the Adoption Incentive money into the following activities:

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

- Promotional items and updating adoption informational material to be used at Heart Gallery presentations, recruitment activities, and other adoption events, using the Arkansas Heart Gallery Website logo (this included at least five digital frames for each of the Areas).
- Contracted RAD therapy for pre and post adoption services.
- Respite for post adoption services.
- Other post adoption services either not covered by Medicaid or for children who do not receive Medicaid.
- To support a statewide foster/ adoptive parent conference.
- The Citadel Broadcasting Corporation for specific recruitment of African/American families
- Recruitment needs to include annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate and to purchase frames for pictures of our children featured in the coalitions' Heart Galleries. These professional portraits are given to the children after placement.
- Workbooks to be used in Fetal Alcohol Spectrum Disorder training for foster and adoptive families and adoption staff.
- 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.

## **Technical Assistance Plan**

<b><u>DATE REQUESTED</u></b>	<b><u>TA DESCRIPTION</u></b>	<b><u>NRC/Provider</u></b>	<b><u>APPROVED</u></b>
3/1/09	Decrease number of children entering foster care	National Governors Association (NGA)	Yes
3/25/09	Peer to Peer development Community Stakeholder Iowa.	NRC for Organizational Improvement	Yes
4/9/09-6/3/2010	Leadership development planning conf.	NRC for Youth Development	Yes
5/18/09-12/31/09	FP conference FP/Bio parent teams 10/2-3	NRC for Family Centered Practice and Permanency Planning	Yes Rose Wentz
6/15/09-10/1/09	Child Abuse/Neglect Dr. Leslie Connections 9/9-11	NRC for Family Centered Practice and Permanency Planning	No
6/09-current	Communications Strategy	NGA/Casey Family Programs	Yes
10/1/09 through 6/30/10	Assist with YAB Leadership; marketing NYTD	Foster Club	Yes
1/1/10 to 6/30/10 Renewed 7-1-10 to 6/30/11 and 7/1/11 to 6/30/12	Permanency Round Table Strategy for moving youth toward legal permanence	Casey Family Programs	Yes
Renewed 7/1/ 2010 to 6/30/ 2011	Leadership YAB	NCR for Youth Division	Yes

## **Attachments**

***CFS-101 Part 1 Annual Budget Request for Title IV-B, Subpart 1&2 Funds, CAPTA, CFCIP, and ETV Fiscal Year 2012, October 1, 2011 through September 31, 2012.***

***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 2009: October 1, 2008 through September 30, 2009***

The Arkansas Division of Children and Family Services did not hit the 20% of the IV-B Part II grant for adoption promotion and support services. The shortage in this line was made up through allocations of monies from the Social Services Block Grant and the Adoption Opportunities Grant which were utilized for these services and allowed us to re-allocate Title IV-B part II monies to Family Support Services, Preservation Services and Time Limited Reunification Services.

## **DCFS Organizational Chart**

## **Training Plan**

## **Training Matrix**

### **CAPTA State Plan include**

- **CAPTA assurances unsigned**
- **Citizen Review Annual Report Area 1 & Response Letter**
- **Citizen Review Annual Report Area 4 & Response Letter**
- **Citizen Review Annual Report Area 7 & Response Letter**
- **Workforce Demographic Chart Information**