

**ANNUAL PROGRESS AND SERVICE  
REPORT  
JUNE 30, 2014**

Submitted to:

Administration for Children and Families  
U.S. Department of Health and Human Services

By:

Arkansas Department of Human Services  
Division of Children and Family Services

P.O. Box 1437, Slot S565  
Little Rock, Arkansas 72203

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## **ARKANSAS AT A GLANCE**

The overall population in Arkansas was estimated at 2,959,373 at the time of the U.S. Census in 2013 an increase of 1.5 percentage points from 2010. Children under five years of age comprised 6.6 percent of the population as of 2012, whereas 24.1 percent of the population was under the age of 18. 80.0 percent of the population is white, while another 15.6 percent of the population is black. More than six percent of the population identify themselves as being of Hispanic or Latino origin. In 2012 the median household income was \$40,531 annually.

DCFS is a division within the Arkansas Department of Human Services (DHS). 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 offered by the Department. Some counties, depending on their size, have more than one office. DHS employees work in ten divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

## **THE DIVISION OF CHILDREN AND FAMILY 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), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State's child welfare system investigated 33,353 reports of child maltreatment. DCFS managed 11, 654 family cases with 27, 047 children involved during SFY 2013. This includes protective and supportive services cases. In addition there were a total of 7,700 children at any time in foster care with 3,930 foster children in care at the end of SFY 2013. The Division is in compliance with 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.

The Division's mission statement is as follows:

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

The Division's Practice Model goals include:

- 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.

## **OPERATIONAL STRUCTURE**

The DCFS Director manages and has administrative responsibilities for the Division. The Director is also an active member of the Child Welfare Agency Review Board and the Child Placement Advisory Committee. An Assistant Director oversees each of these operational subdivisions within the Division: the Office of Community Services, and the Office of Finance and Administrative Support.

DCFS is comprised of the following program areas, supervised by the Division Director: 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 child welfare services as well as short- and long-term planning and policy development.

## **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 includes the following units: Personnel, Contracts, Financial Management, Eligibility, Criminal Records, Central Registry, and Information Technology.

## **OFFICE OF COMMUNITY SERVICES**

The Office of Community Services provides administrative leadership and guidance to DCFS field staff throughout all 75 counties within the state. The counties are divided into 10 geographic service areas, each with an Area Director. The Assistant Director of Community Services directly supervises the 10 Area Directors, administers the Interstate Compact for the Placement of Children Unit, Child Protective Services, and Vehicle Safety Program.

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
- 110-351 Fostering Connections Act of 2008

**Final Report: Summary of accomplishments from SFY 2010-2014:**

- Developed, Implemented, and successfully completed, both the Child and Family Services and title IV-E program improvement plan
- Operational Structure-Executive staff re-defined to improve communication related to programmatic issues
- Instituted the use of SAFE Home Study Model statewide
- Trained and Implemented Structured Decision Making
- Implemented Differential Response (statewide effective 8/2013)
- Implemented Permanency Round Tables (186 youth having received some form of permanency)
- Enhanced Quality Assurance process-Quality Service Peer Review scoring and coaching sessions
- Implemented the CQI Feedback process with Supervisors (aligned the QSPR, CPS, and Meta)
- Implemented Quality Service reviews of DCFS investigative records
- Implemented CPS Technical Assistance
- Designed and Implemented AR Practice Model Framework (3 C's-Care Commit Connect)
- Conducted 3 C's statewide utilizing an Appreciative Inquiry approach
- Designed and implemented the Prevention Website
- State YAB development—Saturday meetings; Role & Responsibilities of state YAB membership created
  - State YAB/ DCFS Executive Staff board meeting to address “Youth Speak” comments from transition aged youth
  - Constitutional Convention—State YAB members created their Constitution at a convention held at Heifer Ranch
    - Youth experienced “Global Gateway” experience, a cultural program designed to share experiences of different citizens from around the globe
- Started the Youth led Annual Leadership Conference
  - Teen Leadership Conference for ages 14-21 with 300 youth in attendance
- Started the Annual Senior Recognition Program event
- Initiated participation in the National Youth Transitional Database (NYTD)
- Winter Ball in collaboration with Youth M.O.V.E Arkansas
- Winter Ball held at the Governor’s Mansion to honor accomplishments of state YAB members
- University of Arkansas Clinton School of Public Service (UACS)/DCFS partnership
  - UACS students developed “Best & Promising Practices for Transition Aged Youth” as their Practicum project
- TYS unit collaboration with Junior League of Ft. Smith
  - JR. League members assisted with teaching “Skills 4 Life” Life Skills curriculum
- P.A.M.E.L.A (Planning & Making Excellent Living Arrangements) “transitional” guide developed
- “Extended” Foster Care brochure developed

- Education & Training Voucher (ETV) administered from the state office
- Development of multiple “transitional” homes for youth 18 and older
  - Bessie Beavers Campus Housing in Pine Bluff, AR
  - Second Chance Ranch-Transitional Home in Bryant AR
  - Transitional Homes in Hope, AR and North Little Rock, AR
  - Compact/Hot Springs Independent Living Program
- Redefined contract performance indicators in contracts to align with practice model
- Centralized referrals for Therapeutic Foster Care to more accurately prioritize utilization of this service
- Conducted Trauma informed Care training for staff and foster parents
- Revised job description to include behavioral and practice model language
- Developed the newsletter “Connections”
- Updated policy manual to be more user friendly
- Initiated comprehensive review of established trainings
- Conducted reviews of numerous placement and service contracts-to assess safety, permanency, and well-being outcomes and assure programs were yielding the best outcomes for our clients
- Developed the policy review team
- Developed and Implemented Alternate Care Policy for foster parents (per feedback from FP)
- Partnered with HZA for approach to assess “Crisis” counties to determine underlying issues and make recommendations for local level and systemic level changes
- Initiated review of inpatient residential psychiatric placements and have diverted 825 children since implementation
  - Expanded requirement for administrative review of all referrals for psychiatric acute care from youth under age ten years to all foster youth
- Developed a foster care and adoption matching web site
- Updated our cost allocation program from DCFS
- Held the first Reunification Day event (2013)
- Initiated Annual Director’s “Road Show”
- Partnered with Channel 11 on a Place to Call Home
- Partnered with Project Zero to implement “Traveling Heart Gallery”
- Finalized 3,124 adoptions and counting
- Had a successful IV-E audit
- Numerous CHRIS enhancements
  - Allow staff to provide feedback and make recommendations directly to CHRIS staff via CHRIS
  - Documentation in Investigations for other activities such as contacts
  - Established Direct Deposit for foster parents
- Implemented a “new” New Worker Training structure

- Numerous new data management reports created and implemented
- Enhanced the Quarterly Progress Report
- Changed numerous laws
  - Fictive Kin are now allowed as provisional homes
- Developed and implemented the Subsidized Guardianship Program
- Expanded CALL into 29 Counties statewide
- Developed Centralized Inquiry Process and implemented in Areas 8 and 5
- Initiated the development of Memorandum of Understanding with Private Providers
- Enhanced the Interdivisional Staffing process
  - Expanded Inter-Divisional staffing for complex clients to include dual custody youth – foster youth currently in custody of Youth Services
- Implemented annual meetings with each DCFS contract provider type to improve communication, quality of services and sharing of data
- Developed a collaborative process with Medicaid pharmacy to include sharing of data through quarterly reports on utilization of psychotropic medication by foster youth and child-specific reviews for children identified as possible problematic medication profiles
- Developed and Implemented the role of the DDS Waiver Coordinator positions
- Applied for and was 1 of the 1<sup>st</sup> 9 states to be approved for the participation in the IVE Waiver demonstration project
- Applied for and was 1 of 7 states to receive the Diligent Recruitment Grant
- Applied for and received technical assistance grant through Mountains and Plains Child Welfare Implementation Center-AR CIRCLES-Creating Informed Results thru Competent Leadership and Empowered Supervision
  - Implemented Learning CIRCLES at multiple levels
  - Developed and implemented Supervisory Practice Model
  - Developed and implemented Supervisory handbook
  - Developed and Implemented Realistic Job Preview video
  - Developed and implemented Hiring Guide
  - Developed and implemented Staff Recognition and Appreciation Plan
  - Developed a resource for Effective Meeting strategies
  - Initiated the development of an on line resource guide
- Established Advocacy Council
- Scores on data profile continue to improve each reporting period
- Scores on the cultural survey continue to improve

## **Consultation and Involvement of 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.

In 2008 as a result of our CFSR, 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 continually work on and are in conformity with, it is also an area 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.

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

- **Administrative Office of the Courts**

DCFS continues its partnership with the Court Improvement staff along with the staff of the Administrative Office of the Courts. The division has participated in a number of meetings along with trainings. CIP has been involved in the division program improvement planning. During a month, the CIP director is involved in an Executive Staff level meeting that addresses Permanency and Placement Stability.

In addition, the DCFS Director meets with the Director of the Administrative Office of the Courts and also meets with the Director of the Attorney Ad-Litem program on a monthly basis. These meetings are to address current issues, upcoming changes, updates on DCFS initiatives/interventions, proposed legislative changes, policy changes, etc.

During 2014 the Director of DCFS implemented quarterly calls to all Juvenile Judges across the state. The calls allow the Director to, just name a few:

- gauge the “heartbeat” of the judges;
- allows a forum to discuss any issues/questions/concerns they may be having
- allows the director an opportunity to make them aware of any changes that DCFS may be implementing that might be evidenced in the courtroom
- dialogue with them regarding quality of staff, foster parents, etc.

DCFS and the Administrative Office of the Courts are engaged in a project to share client information of mutual clients among each system. The project, called DNet (Dependent Neglect), allows for sharing of court documents in our CHRIS system. During SFY 2014, the project was interrupted due to several things with the main issue being who had access to the scanned court documents. This issue has been resolved and DNet is now on track to have active sharing of agreed upon screens/documents and which staff can access these screens/documents by December 1, 2014.

- **Arkansas Commission on Child Abuse, Rape, and Domestic Violence:** The Child Abuse Committee of the Arkansas Commission on Child Abuse, Rape and Domestic Violence works with state partners to prevent child abuse and neglect. The committee members consist of agencies and groups representing child welfare, law enforcement, Multidisciplinary Teams (MDT), education, mental health, judiciary and other professional groups. Members from this committee assisted in the development and implementation of Differential Response (DR), including serving on planning committees. The Commission also provides online mandated reporting training. 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. This team has representatives that have participated on the Differential Response Committees. The Commission also implemented online mandated reporting training.

During SFY 2014, DCFS worked closely with the Commission in regards to the language in the Multidisciplinary Teams (MDT) protocols. In the past the local staff have entered into and signed the protocol agreements. It was determined by the DCFS Director that more input and oversight of these agreements was needed at the executive level of DCFS. All agreements were approved by the DCFS Director. It was noted in some protocol agreements that all Priority II investigations would be reviewed by the local MDT's and it would be the responsibility of DCFS personnel to provide all documents to the local MDT's for review. This was not possible as the agency investigates approximately 30,000 Priority II reports annually. The commission was not aware of this number and supported the agency in its request to narrow the reports to be reviewed at the local level. It was also decided that Differential Response referrals would not be reviewed by any local MDT as these were not considered "investigations".

- **Citizen Review Panels:** The Citizen Review Panels (CRP) operates in Carroll, Pope, Logan and Ouachita Counties, reviews child maltreatment cases and the State Plan. The CRP that had been in Jefferson County is no longer in operation. The Panels make recommendations and works with the local County Offices. Panels in Carroll and Ouachita Counties continue to meet and make recommendations. DCFS developed two new Citizen's Review Panel in the past year. One is in Pope County which is in the west-central part of the state and the other is in Logan County, which provides input from a very rural county in the state. DCFS is in the process of transitioning the coordination and partnership with the CRP's to another Program Manager.

- **Arkansas Legislative Task Force on Abused and Neglected Children:** The Arkansas Legislative Task Force on Abused and Neglected Children, created by the Eighty-Fifth General Assembly during the Regular Session of 2005, was formed to examine how the State responds to child abuse and neglect. Members of the task force include representatives from government, law enforcement, child advocacy agencies, and medical professionals. The Task Force on Abused and Neglected Children has been placed on hold until a new Legislative chair and co-chair can be elected. During the 89<sup>th</sup> General Assembly Act 149 extended the Arkansas Legislative Task Force on Abused and Neglected Children until 2015 and added a provider to the task force. The Task Force has not met during SFY 2014.
- **Office of Alcohol and Drug Abuse Prevention (ADAP):** Being that ADAP no longer exists as a unique office within the DHS Division of Behavioral Health Services (DBHS) and the services that ADAP provided are still offered by DBHS, DCFS continues to collaborate with the Division of Behavioral Health Services in securing services for our clients with their ADAP funded facilities. There have been some problems however, DBHS has coordinated closely with DCFS to make sure clients receive needed services. DCFS is exploring the option of bringing contracting for substance abuse treatment back in house due to the various issues experienced over the last several years. Access to Recovery grant ends September 30, 2014 and it was not as effective in meeting the needs of DCFS clients as we had hoped.
- **Arkansas System Improvement Project (ARSIP):** ARSIP is advised by the Children and Youth with Special Health Care Needs (CYSHCN) Consortium and funded by a HRSA D70 Grant. The implementation of the Arkansas Children and youth with Special Health Care Needs Strategic Plan continues. The mission of this strategic plan is to improve the community-based and integrated system of health care for children and youth with special health care needs (CYSHCN) so that ALL CYSHCN and their families in Arkansas, with the help of professionals, will achieve optimal life and health outcomes by ensuring timely access to health services and supports.
- **Social-Emotional Workgroup:** DCFS has been an active partner in the Social-Emotional Workgroup (SEW), which has been meeting for over 10 years. However, as of the fall of 2013, due to a discontinuation in funding the SEW no longer exists as part of the Arkansas Early Childhood Comprehensive Systems (AECCS) Initiative lead by the Division of Early Child Care and Early Childhood Education. But, considering the importance of directing energy toward social-emotional concerns among children, the workgroup's mission is being sustained in conjunction with a new partnership with the Arkansas Association for Infant Mental Health (AAIMH). Many members of the SEW including DCFS have become active in recent years in the AAIMH and will continue support its efforts. All workgroup members received a "thank you" letter on July 2, 2013 from William (Buster) Lackey, Ph.D. Program Administrator recognizing all the efforts in ensuring access to early childhood programs for all children, regardless of socio-economic status, geographic location, or specific health and developmental needs

The Social-Emotional Workgroup, which was a part of the Arkansas Early Childhood Comprehensive Systems (AECCS) Initiative lead by the Division of Early Child Care and Early Childhood Education officially combined with Arkansas Association for Infant Mental Health (AAIMH). The members of this workgroup will continue to focus on the importance of the social and emotional health of young children under the umbrella of AAIMH. DCFS provides child welfare related information to AAIMH and it also allows for public awareness presentations to be made to DCFS staff.

- **MPCWIC (Mountains and Plains Child Welfare Implementation Center):** Active AR CIRCLES implementation workgroups completed the majority of work related to the specific workgroup's focus in April 2013. In keeping with the tenets of Implementation Science, each workgroup lead presented the work products developed in collaboration with workgroup team members in May 2013. In Mid-July 2013, each workgroup lead once again presented the work products from their efforts to all state supervisors at the Quarterly Supervisor meeting. Project Evaluation results were also shared at the July meeting. As a part of the project close out process, a sustainability plan for continued Learning Circles and supervisory strategic plan implementation was developed. The sustainability plan utilized the feedback from the stakeholder workgroup leads. Two new implementation workgroups (identified during sustainability planning) have begun work on products related to caseload management and supervisory review tools. A Learning Circle facilitation training was conducted on 09/26-27/13 completing Phase 3 of LC Implementation. Counties have been identified for the remaining two implementation phases. Phase 4 is expected to roll out in the fall of 2014 and Phase 4 will roll out in the spring of 2015.
- **Division of Behavioral Health Services (DBHS):** DCFS is involved with DBHS to advocate for foster children and youth in the planning process for a Medicaid Waiver for behavioral health services. DCFS is represented on an expert panel to review results of the assessment instrument that will be used to determine level of services approved for a client. In addition, DCFS is working with DBHS on a subcommittee that addresses how these changes in the mental health system will impact the child welfare population.

DCFS collaborates with the Division of Behavioral Health Services to increase participation in their annual surveys of Community Mental Health Centers. For behavioral health clients who are foster youth, the Family Service Workers complete surveys regarding to how children in foster care have participated and benefited from mental health services throughout the state. DCFS is working with the Arkansas Foundation for Medical Care (AFMC) in distributing and gathering the surveys. DCFS worked with DBHS and AFMC to obtain results specific for foster children and youth.

DCFS continues to collaborate with the DBHS in securing services for our clients with their ADAP funded facilities. DCFS no longer pays for drug treatments. The ADAP funded facilities provide this service. There have been some problems, however, DCFS has coordinated closely with DBHS to make sure client receive needed services. *Please reference the Alcohol and Drug Abuse Prevention (ADAP) collaboration.*

The DHS Division of Behavioral Health Services is the lead DHS Agency responsible for oversight of Arkansas System of Care (AR SOC) activities. The AR SOC applies the SOC philosophy to a broad array of services and supports that help build meaningful partnerships with families, youth, and other concerned partners. Eligibility criteria for the AR SOC include being a child at high risk of out-of-home placement, having multi-agency involvement, and having behavioral health concerns. DCFS-involved children are a priority population for the AR SOC and DCFS staff throughout the state is involved in AR SOC participation at both the state and community levels.

In 2013 DBHS was awarded a planning grant, the Implementation of Statewide System of Care (ISSOC), to propose expanding the capacity of the AR SOC. To ensure that the needs of children and families involved in the child welfare system are considered in a potentially broadened AR SOC infrastructure, DCFS has participated on the ISSOC Training and Certification and the ISSOC External Outcomes Workgroups.

- **Project PLAY (Positive Learning for Arkansas' Youngest):** Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the DHS Division of Child Care and Early Childhood Education (DCCECE) in collaboration with the UAMS Department of Family and Preventive Medicine. Project PLAY connects childcare programs with free Early Childhood Mental Health Consultation throughout Arkansas. In July 2011, Project PLAY added a program area specifically for children in foster care that strives to increase the percentage of children in quality child care, to decrease switches in child care placement, and to improve communication between important grown-ups caring for children in DCFS custody. Project PLAY staff have presented information about its program to each of the DCFS areas. A “Child Care & Child Welfare Partnership Toolkit” has been developed by UAMS and it is currently being used by childcare providers and DCFS staff.

**CASSP (Child and Adolescent Service System Program):** The Child and Adolescent Service System Program (CASSP) focuses on the needs of interagency collaboration for seriously emotionally disturbed (SED) children. CASSP is part of the Arkansas SOC and is designed to be child-centered, family-centered, and community-based. The statewide CASSP Coordinating Council (the Council) and Regional Planning Teams carry out the mission of CASSP and DCFS is represented on each.

- **Therapeutic Foster Care:** Community Mental Health Centers and licensed private agencies maintain contracts with DCFS to provide this service statewide. DCFS meets once a month with providers to strengthen communication of referral and other issues. This group is known as the Foster Family Based Treatment Association (FFTA). The agenda varies, but topics mostly cover updates from SPU, proposed TFC standards, child specific recruiting, double occupancy request, FBI results, and age waivers. There is also discussion in regards to their annual institute conference and other national issues. DCFS also brings issues related to TFC providers having more consistent practice related to admission criteria. The Specialized Placements Manager developed Learning Circles, including several TFC providers and DCFS Area Directors to address these issues. Work has been done with the TFC providers to develop a TFC Placement Guidelines document

to better the collaboration between the providers and DCFS field staff. The TFC providers have been encouraged to place sibling groups together when possible even if only one sibling is TFC eligible. The providers have been very supportive of this move.

- **Arkansas Behavioral Health Planning Advisory Councils (ABHPAC):** DCFS is a member of the Arkansas Behavioral Health Planning Advisory Council. The council develops, evaluates, and communicates ideas about behavioral health planning; prepares information for the federal Substance Abuse and Mental Health Services Block Grant Application; advises Arkansas state government concerning proposed and adopted plans affecting behavioral health services; and takes an advocacy position concerning legislation and regulations affecting behavioral health services.
- **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. DCFS has an assigned liaison to coordinate between divisions.
- **Division of Development Disabilities (DDS):** DCFS has partnered and strengthening the collaboration for referral, consultation, and communication with Developmental Disabilities Division. DCFS has identified a liaison in the foster care unit to delve deeper into issues and concerns. Most recently DCFS and DDS worked together to strengthen policy and practice related to the CAPTA requirement to refer all children under the age of three involved in a substantiated case of child maltreatment for an early intervention screening as DDS is the lead Part C agency in Arkansas. IT staff from both divisions are currently working to develop an interface between the two data systems to further streamline this referral process. DCFS has added 2 Centralized Developmental Disabilities Coordinator Positions-this is critical process in assuring timely processing and approval of children eligible for DDS Waiver services. Feedback from the field was that this was a very tedious and time limited administrative process and was very difficult for the field to complete and track along with all the other responsibilities. DCFS recognized that we could impact “high end” placements if the waiver services were in place for a child as well as assure the “right services were being provided at the right time” which could impact the ability to establish more timely permanence for children in foster care.
- **The DCFS Internal Child Death Review Committee:** Reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The Director reviews all recommendations from the Internal Child Death Review Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director, or her designee, reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect the changes. External Child Death Review teams (local

teams) are being implemented statewide. All child fatalities meeting the external statewide team criteria for review will be entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams will be submitted to DCFS Internal Child Death Review Committee for follow up.

- **Children of Arkansas Loved for a Lifetime (CALL)**: Is a 501 (c) 3 organization which recruits, trains, and supports foster and adoptive homes for DCFS. There is a defined process for the establishment of CALL in each county. The DCFS and CALL partnership is guided by an MOU that is reviewed on a biannual basis. The first C.A.L.L. County was established in 2007. The second C.A.L.L. County was established in 2008 after a significant increase in the number of available foster homes from the first implementation of the CALL. The CALL became a statewide organization in 2010. Since 2007, the CALL has recruited over 600 foster and adoptive families.

The CALL has created a county-based/statewide oversight model that has been replicated in 29 counties. These counties are: Pulaski, Lonoke/Prairie, Faulkner/Conway, Jefferson, Benton/Washington, Johnson, Sebastian/Crawford, Ouachita/Union, Garland, IZARD/SHARP/FULTON, Baxter, Independence, Saline/Perry, Arkansas, Cleburne, White, Van Buren, Craighead, Pope, Baxter, and Columbia. There are more counties which are working toward launch of the CALL: Miller, Polk, Franklin, Drew, Hempstead, and Marion counties. We expect these counties to be launched in SFY 2014.

The CALL is also supporting foster families by offering monthly support group meetings and the CALL Closet, which offers resources such as clothing or baby supplies to all approved foster parents. The CALL hosted a foster parent training event named “The Hope Conference”. This one day conference was attended by both CALL-recruited families and DCFS-recruited families. One DCFS-recruited family said that it was the best conference/training they had ever attended. Plans are being made to host a second Hope Conference in February 2015. The CALL also co-hosted a "Walk for the Waiting" in 2014 where over 800 people attended. This was to raise funds to support the continued services of this organization and others. In this partnership, the main goal is to recruit enough quality resource families that DCFS would have the ability to select the most appropriate placements for children in foster care. Monthly reports regarding characteristics of children in care, numbers of foster children by county, and numbers of foster homes by county are shared with the CALL to assist in determining the needs in specific counties, which counties may be focused on to work toward launching the CALL, and to keep a “pulse” on recruitment success.

The CALL’s website is <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.

- **DCFS Advisory Board Dismantled – DCFS Advocacy Council formed:**

With the direction the agency is going in regards to prevention, strength based approach and community involvement and increased community awareness of the needs of the families served, the Division formed an Advocacy Council to help further our message and the direction of the child welfare agency.

In January 2014 a letter extending an invitation to become a part of the agency's new Advocacy Council was sent to 29 potential members. The agency was strategic and thoughtful in the professions it chose to be a part of the advocacy council and the role we want the advocacy council to play. The agency moved away from high level organizational representation (Advisory Board) to more "boots on the ground" representation (Advocacy Council). The professions represented on the council are judges, juvenile justice, CASA, prosecuting attorney's office, faith based communities including the CALL, medical, behavioral /mental health, clinical, women and children's health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large.

The first Advocacy Council meeting was held on March 7, 2014. The council members were introduced, given a draft charter, presented a power point presentation of DCFS – past, current and future, and council was shown the Realistic Job Preview video. All to help them understand the agency from a "big picture" view vs. their role/professional view.

The second meeting was held on June 6, 2014 and the charter was finalized and operationalized. Advocacy council members learned about the waiver intervention Differential Response and had a very interactive orientation of Structured Decision Making (SDM).

Remaining calendar year 2014 meeting dates and locations have been confirmed and communicated to members.

- **Youth Advisory Board:** AR Youth Advisory Board: Youth served by the foster care system provide representation on the Arkansas Youth Advisory Board (YAB) and are involved in the CFSR process. The members of the YAB are involved with the agency and the community as a whole. The YAB has been gaining a better understanding of Robert's Rules of Order and the Parliamentary procedures that will assist them with their advocacy efforts. The YAB provides Peer to Peer Support for other youth in care; Develops Training/Workshops/Conferences for transition aged youth; and provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs and normalcy.

The YAB is incorporated in planning, policy initiatives, the annual Teen Leadership Conference and other program development efforts. These efforts include 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 staff and other members of the community.

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 for Safe Babies Project:** is a 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 in Judge Joyce Warren's court located in Pulaski County. In December 2013, this project expanded into Judge Patty James's court, also in Pulaski County. Preparation for another expansion into Lonoke County (Judge Elmore) has been underway since January. The Safe Babies Court Team will launch in Lonoke County in July 2014. Safe Babies Court Team Project 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 the Judges 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. Through this project, alternate parent-child visit locations such as local churches have been arranged. In addition, visit coaching and a post-removal conference protocol have been established.
- **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.
- **Psychiatric Hospitals and Residential Facilities:** The Behavioral Health unit provides technical assistance to psychiatric hospitals and facilities where foster children receive acute care and residential services. A weekly report is received from the Medicaid utilization review contractor that gives data on all foster children admitted to acute care or psychiatric residential services. Any trends or DCFS practice issues noted with a specific facility are addressed. Other technical assistance includes the issue of several facilities having multiple incidents of discharge medications not receiving prior approval required by Medicaid. Hospital management is contacted along with consultation from the Medicaid Pharmacy unit to clarify Medicaid requirements. A program specialist attends staffing and utilization review at the Arkansas State Hospital to provide oversight of services and insure DCFS is highly involved in the treatment process. This practice was implemented in another psychiatric hospital when communication issues regarding foster children became problematic. An annual meeting was held August 2013 with contracted residential facilities to improve communication, service provision, and coordination between agencies. Fifteen of the sixteen providers were in attendance

and provided feedback that the meeting was helpful and requested continued meetings to follow up on issues identified.

- **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. The DCFS Mental Health Specialist regularly attends meetings with community mental health centers and the Division of Behavioral Health to facilitate communication and improve services throughout the state for foster children.
- **The Infant Mortality Action Group:** Part of the Natural Wonders Partnership Council (NWPC), composed of organizations that serve children, was originally convened by Arkansas Children's Hospital (ACH) to identify the health needs of the state's children and to construct a strategic plan for improving their health and quality of life. Comprised of educators, business leaders, government officials, physicians, nurses, social workers and other community advocates, the group meets regularly to review work under way to improve Arkansas children's health. Arkansas Children's Hospital has funded the information-gathering stage of the council's work. The report, created by the Natural Wonders Partnership Council, incorporates traditional indicators of health such as mortality and chronic disease rates as well as social factors that influence health including economics and education. When combined, these determinants provide a detailed examination of children's health. The infant mortality action group is led by Dr. Jennifer Dillaha. The FASD program director was asked to participate in part of the development of a state action plan to reduce infant mortality. The program goal worked on related to preventing low birth-weight and birth defects, with the strategy focus being on decreasing alcohol consumption among women of childbearing age.
- **The Statewide Suicide Prevention Initiative:** The FASD program director is part of the Division of Behavioral Health Services (DBHS) suicide prevention initiative group, which focuses not only on state wide suicide prevention but on target groups such as military and veterans – substance abuse/ mental health and suicide, LGBTQ – substance abuse and suicide, FASD prevention – and Suicide. Individuals with an FASD have a 5 times higher rate of suicide completion than the general population. So Suicide prevention is a common goal for my program and DBHS.
- **Personal Responsibility Education Program (PREP):** The FASD program director serves as a liaison for a MOA between DCFS, Department of Health, and their sub-recipient, Centers for Youth and Families, for the PREP Personal Responsibility Education Program. A program for Pulaski county youth in foster care with a goal of reducing pregnancy and birth rates among this population. PREP has two programs aimed at different age groups: 1) Making proud Choices –for children ages 11- 13; and Reducing the risk for children ages 14-19.
- **The Arkansas Folic Acid Coalition:** A group of professionals from over 25 different organizations who have volunteered their time to increase awareness about the benefits of folic acid use among Arkansans. In Arkansas, 8 out of every 10,000 live births are

affected by an NTD. That is 30-40 pregnancies affected by this defect each year in the state. Birth defects are the leading cause of infant mortality, accounting for more than 1 in 5 infant deaths. The FASD program director was invited to participate in this workgroup by Dr. Brad Schaefer of Arkansas Children's Hospital to provide information for the website being developed by the folic acid coalition. In addition to Folic Acid information Dr. Schaefer intends to provide other healthy pregnancy tips to avoid other preventable birth defects such as Fetal Alcohol Syndrome.

- **Arkansas Legislative Task Force on Autism**: The Legislative Task force on Autism has addressed issues such as: Special education mediation program, insurance efforts, Arkansas Health care payment improvement initiative, educational and job training opportunities for students with developmental disabilities, discussion of higher education opportunities for students with autism, update on state's application for the Race to the Top grant, overview of the state's certification requirements for assistant behavior analyst providers, and discussions on individual education plan development.
- **Partners for Inclusive Communities**: This is one of the main collaborative partners from the beginning of the FASD program. Partners allow the program to host our monthly FASD task force meeting at their facility each month. They support the program by providing technical assistance on difficult cases and consulting on IEP planning for students receiving special education services. They have also hosted family support group meeting for families living with a FASD and provide individual counseling whenever needed for families. Partners also provide FASD trainings for medical or school personnel and are an active advocate when it comes to FASD. Partners for Inclusive Communities (Partners) are Arkansas' University Center on Disabilities. Administratively located within the University of Arkansas College of Education and Health Professions, Partners is a member of the nationwide Association of University Centers on Disabilities –AUCD. Partner's Mission: To support individuals with disabilities and families of children with disabilities, to fully and meaningfully participate in community life, effect systems change, prevent disabilities and promote healthy lifestyles. Our Beliefs and Values: Individuals with disabilities are people first, with the same needs and desires as other people. Disability is a natural and normal part of the human experience that in no way diminishes a person's right to fully participate in all aspects of society.
- **Judicial Leadership Team**: is a collaborative effort started by Judge Warren of Pulaski County Juvenile Court to facilitate communication between the court, DCFS, CASA, OCC, and the Child and Parent Attorneys. Judge Warren schedules the meetings in her courtroom every other month at 7:30 a.m. so she can attend prior to the start of court hearings. New programs can be introduced at the meeting and issues or concerns can be raised and addressed giving an opportunity for open communication with Judge Warren to all in attendance.
- **FASD task force**: meets monthly and includes representatives from the following agencies: Pulaski County Juvenile Courts, Partners for Inclusive Communities, UAMS Departments of Family and Preventive Medicine, DHS/DCFS, Administrative Office of

the Courts, Division of Child Care & Early Childhood Education, UAMS PACE team, Division of Behavioral Health, Arkansas Department of Education, Special Education, Division of Developmental Disabilities Part C, Arkansas Foundation for Medical Care, Arkansas Zero to Three Court Team, March of Dimes, Adoptive Parent Representative. The group has served as an advisory board to the FASD program and has set goals of promoting FASD awareness in Arkansas such as FAS awareness Day, passing warning sign legislation in Arkansas, supporting the FASD medical luncheon hosted by group member the Zero to three Court team program, and supporting and promoting the FASD conference hosted by the ARC of Arkansas.

- **Inter-Divisional Staffings:** Are for youth that have significant trouble being placed due to multiple and complex needs. Children that are or are not in DHS custody may be referred for an Interdivisional Staffing. The goals of the staffings are:
  - To improve treatment/case planning to more appropriately address the youth's needs;
  - To provide assistance and support to DCFS field staff, direct services staff, and other stakeholders involved with the youth and family; and,
  - To attempt to resolve the youth's issues before referring him or her to the Child Case Review Committee (CCRC). An interdivisional staffing must take place before a CCRC is held.
  - To identify systemic issues that need to be addressed to improve services, collaboration and interagency processes.

These staffings occur at least twice a month and include representatives from other DHS divisions, including the Division of Youth Services (DYS), the Division of Medical Services (DMS/Medicaid), the Division of Behavioral Health Services (DBHS), the Division of Developmental Disabilities Services (DDS), and other stakeholders specific to the child such as CASA workers, attorneys ad litem, and etc. Dual Custody Interdivisional Staffings for youth involved in DCFS and the DHS occur monthly. Over the past year, more youth have been attending the staffing, which gives them an opportunity to provide direct input regarding their case plan.

Monthly monitoring of the completion of recommendations identified during the staffings is conducted by the DCFS Behavioral Health Unit and is reported to the DCFS Director. The policy, procedures, and forms for interdivisional staffings were updated in January 2014. These revisions included:

- Revised to more accurately define purpose of Interdivisional Staffings.
- Revised to clarify both children in DHS custody and children at risk of being put in DHS custody due to serious or complex needs may qualify for an Interdivisional Staffing.
- Revised to streamline Interdivisional Staffing and Child Case Review Committee referral procedures.
- Revised to include timeframes in which Interdivisional Staffings and Child Case Review Committees take place.

- **Diligent Recruitment Grant:** DCFS was awarded the Diligent Recruitment Grant 10/1/2013. The Statewide Diligent Recruitment Workgroup was developed in order to assist with planning, development, and oversight of this grant. Membership includes leadership from Area 1, 2, 6, and 8 which are the four service areas where the grant will be implemented. This includes, Area Director, Supervisors, FSW, Resource staff, the CALL representative, MidSOUTH representative, foster parent, youth, biological parent, and community liaison.
- **Emergency Shelters:** An annual meeting was held November 15, 2013 with all emergency shelter providers to promote better communication, identify problem issues or barriers, share data on practice issues and improve the quality of services and collaboration. Providers were enthusiastic in their response to the forum to share information with other providers. DCFS provided data that provided the number of children and youth who were discharged from emergency shelters to acute psychiatric facilities and the number of foster youth who went to an emergency shelter directly upon discharge from acute care. Implications for practice on the part of DCFS and providers were explored with recommendations for improving services. Meetings will continue to be held at least annually.
- **Arkansas Fatherhood and Family Initiative-FEEL-Fathers Engaged and Empowered to Learn:** Mission is to strengthen family foundations and reverse the absentee fatherhood trend by assisting fathers with the challenges of parenting as well as increasing their skills in building and maintaining healthy relationships. The vision is to promote positive fatherhood engagement by enhancing literacy, job training skills, life skills, and the tools necessary to succeed in order to build capacity to do greater things within their family structure. This coalition is newly formed and will begin outreach by creating the “fatherhood buzz”. This Initiative is partnering with the National Fatherhood Initiative. The Arkansas Fatherhood Coalition meets monthly and is comprised of the following organizations: Arkansas Early Head Start, Arkansas Department of Education, Arkansas Department of Human Services, Arkansas Department of Higher Education, Arkansas Department of Corrections, Department of Veteran Affairs, Division of Childcare/Early Childhood Education, Arkansas Home Visiting Network, and other Civic and Community Organizations.
- **Arkansas Head Start Collaboration Office (HSSCO)/Arkansas Head Start Association:** has a memorandum of understanding with Division of Children and Family Services. This is a 3 year MOU. The purpose is to foster collaboration, effective communication, and cooperation between the HSSCO/AHSA and DCFS on the state and local level in providing services to children and families in the EHS/Head Start programs across the State. This collaboration will allow HSSCO/AHSA to consider the DCFS population as a priority population in providing services and supports to the children and families referred. This will also allow both agencies at the local level to share information, as it relates to the child, for services and supports.
- **Arkansas Interagency Coordinating Council for Early Intervention (ICC):** Membership of this committee consists of the DCFS Director as well as

representatives from other DHS Divisions, the Arkansas Legislature, the Departments of Education and Insurance, parents, providers/vendors, and a physician from Arkansas Children's Hospital who specializes in child abuse. The CPS Manager serves as proxy for the DCFS Director on the ICC, as needed.

- **Arkansas Task Force for the Prevention through Education of Child Sexual Abuse:** During the 89th General Assembly Act 1298 created the Arkansas Task Force for the Prevention through Education of Child Sexual Abuse commonly known as "Erin's Law." The purpose of this task force was established to gather information concerning the prevalence of child sexual abuse throughout Arkansas; receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations. Upon receipt of this information, the task force will make recommendations to the Governor, the Speaker of the House of Representative, the President Pro Tempore of the Senate and the State Board of Education concerning evidence-based ways to prevent child sexual abuse through education and what curricula could be directed at preventing child sexual abuse. Members of the task force include representatives from government, law enforcement, child advocacy agencies, medical professionals, educators and other professionals.

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.

#### **Service Descriptions: Status for FY2014**

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:

- **Prevention/Support:** The Division primarily manages prevention/support through community based contracts, communication strategies, and opportunities for families to request voluntary or Supportive Services.
- **Intervention and Treatment:** The Division offers several services to children and families. Including Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Respite Care, and Counseling to safely maintain children in their own home.

In addition, Arkansas has implemented a Differential Response program dependent on specific allegations. This will be a part of our strategy to strengthen prevention of child abuse and neglect.

- **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
- **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, and/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.
- **Subsidized Guardianship Program:** For children for whom a permanency goal of guardianship with a relative has been established, the Division offers a federal (title IV-E) Subsidized Guardianship Program to further promote permanency for those children (provided subsidized guardianship eligibility criteria are met). Any non-IV-E eligible child may enter into a subsidized guardianship supported by Arkansas State General Revenue if the Department determines that adequate funding is available and all other Subsidized Guardianship Program criteria are met. The monthly subsidized guardianship payment shall be used to help relative guardian(s) defray some costs of caring for the child's needs. During permanency planning staffings guardianship should be explored as a potential permanency option. If it is determined at the permanency planning hearing that a guardianship arrangement with relatives is in the child's best interest and the child's permanency goal is changed to legal guardianship, the Division shall then determine if a specific guardianship arrangement may be supported by a subsidy through the Division's Subsidized Guardianship Program. Only relative guardians may apply for a guardianship subsidy. Relative is defined as a person within the fifth degree of kinship by virtue of blood or adoption (A.C.A. § 9-28-108). The fifth degree is calculated according to the child.

When it is in the best interest of each of the children, the Division shall attempt to place siblings together in the same guardianship arrangement. Siblings may be related by biological, marital, or legal ties. A child who meets the eligibility criteria for a subsidized guardianship will qualify his or her siblings for subsidized guardianship as well provided the siblings are placed in the same relative home. The child who qualifies for a guardianship subsidy does not necessarily have to be placed at the same time as his or her siblings in the relative home. The guardianships for each child in the same relative home do not need to be finalized in any particular sequence.

AR has approved six Subsidized Guardianships to date. The Permanency Specialist review each referral closely for the documentation, conducts a case review, and a consultation with the worker/supervisor. The challenge in regards to these referrals is assuring that the documentation that clearly reflects the ruling out of reunification and adoption is clear.

- **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. 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 are 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 youth who are eligible for the Subsidized Guardianship. CFCIP also provides services to youth leaving care after age 18.
- **Adoptions:** 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.

**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 home approval activities
  - Training for DCFS staff, prospective adoptive and foster parents, and current/active adoptive and foster parents

Additional Adoption Promotion and Support Services include:

- In-home consultation visits with prospective adoptive families
- Adoption home studies
- Adoption summaries on waiting children

### **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.

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.

### **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>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
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>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Convene PIP Practice Model Workgroup	3/30/10	The advisory board has been serving as stakeholder group. The practice model framework is developed which includes goals and principles.	
Implement strategy for Information Sessions to gather information and create ownership	6/30/10	The practice model consultation and tools were developed so that DCFS could begin the messaging and feedback process for development of practice model. Beginning July1,2009 and continuing to present time consultations in field were conducted to gather	

		feedback to develop practice model framework and continue to educate and develop leadership of Area Directors and Supervisors during meeting, case reviews, and consultations	
Review Protocol for CACD/DCFS/LLE relationships	6/30/10	CPS manager and field stakeholders reviewed the roles and responsibilities of each position and discussed needed change. DCFS reviewed the CACD agreement and shared practice model. Executive staff meets monthly with CACD to discuss and problem solve issues of conflict related to policy and practice. Reviewed protocol and tools and guides used for assessing safety and risk and change as needed	
Integrate NGA plan into Practice Model	6/30/10	This plan was reviewed and cross walked with the PIP so that we were operating from one primary plan.	
Transform training partnership and professional development approach	6/30/10	Intake of review and discussion of roles of training partnering with field staff and supervisory staff. Completed overview of CORE and began integrating practice model language into curriculum until review of curriculum takes place. Overview of OJT was conducted with no changes made. (This included Field Instruction/Mentoring manual)	
<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>			
FIRST YEAR	TARGET	STATUS ACCOMPLISHMENT/PROGR	REVISION

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

		<p>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>	
<p>Develop strategy for phase in sites for staged implementation and sustainability of practice model statewide</p>	<p>6/30/10</p>	<p>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.</p>	
<p>Implement revised casework process designed strategically for Prevention/Support Services</p>	<p>6/30/10</p>	<p>Integrated practice model language in field and central office staff. Each area develops practices; implement plans to address ANI from COR, meta-analysis, 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.</p>	
<p>Implement revised casework process designed strategically to</p>	<p>6/30/10</p>	<p>Revised functional to include behavioral elements and practice model language conducted SDM; and have reviewed current assessment tools and instrument</p>	

improve investigation and safety of children		for effectiveness.	
<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>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Implement revised casework process designed to strategically for Child protective Services to improve safety and permanency of children	6/30/10	Clarified and added behavioral and practice model language to functional job description met and trained on investigation expectations with supervisors and conducted SDM training. HZA review cases and each area developed plan for closing overdue investigations.	
Implement revised casework process designed to strategically improve outcomes of children in and out of home placements	6/30/10	Clarified and added behavioral and practice model language to functional job responses. Each area has a PIP that addresses the outcome of QSPR and Meta-analysis. 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	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	

option		<p>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.</p>	
Implement revised casework process designed strategically for Youth Services including National Youth Transitional Database	6/30/10	<p>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</p>	

		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 leads to positive outcomes.</b>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Evaluate the casework process for continuous Quality Improvement and effectiveness	6/30/10	Case reviews are conducted local, by QSPR, and by QA staff (Admin. Review and Meta-analysis) 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	
Specify and/or identify data elements  Test, and train for Decision Support system	6/30/10	Several meetings have taken place with the personnel from UAMS, and the CHRIS Technical Staff. The P.A.C.E exams are going to be scanned into the CHRIS system, and the medical recommendations screen in the system is being modified to track medical outcomes from the recommendations made by medical personnel.	
Enhance the Quality Services Peer Review	6/30/10	The QSPR process now includes a coaching session in the 2 <sup>nd</sup> part of year as follow up	
<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>			

FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Create an effective communication plan that reflects DCFS message	6/30/10	Communication plan developed and communication strategies training with Executive staff. The communication plan will include strategies to improve our messaging about the work of child welfare and reflect our practice model. This benchmark will not require ongoing reporting but will advise if stakeholders are added. The division is in process of hiring an extra help to develop the messages and tools needed and assist in developing strategies to meet varied audiences	
Continue to improve collaboration and communication between courts and DCFS to improve outcomes for children and families	6/30/10	The Director meets monthly with Ms. Tanner on legal practices and issues. Director spoke at children of court conference. She has one on one conversations with Judges as need arises. We are making progress with DNET which is data sharing.	
Implement training review in casework process to identify overall skill set	6/30/10	DCFS has revised Family Service Worker or FSW job description/functional to include behavioral and practice model language	
Design organizational strategies that will support and sustain the DCFS	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	

transformation process		<p>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.</p>	
Enhance worker recruitment strategies for effective recruitment within DCFS	6/30/10	<p>DCFS receives reports on worker and caseloads, turnovers, exit interview, as well as statewide trends. Director analyzes all data reports and trends when making decisions related to the assignment to the field.</p>	

**Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.**

FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Develop strategies for Retention of workers at all levels within DCFS	6/30/10	DCFS has developed several strategies to share information- DHS share, e-mail, consultant, quarterly meeting, newsletter etc. Conduct survey with workers, youth, and foster parents and follow up on plans based on feedback	

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

FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	6/30/10	DCFS used AFCARS and NCANDS to assess to determine statewide needs. Also in development is process to survey local communities for informed services and have available online. Stakeholders are identified.	
Conduct a statewide assessment of contracted, purchased, and free services for children and	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.	

families		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>			
FIRST YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Conduct Overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment of contract services)	6/30/10	The meeting map strategy is used to schedule meeting and educate on child welfare and practice model.	
Increase the number of foster homes in each county to meet the individualized needs of the children including sibling groups entering care	6/30/10	After identifying report needs, they are being utilized to effectively strategize in recruitment/retention efforts. The “Current Foster Children by Latest Removal County and Placement County Summary” is used to identify the percentage of foster children who are placed outside of their originating county and area. This report allows a snapshot of the needs of each county and area, which aids in county-specific recruitment. Other reports used are the “Provider Placement Preference”, which determines characteristics that foster homes will accept, the “Active, Available Foster Home” report shows current numbers of	

		<p>homes, and the “Monthly Count of Foster Children by Age” shows trends of the age of children in foster care by county and area, which determines the types of foster homes needed. The data and trends received from the reports were used in creating county-specific recruitment plans for each area. By analyzing the trends of characteristics of current children coming into foster care, along with looking at the characteristics currently accepted by foster homes, Resource Workers are able to create strategies to recruit foster homes to meet the needs of children in foster care. The report which shows monthly foster home closures is analyzed monthly, with contact being made to ensure best practice with these homes. This aids in retention of foster homes. Using the Current Foster Children by Latest Removal County and Placement County Summary” report allows Resource Workers to see what percentages of children are being placed out of their originating county, which aids in recruitment efforts. These statistics are also used to create a sense of urgency within the community. The Recruitment/Retention Manager continues to work with Resource Workers regarding recruitment plans for county and area. Resource Workers submitted their draft plans for review. Unfortunately, several of the plans did not reflect the AR Practice Model or best practice. These plans seemed to use</p>	
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		<p>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</p>	
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		projects also in the process of implementation by the C.A.L.L	
Develop a strategy for retention of foster parents	6/30/10	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 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</b>			

<b>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 data	6/30/10	HZA completes a Meta-analysis annually to provide this information. it is reviewed by Executive staff and Area Directors on determining ANI and problem solving	
Review and assess current process and recommend changes including necessary relationship within the process for policy changes, data implications	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	

and CHRIS enhancements			
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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.**

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

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

SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Assess and continue staged practice model change strategy	6/30/11	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”	Requirement met

		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.	
<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
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/11	The Advisory Board continues to meet periodically throughout the year. Each 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.	Complete with 8 <sup>th</sup> Quarter reporting.
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/LE relationships and implement recommended	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	Operational as annual review no longer part of CFSP strategy plan

change		to potential policy or statutory changes.	
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	Document numbers 358, 375, and 464a-464n. A total of 16	Complete with 8 <sup>th</sup> Quarter reporting

		<p>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</li></ol>	
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		<p>is accurate, clear, and family-centered.</p> <ol style="list-style-type: none"> <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 reviews comments and discusses with subject matter expert. Additional changes made as necessary.</li> <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</li> </ol>	
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		<p>Bureau of Legislative Research. Thirty day public comment period begins.</p> <p>9) Any public comments received are reviewed and discussed with subject matter expert. Additional changes made as necessary.</p> <p>10) Final Promulgation Packet filed with Bureau of Legislative Research, Secretary of State and Arkansas State Library.</p> <p>11) Promulgation Packet Reviewed by Rules and Regulations Committee.</p> <p>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/chiInfam/masterpolicy.pdf">http://www.arkansas.gov/dhs/chiInfam/masterpolicy.pdf</a></p> <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/CW/DCFS%20Publications/Forms/AllItems.aspx">https://ardhs.sharepointsite.net/CW/DCFS%20Publications/Forms/AllItems.aspx</a></p>	
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		<p><a href="#">ms.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></p> <p>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).</p> <p>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	6/30/11	Ongoing monthly meeting between CACD and DCFS are	Complete with strategy 8 <sup>th</sup> qtr.

with DCFS and CACD and LLE to ensure safety of children		conducted to discuss potential policy/procedural and statutory changes.	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>			
SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Implement revised casework	6/30/11	Structured decision making training for new staff and a refresher for veteran staff will	Completed PIP 7 <sup>th</sup> quarter reporting

<p>process designed to strategically for Child protective Services to improve safety and permanency of children</p>		<p>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.</p>	
<p>Implement revised casework process designed to strategically improve outcomes of children in and out of home placements</p>	<p>6/30/11</p>	<p>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</p>	<p>Completed PIP 7<sup>th</sup> quarter reporting</p>
<p>Provide safe and permanent adoptions for all children needing adoption as their best permanency option</p>	<p>6/30/11</p>	<p>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.</p> <p>The Adoption Committee on Policy, Practice, and Procedures continues to assess and</p>	<p>Complete with 8<sup>th</sup> quarter reporting.</p>

		<p>determine the training needs of Adoption staff. As the 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</p> <p>Be providing adoption information at the Foster Parent Conference, and will speak at Area meetings regarding adoption issues when invited.</p> <p>Training for</p> <p>Adoptions are related to Permanency Strategy such as Permanency Round</p> <p>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 CHRIS Net 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</p>	
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		<p>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 Youth Transitional Database</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 Achievement Award Ceremony"</li> <li>• Planned 2011 "Teen Leadership" Conference with NRCYD</li> <li>• "Shadowed" TYS 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> </ul>	<p>Complete with 8<sup>th</sup> Quarter reporting.</p>

		<ul style="list-style-type: none"> <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
<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
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	6/30/11	Please reference to Pages 89-94	PIP requirement met

are effective in appropriate 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>			
SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Assess effective communication plan that reflects DCFS message	6/30/11	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	Completed with 8 <sup>th</sup> quarter reporting

		<p>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 communications plan</li> <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</li> </ul>	
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		<p>brochures.</p> <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 used to update brochures, literature, letterhead, videos, etc.</li> <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	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	Completed with 8 <sup>th</sup> quarter reporting

between courts and DCFS for better outcomes for children and families		conversations with Judges as need arises. We are making progress with DNET which is data sharing.	
Continue training review in casework process to identify overall skill set	6/30/11	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 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.	Completed with 8 <sup>th</sup> quarter reporting
Design organizational strategies that will support and sustain the DCFS	6/30/11	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	Completed with 8 <sup>th</sup> quarter reporting

transformation process		<p>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>	
Assess and develop new worker recruitment strategies within DCFS	6/30/11	3 <sup>rd</sup> year CFSP Strategy Plan	PIP Requirement met
<p><b>Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps</b></p>			

**children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.**

SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Develop strategies for Retention of workers at all levels within DCFS	6/30/11	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	Completed with 8 <sup>th</sup> quarter reporting

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

SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Design a child and family services snapshot which identifies the population served and services needed based on identified risk (to establish baseline)	6/30/11	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

<p>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</p>	<p>6/30/11</p>	<p>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 address 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.</p>	<p>PIP Requirement met</p>
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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.**

SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
<p>Conduct overview sessions of the outcomes of Step 1 (Snapshot) and 2 (Assessment</p>	<p>6/30/11</p>	<p>DCFS Director during executive staffing sessions provides an overview of the outcomes, analysis and assessment of service from meta-analysis, and QSPR results etc.</p>	<p>PIP Requirement met</p>

of contract services)			
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	<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</p>	Completed with 8 <sup>th</sup> quarter reporting

		<p>monthly, with contact being made to ensure best practice with these homes. This aids in retention of foster homes. Using the Current Foster Children by Latest Removal County and Placement County Summary” report allows Resource Workers to see what percentages of children are being placed out of their originating county, which aids in recruitment efforts. These statistics are also used to create a sense of urgency within the community. The Recruitment/Retention Manager continues to work with Resource Workers regarding recruitment plans for county and area. Resource Workers submitted their draft plans for review. Unfortunately, several of the plans did not reflect the AR Practice Model or best practice. These plans seemed to use duplicate strategies for different counties, did not build on the strengths of the individual counties, and missed key community partners. A couple of the area plans were good in that they showed individual focus on each county’s strengths and challenges, identified active community partners, and were tailored to the demographics of each county. After the plans referenced in 4.6 are finalized, existing data reports, and if necessary, custom data reports will be developed and utilized in the management and tracking of the recruitment and retention of foster homes. Both successful outcomes and deficiencies will</p>	
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		<p>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 foster parents	6/30/11	Previously reported Foster Parent Retention Plan	Completed with 8 <sup>th</sup> quarter reporting
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	Completed with 8 <sup>th</sup> quarter reporting

		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.	
<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>			
SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Continue to develop improvement plan for the Quality Assurance of the QSPR process; Assess and review plan developed as implemented	6/30/11	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	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	Completed with 8 <sup>th</sup> quarter reporting

data		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.	
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>			
SECOND YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROGRESS	REVISION NEEDED
Develop	6/30/11	MidSOUTH training	Completed with 8 <sup>th</sup>

<p>training on how to access reports and understand the data including the analysis of the data from 1<sup>st</sup> year</p>		<p>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.</p> <p>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 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> <li>• Caseworker visits with the child (Item # 20)</li> </ul>	<p>quarter reporting</p>
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		<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 improvements for quality and practice improvement</p>	<p>6/30/11</p>	<p>Surveys conducted from July 1, 2010 and June 30, 2011 include:</p> <p>DHS Cultural Survey</p> <p>Foster Parent Survey</p> <p>Finalizing Results of the 3C Training feedback (field staff</p>	<p>Completed with 8<sup>th</sup> quarter reporting</p>
<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</b></p>			

manner that lead to positive outcomes.			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Assess and continue staged practice model change strategy	6/30/12	<p>Community Services (CS)- As needed provides feedback on the reports and plans to support timeframe work, encourage staff, continue assessment of skills and provide written follow ups to the Area Directors regarding their monthly reports and corrective action plans. Also conducts face to face monthly meetings with each Area Director and phone conferences as needed.</p> <p>Professional Development Unit (PDU)-Continued work with the Mountains and Plains Child Welfare Implementation Center (MPCWIC) has helped the Division develop a strategic plan specifically designed to support the development of supervisor capacity, through skill development, support systems and a structured change management tool referred to as Learning Circles. This project utilizes stakeholder feedback and participation throughout all phases of planning. With Technical Assistance support, the implementation process models both the Practice Model Principles/Values and the established tenets of Implementation Science.</p> <p>PDU has increased participation in Area Director and IVE Partnership monthly training</p>	3 <sup>rd</sup> year CFSP Strategy Plan supports

		<p>assessment meetings. While more consistent participation is still needed, these meeting forums have helped the PDU manager and administrator identify common professional development concerns across the state. As a part of these meetings, PDU has been able to reinforce the importance of the QSPR as a planning tool related to professional development activities and has facilitated collaboration opportunities with the Department's Organizational Development and Training (ODT) Unit. Currently ODT is participating in the Learning Circle "arm" of the MPCWIC project and is helping two Areas assess and develop plans promoting team development and collaborative work across counties.</p> <p>DCFS and the Partnership continued collaborative work with UAMS to develop Trauma Informed Workforce training for all field staff. A Train the Trainer was held in December 2011 and field staff training began in February 2012. Collaboration with UAMS continues.</p> <p>The PDU Manager and Administrator have also used the "parallel" process to help identify new areas of continued development in the IVE Partnership. Examples include researching Field Training Competencies, developing a stronger OJT structure for new DCFS Supervisors and assessing needed professional development activities for field</p>	
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		<p>trainers.</p> <p>The PDU Training Coordinator models Practice Model Values when helping employees (especially new staff) learn how to use the Departmental Travel Reimbursement system. She has received numerous emails expressing appreciation for her responsiveness and assistance. This specific example also reflects the efforts of all PDU members in other administrative areas.</p>	
<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>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/12	The Advisory Board continues to meet periodically throughout the year. Each 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.	
DCFS will continue engagement of field staff in the implementation of the practice model in the	6/30/12	CS-Interaction with central office staff, AD Meeting agenda, Case consultation, Attendance of Quarterly trainings and area meetings in the field, Work with other key central office staff to attend area	

<p>strategies implemented over the last two years and others as needed. (i.e. case consultations; practice guide and policy development)</p>		<p>&amp; quarterly meetings in the field.</p> <p>The DCFS Policy Review Team continues to exist to review newly proposed and/or revised policies, procedure, forms, and publications. The DCFS Policy Review Team is comprised of several representatives from across the state including an Area Director, unit supervisors, and FSWs. Other staff and stakeholders are also contacted on an as needed basis when policy is being developed or updated to review policy. The Policy Unit also continues to use feedback received from staff and stakeholders regarding policy issues to improve policy (i.e., functionality, clarity, address gaps, etc.).</p> <p>The National Family Preservation Network provided a one day training (June 2011) for DCFS staff ,and IFS contract providers on the Fundamentals of Intensive Family Preservation Services along with case planning and engaging families. Providers and caseworkers are now more aware and can better assist families in identifying their own needs. People can and do change. When families are engaged in identifying their supports and needs, staff can expect change and improvement.</p> <p>Inter-Divisional Staffings on Complex Cases has continued twice monthly throughout this past year with increasing</p>	
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		<p>requests for assistance in case planning, especially for those children and youth with serious mental health issues. An additional staffing has been added, once monthly beginning June, 2012 to target foster children in custody of the Division of Youth Services (DYS). All dual-custody youth committed to DHS within the past month will be reviewed; recommendations provided for best practice and ensure ongoing case plans by both agencies are working toward the same goals. With increasing utilization of Inter-Divisional staffings, it may be necessary move to a weekly schedule.</p> <p>The mental health specialist continues to provide case-specific consultation on an informal basis, as needed to support and guide field staff in cases involving children with major mental health issues. Involvement has included appearances in court to provide expert witness, consultation with mental health facilities, inpatient, residential and outpatient's services, and facilitating meetings with local community mental health and DCFS staff to assist in development of formal and informal mechanisms for communication to address mental health service needs for foster children and their families.</p> <p>The Adoption recruitment plan includes involvement of field staff, particularly the Action Plan written as part of the 2012</p>	
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		<p>Regional Roundtables. In that initiative we will select the 100 children who have been waiting the longest for an adoptive placement, review the case, and schedule permanency roundtables to include adoption staff, the county worker assigned to the case, AAL's, CASA, OCC attorneys, and anyone else who has involvement in the case, in order to make decisions on the appropriate goal, possible placements, and needed services.</p> <p>Adoption Manager has met with judges and will continue to do so to address what is needed in the selection process, workloads, recruitment, and feasibility of contacting relatives in some cases.</p> <p>Adoption Manager has met and will continue to meet with Area Directors on these same issues.</p> <p>Adoption Manager meets at least every other month with all adoption staff to discuss new programs, training concerns, placements, recruitment, and other issues of concern.</p> <p>Program Managers are invited to share information about their programs including mental health, independent living, policy, CHRIS issues, Medicaid, and others.</p> <p>MPCWIC Learning Circle Workgroup along with the Care, Commit and Connect Workgroups</p> <p>Quarterly and Monthly Training Meetings at MidSOUTH and</p>	
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		with IVE Coordinators	
DCFS will continue the development of practice guides and other tools as outlined in plans developed.	6/30/12	The Policy Unit plans to assist in the development of practice guides the next year which include Subsidized Guardianship (in development) and psychotropic medication management.	
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	(CS)--Data and reporting, and Coaching: <ul style="list-style-type: none"> <li>• Children entering foster care SFY2011: 4,229</li> <li>• Children entering foster care SFY2012 as of 6/26/12: 3,890</li> <li>• Open protective service cases of children that were open at the end of SFY2011 and were not removed from the home: 2,618</li> <li>• Open protective service cases of children that are open as of 6/26/12 (SFY2012) and were not removed from the home: 2,506</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>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED

Effective Training that focus on parenting children in foster care	6/30/12	PDU-Requested and received two names of parenting education programs designed to better meet the needs of parents with children in the Child Welfare system.	
Continue analysis of policy	6/30/12	<p>Policy analysis is an ongoing activity within the Policy Unit. The unit continues to try to strengthen the clarity of policy as well as incorporate more family-centered directives while also attending to other needed revisions to comply with changes in the law or other directives received from the agency. The desired outcome of this continued policy analysis and revision is to achieve better outcomes for the children, families, DCFS staff, and other stakeholders affected by DCFS policy.</p> <p>Major tasks for the Policy Unit over the past year have included (please see attachments for more complete summaries of packets promulgated during SFY 2012):</p> <ul style="list-style-type: none"> <li>• Updating all policies, procedures, forms, and publications to comply with acts passed during the 88<sup>th</sup> General Assembly, Regular Session 2011;</li> <li>• Developing Arkansas’s Subsidized Guardianship policy and procedures and related forms;</li> <li>• Revising the Name Removal Committee</li> </ul>	

		<p>policy and procedures to provide more clarity which should allow qualified and appropriate individuals to be removed from the registry in a more timely manner.</p> <p>Upcoming projects include rewriting the Foster Parent Handbook so that it more thoroughly addresses issues affecting foster parents and the children placed in their home as well as reworking the Transitional Youth Services policy to more fully address issues such as sponsorship programs for youth in extended foster care and minor mothers and their children.</p> <p>The mental health policy requiring DCFS staff to obtain an assessment from the local community mental health center prior to referring a child under the age of ten years to psychiatric inpatient facility resulted in 68% diversion rate in SFY1. Reports indicate that 125 children were diverted from institutionalized care to more appropriate community-based services. As a result of this success, DCFS promulgated policy extending the requirement of a community-based assessment for <u>all</u> children in foster care. This policy also now requires that all children, age 3 and above must be referred to the local community mental health center within 5 days of entering care. The previous policy required referral of children school-age</p>	
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		and above but with increased research on mental health needs and outcomes of young children, it was determined that DCFS would quickly address the mental health needs of younger children.	
Strengthen the relationship with DCFS and CACD and LLE to ensure safety of children	6/30/12	CS--Monthly meetings with CACD and develop and implementation of DCFS participation in CACD meetings.	
Improved assessment of families & support to prevent removal & keep children safely in own home	6/30/12	<p>Contract providers as well as staff are able to link our families to resources to ensure that their basic needs are met. Once needs are met, vendors can provide crisis intervention which would provide the support to prevent removal and keep children safely in their own homes. DCFS is beginning to see improvement in assessing families based on results of surveys of families receiving services and data submitted by vendors. Clients are linked to community resources. This prevents removal and keeps the family stabilized.</p> <p>Tools and resources that are utilized to determine whether we are improving the assessment of families and support to prevent removal and keep children safely in their own home are: Data (COR, 120 day in home &amp; placement visit report), Support &amp; participate of QSRP &amp; review of data follow-up, Review of cases &amp; assessment for practice and</p>	

		<p>compliance Consultation reflective conversations and coaching on practices when addressing targeted complaints, and</p> <p>PDU--Provided a second round of Structured Decision Making (SDM) training to DCFS Supervisors, Investigators and CACD investigators</p> <p>Identified basic components of modified Structured Decision Making training for all FSWs; including a focus on safety/risk assessment for in-home and out-home cases</p> <p>Identified basic components of Structured Decision Making Supervisor training</p>	
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**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.**

THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/12	Access to services is still problematic for some areas. Performance Indicators for some services were amended to ensure that services when possible is provided in the home to prevent clients from missing work and or school. This appears to be working well for the families. However; this is the first year that the amended PI's were implemented therefore unable to report outcomes.	

		<p>PDU-See above SDM comments</p> <p>Created planning workgroup to identify appropriate topics for an intermediate level FSW training. Assessment of needs and services will be evaluated.</p>	
Timely and appropriate match for children in adoptive families	6/30/12	The Matching Website is up and running and we are in the process of ensuring all home studies are scanned into a folder which connects to the CHRIS system. The file is named from the provider ID. Staff are now using the website. This will assist in not only timeliness, but also in better matching of children with prospective adoptive families.	
Established casework process for youth in foster care and ways of measuring success when transition to adulthood	6/30/12	<p>CS--Continued assessment of needs and strategies on how youth can be supported. Assessing and developing NYTD plans monitor with log and Additional NYTD Training</p> <p>Transitional Services Unit (TSU) - Developed a pilot initiative that would create a "Transitional Youth Services Unit" This unit will be comprised of Family Service Workers, TYS Coordinators and local County Supervisors. The unit will primarily work with the 14-21 year old population. The goal is to provide additional supports to staff that would in turn allow them more time to "engage" the 14-21 year old population.</p>	

Continue QSPR process that aligns with practice model developed and implemented	6/30/12	The QSPR Manager is actively involved in a variety of professional development activities. This includes strengthening supervision coaching practices, and accountability. DCFS Director conducts a meeting to review the findings of each Area's QSPR. The County Supervisors, Area Manager, relevant front line staff, QSPR manager, Planning manager, and Assistant Director for Community Services participates in these meetings. Discussions include strengths, challenges, trends, innovative practices, and problem solving.	
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**Goal: Develop, Implement, and Monitor a Statewide Practice Model to ensure the most appropriate services are provided to children and families in a consistent manner that lead to positive outcomes.**

THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Continue to evaluate case progress and make improvements through the development of quality improvement strategies	6/30/12	The QSPR Manager is actively involved in a variety of professional development activities. This includes strengthening supervision coaching practices, and accountability. DCFS Director conducts a meeting to review the findings of each Area's QSPR. The County Supervisors, Area Manager, relevant front line staff, QSPR manager, Planning manager, and Assistant Director for Community Services participates in these meetings. Discussions include strengths, challenges, trends, innovative	

		practices, and problem solving.	
Continue to evaluate and shift the QA process to include strategies that are effective in appropriately identifying areas needing improvement	6/30/12	The QSPR Manager is actively involved in a variety of professional development activities. This includes strengthening supervision, coaching practices, and accountability. DCFS also plans to strengthen the follow up on recommendations from special studies conducted by HZA. The 3 C's Commit workgroup is working on a revision of the Supervisory Review tool to develop something more user friendly and practice outcome oriented.	
Dashboard accessible for data management	6/30/12	<p>The department has moved from individual data warehouses to a consolidated warehouse with a decision support system and is working on dashboard capabilities for all divisions.</p> <p>The planning has recently started and in the near future, working groups will be formed to survey Senior Managers and Program Managers from the individual divisions to formulate dashboards that cover high-level snapshot views, down to functional day-to-day operational dashboards that provide Central Office Program Managers and Field Staff with pertinent, up to date operational information.</p> <p>In addition, the division utilizes data reports that are static for staff at all levels to both manage and perform mission critical day</p>	

		to day operations.  These reports are grouped by functional areas and are produced by the CHRIS Support Staff, and by contract personnel from Hornby Zeller and Associates.	
Improved QSPR process with involved stakeholders and inter reliability for consistent reviews	6/30/12	DCFS is working to expand the impact of the QSPR process through continued engagement of stakeholders. The Division intends to increase stakeholder involvement in the actual review process by training select individuals on how to conduct the reviews and having them review real cases. DCFS continues to focus on ensuring inter-rater reliability through a tiered case review system in which every reviewer's case ratings are reviewed and approved for accuracy and adherence to the protocol.	
<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>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Continue message consistent with	6/30/12	Activities completed in SFY 2012 <ul style="list-style-type: none"> <li>• Developed numerous</li> </ul>	

<p>practice model</p>		<p>brochures</p> <ul style="list-style-type: none"> <li>○ Differential Response</li> <li>○ What is DCFS?</li> <li>○ Care Commit Connect</li> <li>○ Foster Care</li> <li>○ Extended Foster Care Program</li> <li>○ Answering the Call</li> <li>○ Worked with Transitional Youth Director – on Aging Out – Don’t Miss Out booklet</li> </ul> <ul style="list-style-type: none"> <li>● Developed PSA – short and long versions – for Foster Parent Recruitment</li> <li>● National Child Abuse Prevention Month activities <ul style="list-style-type: none"> <li>○ Radio Stations appearances</li> <li>○ TV station appearance stories</li> <li>○ Press release to all media outlets including print media</li> <li>○ Press conference</li> <li>○ Statewide advertisements in regions impacted</li> </ul> </li> </ul>	
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		<p>by Arkansas Press Association</p> <ul style="list-style-type: none"> <li>○ Spanish Newspaper in NWA “La Presna Libre” – did 2 weeks of advertisements</li> <li>○ Hola Arkansas – Spanish/English newspaper – 5 weeks of advertisements</li> <li>○ Helped with design and messaging on bookmarks</li> </ul> <ul style="list-style-type: none"> <li>● Worked with design/print materials for Youth Empowerment Institute</li> <li>● Worked with design/print materials for Youth College Tour</li> <li>● Set up statewide community stakeholder meetings regarding Differential Response</li> <li>● Attended Inquiry meetings statewide to see impact, hear issues, etc.</li> <li>● Developed and submitted Divisional newsletter – 2 times during SFY 2012</li> <li>● At statewide supervisor meeting – gather information regarding communication needs</li> </ul>	
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		<p>and styles</p> <ul style="list-style-type: none"> <li>○ Staff indicated – DCFS All emails are being deleted <ul style="list-style-type: none"> <li>▪ Need to bullet point information</li> </ul> </li> <li>○ Staff would like to see Director Radio Address monthly</li> <li>○ Discussed methods of newsletter distribution</li> </ul> <p>APSR – Communications Activities for SFY 2013</p> <ul style="list-style-type: none"> <li>▪ Refill Communication Specialist position</li> <li>▪ Continue with DCFS Director communication activities <ul style="list-style-type: none"> <li>○ Speaking at conferences</li> <li>○ Speaking at legislative committees</li> <li>○ Speaking at annual Judicial summit</li> <li>○ Speaking at foster parent association meetings</li> <li>○ Speaking at staff meetings <ul style="list-style-type: none"> <li>▪ Central</li> </ul> </li> </ul> </li> </ul>	
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		<p>Office</p> <ul style="list-style-type: none"> <li>▪ Area Director meetings</li> <li>▪ Adoption meetings</li> <li>▪ Statewide supervisor meeting</li> <li>▪ DHS</li> </ul> <p>Leadership meetings</p> <ul style="list-style-type: none"> <li>▪ Continue communications through Mountains and Plans Child Welfare Implementation project</li> <li>▪ Develop feature articles for DCFS</li> <li>▪ Assist with planning press kits for events</li> <li>▪ Develop specific talking points about DCFS and our vision for various audiences</li> <li>▪ Continue to review, revise and develop Divisional brochures</li> <li>▪ Update Inquiry meeting PowerPoint</li> <li>▪ Newsletter development and submission</li> <li>▪ Develop specific messaging as Division implements new ideas, etc.</li> </ul>	
Improved collaboration	6/30/12	Community Services-attended quarterly meetings, Judge's	

<p>between courts and DCFS for improved outcomes for children and families</p>		<p>meetings, attending court and attending Judge’s conferences</p> <p>TYS-State Coordinator for Transitional Youth Services is currently serving on the DYS Special Populations Committee, this committee meets at the Administrative Office of the Courts and AOC staff facilitates the meetings. The group is looking at ways to provide appropriate placement options for “hard to place” populations.</p>	
<p>Integrate at priority level 1 strategies that support and will sustain the DCFS transformation process</p>	<p>6/30/12</p>	<p>DCFS assesses the effectiveness of contracts by reviewing outcomes which are due according to Performance Indicators the end of June. DCFS can also assess the effectiveness of services by conducting surveys with families as well as pre and post results of the NCFAS for IFS services. Family Satisfaction Surveys are conducted however participation is voluntary. The amounts of surveys returned are low however generally they are positive feedback and we do use all comments in assessing the effectiveness of the program.</p>	
<p>Annual activities for recognition of worker and decreased turnover</p>	<p>6/30/12</p>	<p>CS-Implementing successes and recognition @ Quarterly Supervisors Meetings, Services recognition at statewide meeting, MPCWIC, Feedback on site visits</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</b></p>			

<b>children and youth.</b>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Implement strategies for retention of workers at all levels of DCFS	6/30/12	CS-follows up with a call with staff that resigns and ask questions about their work with and for DCFS.	
<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>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
DCFS will continue the contracts monitoring process implemented in the PIP to improve purchased and contract services provided and continue with follow up processes to sustain effectiveness.	6/30/12	Performance Indicators for the Human Service Worker in the Schools, IFS, counseling, home studies and psychological evaluations were amended to ensure that services build on the strength of families to foster prevention and reunification when possible. Outcomes were added to all of the mentioned contracted services in order to determine the effectiveness of the programs. These programs are monitored monthly through the certification of compliance and amendments will be implemented as needed. Some purchased service request for counseling, medication management and psychological evaluations is now sent to the Prevention unit for review and approval. This is done to ensure that the purchased services aren't duplicated with contractual services, appropriateness and assistance in locating vendors in rural	

		<p>areas.</p> <p>This is the first year that the amended PI's were implemented therefore unable to report outcomes. There have been some challenges with an attorney ad litem and a judge adjusting to change for one of the services.</p> <p>The mental health specialist began increasing review of issues related to seclusions and restraints of foster children while in psychiatric inpatient facilities. Incident reports and viewing videos of the incidents are included in the review. These reviews have resulted in requirement corrective action plans by facilities and revision of treatment plans for individual youth.</p> <p>If a report of abuse is made regarding a child in a psychiatric facility, the mental health specialist began monitoring action taken by those facilities, ensuring that until an investigation in substantiates the allegation; the alleged offender at the facility does not have contact with children in foster care.</p>	
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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.**

THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Services developed to meet the	6/30/12	Prevention Unit-reviews the intake and closure results from the North Carolina Family	

individualized needs based on accurate data reports for families within the local community		Assessment Scale. The Unit also reviews the contract monitoring results from HZA and review results from family satisfaction surveys.	
<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>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Assess data reports and feedback on accuracy and develop strategies to improve practice with families	6/30/12	QPR, QSPR COR & Mustang reports for in-home and foster care placement are reviewed by Area Directors and follow-up provided.	
Accurate data management reports for managers and supervisors to focus on items and practices to improve	6/30/12	QPR, QSPR COR & Mustang reports for in-home and foster care placement reviewed by Area Directors and follow-up provided	
<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>			
THIRD YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
DCFS will continue with	6/30/12	The only survey conducted this year was integrated as a part of	

<p>annual surveys to have a continuous quality improvement process in assessing and improving practices at all levels and reflect our practice model.</p>		<p>the special study on foster home development process. In partnership with AOC, their youth staff conducted studies with our foster parents and we assisted with that survey.</p>	
<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>			
<p>FOURTH YEAR</p>	<p>TARGET DATE</p>	<p>STATUS ACCOMPLISHMENT/PROCESSES</p>	<p>REVISION NEEDED</p>
<p>Assess status of each County practice model</p>	<p>6/30/13</p>	<p>Community Services (CS)- Monthly report continues &amp; support time frame work. Encourage staff skills assessment, and written follow-up to Area Directors on monthly reports.</p> <p>Transitional Youth Services (TYS)-The practice model is promoted within the field by attending Area celebrations (PIP), providing training and coaching to field staff and by stressing the importance of “authentically engaging our youth”.</p> <p>Behavioral Health Specialist (BHS) - Inter-Divisional Staffings on Complex Cases occurs 3 times monthly. This staffing includes representatives from other DHS Divisions, including Youth Services, Medicaid, Behavioral Health, Developmental Disabilities, and</p>	

		<p>other stakeholders specific to the child such as CASA, attorney ad litem, etc. In the past year, an additional staffing was added to review dual custody cases to insure that best practices in service provision and collaboration are occurring within both divisions. Monthly reports are produced by DCFS Areas, detailing completion of recommendations. Practice issues identified are addressed, as necessary, with County Supervisors, Area Directors, and family service supervisors.</p> <p>SQPI- The Service Quality and Practice Improvement (SQPI) Unit conducted both supplemental and full Quality Services Peer Reviews (QSPR) between July 1 and December 31, 2012. The supplemental reviews were conducted during the overlapping year of Arkansas's PIP to determine if the State met the negotiated goals of improvement for Items 18 and 20. The full QSPRs were consistent with Arkansas's normal practice improvement processes. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of the service areas reviewed during that time period, thus allowing each Area to develop, assess and/or revise the implementation strategies for their practice models. Specifically, supplemental reviews were conducted in Areas 1, 2, 7 and 8, while full QSPRs were conducted in Areas 5, 6, 9 and 10.</p>	
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		<p><b>PREVENTION SUPPORT (PS)</b>  - The prevention unit promotes the practice model in the field by advising staff of changes to contracts that allows services to be more flexible and to engage our families. The practice model is also available on the prevention website and is accessible to stakeholders and staff 24/7. There have been 271 hits/reviews online of the practice model since it was uploaded 9/15/2012.</p> <p><b>FOSTER CARE:</b> Provides case consultations for approval of foster parents; permanency roundtables conducted with best practice values and principles; case consultations regarding case plan goals for guardians are conducted with best practice considerations, permanency team conducts follow ups with best practice as talking points. During foster parent conference, CARE, Commit, Connect was part of the theme and foundation for the event.</p> <p><b>PROFESSIONAL DEVELOPMENT UNIT (PDU)-Principles.</b> This includes:</p> <ul style="list-style-type: none"> <li>• Behavior change and the work of change is a part of our daily challenge.</li> <li>• The entire system must support frontline practice to achieve positive outcomes with families.</li> <li>• Sustainable success with families is the work of a</li> </ul>	
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		<p>team.</p> <ul style="list-style-type: none"> <li>• Skill based training and consultation forms the foundation for successful practice with families.</li> <li>• Quality improvement and accountability guide all of our work.</li> <li>• How we do the work is as important as the work we do.</li> </ul> <p>The following provides a summary of these efforts:</p> <p><i>AR CIRCLES (MPCWIC)</i>  <i>Please see collaboration for this update</i></p> <p>DCFS, the Academic Partnership, and UAMS (also represented on the current planning committee for future trauma focused training) began offering the one day Trauma Informed Training in February 2012 and completed the training in December 2012. To sustain this effort, the planning committee agreed to replace the grief and loss portion of New Staff Training (NST) with the content of the one day Trauma focused training. Currently members of the planning committee are working on the development of three shorter, trauma focused training modules. The training modules build on individual essential elements introduced in one day training. The planning committee also wants to give staff an opportunity to select a trauma focused topic of interest to them. A variety of delivery methods, including online</p>	
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		<p>options, are being explored.</p> <p>Academic Partners have developed a draft of a three month OJT program for new supervisors who have been promoted within the division. The program uses safety, permanency and well-being as monthly OJT themes, includes a self-assessment, tutorial information, and focuses on CHRIS reports targeting correlating data. Supervisors are also asked to shadow staff once during each of the OJT months. The shadowing exercise to reinforce the importance of observing transfer of learning from training events and performance related to Safety, Permanency, and Well-Being. The proposal is almost ready for Executive review and approval (see Training Plan updates for more specific information).</p> <p>The Division also continues work on the development of an intermediate level training program for FSW with 12-18 months field experience. Topic focus is tentatively identified as Domestic Violence, Substance Abuse, and Engagement. The initial planning committee needs to re-evaluate whether to include a focus on adoptions due to a recent change in adoptions staff oversight.</p> <p>The PDU Manager provided technical assistance to the Differential Response (DR) Program Manager at planning stages of initial training development. This assistance included facilitated discussion</p>	
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		<p>regarding audience analysis, training objectives and training outline development. The DR Program Manager developed and implemented the initial DR training in the September 2012.</p> <p>The PDU Training Coordinator models Practice Model Values when helping employees (especially new staff) learn how to use the Departmental Travel Reimbursement system. As a part of these efforts, she has developed a Travel Tips Sheet and example forms handouts which she has shared with MidSOUTH Academy staff. She has also visited the Little Rock MidSOUTH Academy to speak directly with staff about questions they have about the reimbursement process. She has assumed additional administrative duties and has also worked closely with vendors to coordinate efficient payment processing.</p> <p>CPS- In support of the Division of Children and Family Service’s ongoing commitment to assess its child maltreatment investigations, a review of each service area’s performance is conducted every state fiscal year. The reviews are designed to measure compliance and identify training needs as well as possible policy and procedural changes at the local and statewide levels. During the last fiscal year reviews were conducted with 600 randomly selected closed child protection investigations, 50 from each service area. The Area reviews focused on the strengths and</p>	
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		areas needing improvement throughout the state, addressing three aspects of the investigations, Initiation, Thoroughness and Disposition.	
<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>			
FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
Continue to convene PIP Practice Model Workgroup (Advisory Board)	6/30/13	<i>Please see collaboration section</i>	
Continue information sessions to gather feedback of practice model implementation	6/30/13	FC- DCFS approached various events and forums to share our vision underlying the practice model and encouraged conversation and feedback from all audiences. Meetings minutes provide feedback and monthly reports further inform the division. The permanency roundtables have a debrief as a part of process that will provide feedback. The enhancing supervision project communication plan includes feedback loops. HZA conduct special assignment each year that often includes internal meetings with staff and stakeholders and provide feedback and recommendations.	
Continue strengthening CACD/DCFS/LE	6/30/13	CS-Monthly meetings with CACD to address any issues and find solutions. Assures DCFS participation in CACD	

relationships		<p>meetings.</p> <p>POLICY- During fall 2012 the Policy Unit worked to update policy to reflect changes to the DCFS and CACD Agreement. The Policy Unit collaborated with members of CACD to do so.</p> <p>CPS- DCFS and CACD negotiated a new Arkansas State Police Agreement during the fall of 2012. The agreement provided CACD with clear guidelines for contacting DCFS to request a Health and Safety assessment during a pending investigation. The agreement also made changes to allow CACD the ability to complete all of the investigative activities on investigations assigned to them if the disposition is unsubstantiated. An additional change with the new agreement provided DCFS the ability to input their case involvement into the CHRIS database, if the DCFS investigator was serving in the role of secondary investigator. These changes will enhance the collaboration between DCFS and CACD and improve the quality of the investigations. DCFS and CACD continue to meet monthly to discuss investigative policies, procedures, and best practice. On November 14, 2012, CACD convened a joint meeting with DCFS Area Directors and CACD supervisors and administrative staff. The meeting provided DCFS and CACD an opportunity to discuss the changes to the new Arkansas</p>	
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		<p>State Police Agreement.</p> <p>PDU- New CACD staff were invited to attend Structured Decision Making (SDM) Training offered in the late Fall/early Winter.</p>	
<p>Continuing shift in the number of children entering foster care and increase in the number of children being supported in their own homes</p>	<p>6/30/13</p>	<p>CS- Utilizes data and reporting, coaching, and a planning group development to create an In-Home unit. Also use case consultations to support the field.</p> <p>BHS- DCFS's System of Care (SOC) Director works with Behavioral Health and SOC providers across the state in planning and development of wraparound services. This staff member also is a member of the Child and Adolescent Service System Program (CASSP) statewide council, which provides oversight for non-traditional, wraparound services at the local level. DCFS involvement is essential to supporting the development of services for families to decrease the need for children to enter custody.</p> <p>POLICY- Developed Differential Response (DR) policy for newly implemented DR program. The goal of this program is to strengthen families involved in low-risk child maltreatment allegations and to prevent removal of children by keeping them safely in the home by linking the family to appropriate community services and supports. DR is currently being piloted in approximately 10</p>	

		<p>counties. It was first implemented in October 2012.</p> <p>SQPI-The SQPI Unit conducted full QSPRs in Areas 5, 6, 9 and 10 between September 24 and December 21, 2012. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of these service areas. In doing so, the reviews addressed the degree to which each Area was able to provide sufficient services to prevent the removal of children from their families. These reviews also highlighted inconsistencies in casework between in-home and foster care cases so as to address the strong practices upon which the Areas could build and the weaker areas of practice needing shoring up to safely serve children in the family home and prevent their entry into foster care. The QSPRs highlighted the importance of both formal and informal assessments of risk and safety, family engagement and individualized services with regard to family preservation.</p> <p>PS-Prevention and Support monitors contract providers to determine if the service that they are providing adhere to the performance indicators in keeping and supporting children in their own home when appropriate.</p> <p>DR- Arkansas has implemented a Differential Response program dependent on specific allegations. This will be a part of our strategy to strengthen prevention of child abuse and</p>	
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		<p>neglect.</p> <p>PDU-Ed Cotton developed and provided, along with co-trainer Chantel Barber, SDM training to non-investigative staff across the state beginning in October. This training focused on understanding the difference between safety and risk; along with the development and use of protection plans when a safety factor has been identified; as well as promoting the practice of leaving children in their home when safely possible.</p>	
<p>Training partnership is repositioned and providing effective support to field</p>	<p>6/30/13</p>	<p>PDU-New Deliverables (Performance Indicators) were added to the FY 13 contract with the Academic Partners. These deliverables include: Researching Field Training Competencies as the first step in developing a competency based training model for field training staff, developing a stronger OJT structure for new DCFS Supervisors (noted above); development of an orientation process to DCFS for new field trainers and providing support to the Learning Circle process by serving as coaches to LC facilitators.</p> <p>Other efforts also include:</p> <ul style="list-style-type: none"> <li>• The development of a knowledge management system by UAF. This technical landscape possesses functionality that is not currently possible through such tools as SharePoint. Future applications that are possible with this</li> </ul>	

		<p>environment are reporting information in real time, online training videos, resource networking, data organizational management, and training resource management. Currently it supports training development and communication among Academic Partners and is being used to support AR CIRCLES implementation efforts with Learning Circles and potentially work of the Network/Resources Workgroup.</p> <ul style="list-style-type: none"> <li>• The creation of a training development position within the UAF partnership network. Traditionally training development was more a function of the MidSOUTH contract. This position is currently filled by Kimberly Keith with Southern Arkansas University (SAU). Ms. Keith has played an instrumental role in the development of an one hour Supervisor Grief &amp; Loss (Trauma Focused) training for supervisors, developing an additional training program to support coaching skill development, lead coordination the new supervisor OJT program (she is also developing</li> </ul>	
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		<p>program pieces) and serving on the committee established to research field trainer competencies.</p> <ul style="list-style-type: none"> <li>• A workgroup has been formed to develop a DCFS orientation process for new field trainers. The PDU Administrator chairs this group.</li> <li>• The Quarterly Partnership Meeting Forum has been modified to using a Knowledge CAFÉ format. A Knowledge CAFÉ format using a rotation of small group discussions. Each group is facilitated and focused on a single topic to gather feedback and/or address identified topic areas. The first Knowledge CAFÉ topic focused on gathering feedback related to field trainer competencies. Another proposed topic is the development of new worker tools notebook and recently identified, a refresher of key principles for LC coaching.</li> </ul> <p>Kim Keith has been added as a member of the Training Skills and Development Team (TSDT). The QSPR Manager, two Area Directors, and the Assistant Director of Community Services have also been added to this training</p>	
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		systems oversight team	
<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>			
FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Improved well-being of children and support and retention	6/30/13	<p>FC- Strategies we have in place for this are:</p> <ul style="list-style-type: none"> <li>• After-Hours Medical Resource Line</li> <li>• Volunteer State Foster/Adoptive Parent Liaison</li> <li>• Foster Parent Groups</li> <li>• Annual Foster Parent Conferences held at the local level to provide the opportunity for foster parents to receive required training and network with other foster parents.</li> <li>• The Academic Partnership also provided one hour training, Promoting resilience: A Trauma Focused Training for 67 supervisors. The was designed to meet the legislative mandate for one hour of annual grief and loss, while allowing the division to remain focused on the trauma focused intervention strategies.</li> <li>• The 2013 trauma Lunch and Learn is titled, "Taking it back to work; Managing the Effects of Trauma for Kids and Families."</li> </ul>	

		<ul style="list-style-type: none"> <li>UAMS has also provided trauma focused training to an estimated number of 120 Foster Parents at local conferences in Area 1 and 7.</li> </ul>	
Continue analysis of policy	6/30/13	<p>CS-Ongoing as requested. Very involved in meeting and legislation and policy changes.</p> <p>TYS- The TYS unit continues to analyze policies and assess their effectiveness. We are currently making adjustments to the following policies.</p> <ul style="list-style-type: none"> <li>Annual Credit Checks for TYS youth</li> <li>The role of the “Sponsor”</li> <li>Defining approved “TYS Housing options”</li> <li>Medicaid to 26</li> </ul> <p>BHS- Adherence to the mental health policy implemented in the last state fiscal year is monitored through review of data on children admitted to inpatient psychiatric facilities and child-specific case review in Inter-Divisional Staffing. The Mental Health specialist provides technical assistance to the field on specific cases, as well as formal presentations across the state to clarify policy and procedures and reasons or evidence supporting the implementation of the policy.</p> <p>POLICY- Work in this area is on-going. The Policy Unit continues to clean-up, improve organization of, and increase use of family-centered/Practice</p>	

		<p>Model language in policy manual and publications. There were three major promulgation filings from July 1, 2012-December 31, 2012 which included several new and revised policies, procedures, publications, and forms including:</p> <ul style="list-style-type: none"> <li>• POLICY I-A: Division Mission, Practice Model, Powers &amp; Duties</li> <li>• POLICY I-B: Child Welfare Delivery System</li> <li>• POLICY I-C: Division Organizational Structure</li> <li>• POLICY I-D: Division Volunteers</li> <li>• POLICY I-E: Official Record Keeping and Retention Schedule &amp; Access to Official Records</li> <li>• POLICY I-F: Confidentiality</li> <li>• POLICY I-G: Ethical Standards</li> <li>• POLICY I-H: Vehicle and Passenger Safety</li> <li>• POLICY II-A: Assessing Families in Relation to Strengths and Needs</li> <li>• POLICY II-B: Community and Self-Referrals for Supportive Services (and related procedure)</li> <li>• POLICY II-C (and related procedures): Differential Response</li> <li>• POLICY II-D: Child Abuse Hotline for Child Maltreatment Reports</li> <li>• Policy II-E (and related</li> </ul>	
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		<p>procedures): Assessment of Child Maltreatment Reports</p> <ul style="list-style-type: none"> <li>• POLICY II-I: Early Intervention Referrals and Services</li> <li>• POLICY VIII-L: Subsidized Guardianship (and related procedures)</li> <li>• Procedure II-E1: County Office Response to the Child Abuse Hotline for Assessments That Are the Responsibility of the Division</li> <li>• Procedure II-E2: Child Maltreatment Report Assessment Interviews</li> <li>• Procedure II-E4: Other Child Maltreatment Assessment Action</li> <li>• Procedure VIII-I8: Payment for Non-Recurring Adoption Expenses and Special Subsidy</li> <li>• Procedure IX-A1: Internal Reviews of Adverse Action</li> <li>• Procedure IX-A2: Appeals and Hearings of Unfavorable Decisions</li> <li>• Procedure IX-A3: Appeals and Hearings of True Child Maltreatment Decisions</li> <li>• Procedure IX-A4: Regular Administrative Hearing Process</li> <li>• Procedure IX-A5: Expedited Hearing Process</li> <li>• Procedure IX-A6: Preliminary Administrative Hearing</li> <li>• Procedure IX-A7:</li> </ul>	
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		<p>Investigative File for the Administrative Hearing</p> <ul style="list-style-type: none"> <li>• Appendix 4: Foster Home Records</li> <li>• CFS-100: Differential Response Program Authorization for Release of Information</li> <li>• CFS-101: Plan of Safe Care</li> <li>• CFS-232-T2: True But Exempt Child Maltreatment Investigative Determination Notice to Offender</li> <li>• CFS-435-B: Notification of Subsidized Guardianship Program Denial</li> <li>• CFS-435-F: Subsidized Guardianship Agreement</li> <li>• CFS-435-G: Annual Progress Report and Subsidized Guardianship Agreement Review</li> <li>• CFS-435-H: Notice of Modification or Termination to Subsidized Guardianship Agreement</li> </ul> <p>PUB-30: Foster Parent Handbook</p> <p>PS-Prevention and Support has started reviewing performance indicators and will add to ALL contracts an indicator that states providers will use best practice and remain ethical when working with our clients. There are also changes to the SAFE Home Studies which affects our</p>	
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		<p>contract providers. Contractors must work within the policy when conducting SAFE Home Studies.</p> <p>CPS- During the last fiscal year, the CPS unit reviewed the statutory guidelines for initiating and completing child maltreatment investigations. As a result of issues identified during the CPS reviews, several legislative changes were proposed. One proposed legislative change provided a revision to the definition of a caretaker. The revision added Significant Other to the list of eligible offenders for child maltreatment investigations. Secondly, a process was proposed to allow an extension of the timeframe for completing Child Maltreatment investigations. Lastly, new guidelines were drafted to structure the process for taking reports involving Educational neglect.</p>	
<p>Working relationship that are effective and ensure safety of children</p>	<p>6/30/13</p>	<p>DCFS collaborations and partnerships are established to ensure we have the most appropriate policy and guidance for staff. The Training plan sections reflects efforts to build skills of staff and our QA and CQI process strengthen the expectation.</p> <p>FC-Development of a voluntary PIP as a result of the IV-E audit. Steps include:</p> <p>DCFS and Licensing unit develop routine meetings to brainstorm and determine policy/law changes necessary to</p>	

		<p>strengthen the oversight of foster care placements.</p> <ul style="list-style-type: none"> <li>• Strengthening licensing oversight in monitoring of private provider/facility safety checks.</li> <li>• Establishing notification protocols of licensing citation on private providers and facility to DCFS for consideration.</li> <li>• CHRIS enhancements to include tracking IV-E claims more closely related to duplicate board and daycare payments.</li> <li>• Expanding QA unit responsibilities to include monthly IV-E audit activities on a random pull of cases.</li> <li>• Jointly (DCFS and Licensing) presenting at provider meetings and other opportunities throughout the year.</li> </ul>	
Evaluate practice model implementation across the state to determine need training, resources, and other supports to integrate into every day practice.	6/30/13	<i>See SPQI section, policy section, and training plan.</i>	
Statewide revised casework	6/30/13	The implementation of DR strengthens the values and practice of maintaining children	

<p>process with increased ability and practice in prevention support activities</p>		<p>safely in their own homes. The waiver implementation will create further leverage with the functional assessment, nurturing parenting, and team decision making intervention with their dual focus on safely maintaining children in their own home and well-being of child and family.</p>	
<p>Improved risk assessments and planning for safely keeping children in own home</p>	<p>6/30/13</p>	<p>SQPI- The SQPI Unit conducted full QSPRs in Areas 5, 6, 9 and 10 between September 24 and December 21, 2012. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of these service areas. In doing so, the reviews addressed the degree to which each Area was able to provide sufficient services to prevent the removal of children from their families. These reviews also highlighted inconsistencies in casework between in-home and foster care cases so as to address the strong practices upon which the Areas could build and the weaker areas of practice needing shoring up to safely serve children in the family home and prevent their entry into foster care. The QSPRs highlighted the importance of individualizing services to support and foster family preservation. In focusing on tailoring services to meet the individual needs of children and families, the reviews stressed the importance of both formal and informal assessment of need and the provision of relevant services. Generic, “cookie-</p>	

		<p>cutter” services were discouraged, because they do not address the specific needs of individual families.</p> <p>PS- DCFS vendors continue to assess family needs based on the NCFAS. The performance indicators were also revised so that services are provided in the home which prevents families from missing work and school. Based on surveys from families, vendors are flexible and services are being provided in their homes at times that are convenient for them. Vendors continue to link families to resources based upon their needs. Surveys from DCFS clients, indicated that they received the services that were needed and as a parent they learned new ways to manage and care for their children. DCFS clients learning the new skills will assist in safely maintain children in their own home. Access to services in some counties in Arkansas is still problematic due to our state being very rural and the number of providers available to service those areas. However, whenever the agency receives a request for services, staff diligently searches for a qualified agency or vendor to provide the service. The vendors have had to travel a distance to get to the families, however the service was provided.</p> <p>PDU- As previously noted, Ed Cotton developed and provided, along with co-trainer Chantel Barber, SDM training to non-</p>	
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		investigative staff across the state beginning in October. This training focused on understanding the difference between safety and risk; along with the development and use of protection plans when a safety factor has been identified; and promoting the practice of leaving children in their home when safely possible.	
<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>			
FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/13	CS- Differential Response 1 <sup>st</sup> phase counties implemented to assess family needs and locate community services to keep children in their home. Planning for statewide implementation. Meet with DR manager on DR monthly to assist in planning and development.	
Timely and appropriate match for children in adoptive families	6/30/13	CS- Explore one worker one child initiative Permanency and Placement Group created Supervision of Adoption staff moved under AD Resource worker assigned to complete both foster and adopt home study to provide more consistency in matching to improve quality and team work to lead to timely adoption	
Continue casework	6/30/13	CS-Continued assessment of needs and strategies on how	

<p>process for youth in foster care and ways of measuring success when transition to adulthood</p>		<p>youth can be supported. Assessing and developing NYTD plans monitor with log. Additional NYTD training Monitor and review NYTD data reports to ensure youth are receiving appropriate transitional services.  TYS- The TYS unit meets with TYS Coordinators on a monthly basis, ongoing training/coaching is provided. The TYS unit also reviews monthly reports from TYS Coordinators to determine whether appropriate services are provided to transition aged youth with consistency throughout the state.  POLICY- Collaboration between DCFS, the Division of Aging and Adult Services, the Division of Developmental Disabilities, the Division of Youth Services, and the Division of Behavioral Health occurred this past year to revise the existing Interagency Memorandum of Agreement between these divisions regarding individuals who are developmentally/ intellectually disabled and/or mentally ill and for whom the state has served as custodian during childhood and who will continue to require state custody status as an adult or otherwise be in need of DHS services in order to ensure their health and safety as an adult. These revisions occurred to ensure this MOU accurately reflects the availability of services offered by the various divisions and corresponding roles and responsibilities of</p>	
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		each division. The intent of the MOU is to strengthen the current system of protective services throughout the state and create a smooth transition and provide adequate time to arrange appropriate placement for the individual turning eighteen (18).	
Improved practice statewide are reflected in the QSPR results	6/30/13	<i>See attached QSPR results</i>	
<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>			
FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Continue to evaluate case progress and make improvements through the development of quality improvement strategies	6/30/13	<p>CS-Review of cases for quality, compliance, and best practice to ensure consistency of policy/procedure</p> <p>Complaints – review case – Area Director assessment</p> <p>Review complaints or issues/areas of concern and address with staff as appropriate to determine course of action to improve staff performance</p> <p>TYS- The annual YYS conference provides an excellent way to identify the following, by speaking with youth in attendance:</p> <ul style="list-style-type: none"> <li>• Current Gaps in services</li> <li>• The appropriateness of placements for transition</li> </ul>	

		<p>aged youth</p> <ul style="list-style-type: none"> <li>• The “well-being” aspect of caring for our clients</li> <li>• Adequacy of “Self-sufficiency” skills training being provided by provider</li> </ul> <p>FC- The permanency team serves as a way to assess continues quality improvement. This year, the team has analyzed data reports related to length of time in care, case plan goals, when established, steps to permanency, and challenges to permanency. Assignments for follow up are made and brought back to team for discussion on what is needed to support the work.</p> <p>SQPI- The Service Quality and Practice Improvement (SQPI) Unit conducted both supplemental and full Quality Services Peer Reviews (QSPR) between July 1 and December 31, 2012. The supplemental reviews were conducted during the overlapping year of Arkansas’s PIP to determine if the State met the negotiated goals of improvement for Items 18 and 20. The full QSPRs were consistent with Arkansas’s normal practice improvement processes. Supplemental reviews were conducted in Areas 1, 2, 7 and 8, while full QSPRs were conducted in Areas 5, 6, 9 and 10. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of these service areas, thus allowing each Area to assess its</p>	
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		<p>performance and develop quality improvement strategies.</p> <p>PS-The prevention and support unit review CQI and based upon the noted recommendation, changes are made to ensure that clients receive the best service possible.</p>	
<p>Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model</p>	<p>6/30/13</p>	<p>SQPI- Following each QSPR, the SQPI Unit drafts a report outlining the findings in which both strengths and areas needing improvement in practice are highlighted. In analyzing the results and developing these reports, the unit assesses conformity with best practice as identified in federal regulations and the Arkansas Practice Model. When appropriate, the unit discusses this analysis explicitly in the reports. For example, both federal guidelines and the practice model purport that children should only be removed from their homes when immediate dangers that cannot be mitigated are present. This is a consistent message in these reports, and that message is plainly correlated to the State’s SDM model in the reports as well.</p> <p>PDU- Members of the Academic Partnership have requested a tool that crosswalks the QSPR Items, COR elements and the data reports leadership in Community Services use to track program improvements. The PDU Manager has discussed this with the QSPR Manager and hopes to begin work on this in the next quarter.</p>	

<p>Dashboard accessible for data management</p>	<p>6/30/13</p>	<p>There are approximately thirty reports that are monitored routinely for CQI. Examples include: Annual report card, QPR report, Area caseload summary, weekly investigations summary report, overdue open investigations, In-home visits past 120 days, Foster children visit past 120 days, and DYS/foster children contacts in last 30 days by alpha listing.</p>	
<p>Improved QSPR process with involved stakeholders and inter reliability for consistent reviews</p>	<p>6/30/13</p>	<p>SQPI- The manager of the SQPI Unit continues to read/review all of the cases evaluated by the reviewers to ensure inter-rater reliability. The manager of the unit discussed with the Director and the planning manager the need to involve stakeholders in carrying out the QSPRs. Given the time constraints brought on by the supplemental reviews and then immediate transition into the full QSPRs, it was determined that it would be best to wait to engage stakeholders in the review process (conducting the reviews) until the next fiscal year (SFY 2014). DCFS Director, the manager of the SQPI Unit and other key members of the Division's executive team meet with the area directors and all supervisors from each service area following their QSPR to discuss the findings and particular strengths, needs and areas needing improvement. Each Area's meta-analysis and investigative review reports are also discussed to produce a comprehensive, area-wide examination.</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>			
FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Effective messaging for community and stakeholders understanding of DCFS role	6/30/13	<p>CS-Quarterly training, Judges meetings, and TSDT meetings</p> <p>TYS-The YYS unit continually messages the important role of the agency as it relates to transitional youth services to all stakeholders. Specifically to the Junior League of Fort Smith, during the annual YYS conference (YAB State), the Administrative Office of the Courts (AOC), and to the state Youth Advisory Board (YAB) members.</p> <p>BHS-The DCFS System of Care Director participates in SOC and CASSP site reviews annually, which includes 10 sites across the state. Her role is to evaluate the level of collaboration occurring at the local level in the SOC and CASSP and provide information and technical assistance to guide field staff in improving practice. This staff also provides formal presentations regarding DCFS issues and needs in various meetings in the state to promote collaboration in developing services and supports for families. Specific data related</p>	

		<p>to child welfare is being shared with the Statewide CASSP Coordinating Council. This data is current and includes information such as the number of children taken into state custody in the past month by county, number of foster homes by county, total number of children in care by county. This information provides a forum for service development and allocation of resources to assist the child welfare system. CASSP and SOC have designated children in the child welfare system as a priority population.</p> <p>PS- Prevention staff is scheduled to speak with the State ICC group regarding the unit and services that are provided for DCFS clients on April 17, 2013. Prevention staff will take this opportunity to message DCFS role to ICC stakeholder's state wide. The prevention unit also assist in planning each year for Child Abuse Prevention Awareness month by having press conferences, guest speakers, purchasing newspaper ads and maintaining a website that provide tips on the prevention of child abuse.</p> <p>ADOPTION-Our recruitment plan includes involvement of field staff, particularly the Action Plan written as part of the 2012 Regional Roundtables. In that initiative we will select the 100 children who have been waiting the longest for an adoptive placement, review the case, and schedule permanency</p>	
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		<p>roundtables to include adoption staff, the county worker assigned to the case, AAL's, CASA, OCC attorneys, and anyone else who has involvement in the case, in order to make decisions on the appropriate goal, possible placements, and needed services.</p> <p>Adoption Manager has met with judges and will continue to do so to address what is needed in the selection process, workloads, recruitment, and feasibility of contacting relatives in some cases.</p> <p>Adoption Manager has met and will continue to meet with Area Directors on these same issues.</p> <p>To further information sharing regarding the impact of the approval of our title IV-E waiver, the Division has developed talking points, emails, and a laminated poster to further reflect the vision of DCFS and the goals for children and families.</p>	
<p>Improved collaboration between courts and DCFS for improved outcomes for children and families</p>	<p>6/30/13</p>	<p>TYS- The Transitional Youth Services (TYS) unit collaborates with the Administrative Office of the Courts, Youth Engagement Specialist (YES Team). The DCFS TYS unit along with the Arkansas Youth Advisory Board (YAB) worked with the YES team during the TYS annual conference and with distribution of their annual survey.</p> <p>During the annual conference, the YES team facilitated focus</p>	

		<p>groups, provided workshops and explored how well the courts engaged youth served by the foster care system. The DCFS TYS unit will continue to work with the YES team to assess how well both the Child Welfare and Court systems are serving transition aged youth.</p> <p>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. 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 and Program Improvement Plan follow ups. AOC continues to be invited to participate and give input on the DCFS Advisory Board. AOC has invited DCFS to participate in the development of the CIP strategic plan as well as implementation of the training and data technology grants. DCFS and the Administrative Office of the Courts (AOC) are engaged in a project to share client information of mutual clients among each system. As part of the information share, scanned court documents entered in the AOC information system, called DNet (Dependent</p>	
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		<p>Neglect) are now available as a pilot in CHRIS. The DNet Court Documents link is on the Court Hearing Detail screen so staff can view the actual Court Order, Admitted Documents, and Shared Documents. There are 7 pilot counties testing this new access. They are: Pulaski, Sebastian, Washington, Benton, Carroll, Lonoke, and Miller. In May 2013, representatives from DCFS and AOC attended a forum sponsored by the National Resource Center for Child Welfare Data and Technology to assist in collaborative efforts for CQI. As a result of this meeting two AOC (their Data Specialist and Court Improvement Coordinator) attend the DCFS Permanency team meetings.</p> <p>POLICY-The Pulaski County Zero To Three Court Team Project for Safe Babies continues. 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. This past year the Court Team Project has been working on developing</p>	
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		<p>post-removal conferences and a Parent Partner Program which would involve biological parents who have previously been involved in the child welfare system supporting biological parents who are currently participating in the Court Team Project by helping them to navigate the child welfare system and serving as an additional support to them. Both of these sub-programs should launch in 2013.</p> <p>The Court Team served 16 children from July 1, 2012 – December 31, 2012. Two cases (one with two children, one with one child) closed by reunification during the 3rd quarter, one case (one child) closed by adoption during the 4th quarter.</p> <p>ADOPTION- Adoption Manager has met with judges and will continue to do so to address what is needed in the selection process, workloads, recruitment, and feasibility of contacting relatives in some cases. Adoption Manager has met and will continue to meet with Area Directors on these same issues.</p> <p>CPS- During the spring of 2013, DCFS Child Protective Service manager worked with DCFS executive staff to draft proposed legislation for the 89th General Assembly. The proposed legislative changes were sent to external stakeholder for review and response. Several meetings were convened with external stakeholders to discuss the</p>	
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		<p>proposals. Changes were made to the proposal due to discussions and issues of concerns expressed by the external stakeholder members. Workgroups which include external stakeholder members will be formed to allow for ongoing discussion during the implementation of the new legislative changes.</p>	
<p>Integrate at priority level 2 strategies that support and will sustain the DCFS transformation process</p>	<p>6/30/13</p>	<p>TYS- The major activities the TYS unit has lead, is the development of the state Youth Advisory Board (YAB). The YAB is the most important stakeholder to this agency; they provide us with valuable information to assist with the current DCFS transformation process. The YAB also plays a vital role in communicating the transformation of the agency to other youth in care. Well-Being, permanency, and the importance of connecting youth to community resources are continual themes during the annual conference—which is led by the state YAB members!</p> <p>BHS- The Inter-Divisional Staffing process, described earlier, provides a forum for identifying systemic issues that impact our ability to provide necessary services and supports. The process involves multiple systems that impact children and families. As systemic issues arise, a plan is formulated to improve the ability of DCFS and other Divisions to navigate through complex organizational barriers that impede transformation of DCFS and</p>	

		<p>outcomes for children. An example is providing training for staff within DYS and DCFS to more clearly understand each Division's roles and responsibilities for dual custody youth especially in regard to transition to adulthood services.</p> <p>PS-Prevention unit staff chaired the IVE Waiver committee on Evidence-Based Parenting. The committee reviewed over 20 programs and was able to make a recommendation that would transform DCFS in providing parenting services that would address the needs and increase parenting skills.</p>	
<p>Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover</p>	<p>6/30/13</p>	<p>CS-Implementing successes and recognition at Quarterly Supervisors Meetings, Services recognition at statewide meeting, MPCWIC, served on the staff appreciation and recognition workgroup as well as a member of the Project Team, and Provide feedback on site visits.</p> <p>PDU- The efforts of the AR CIRCLES Project helps promote staff retention by utilizing a multi-faceted strategy to improve supervision across the state at all levels. The Hiring Workgroup is developing a competency based hiring process. Work to date includes development of competency focused interview questions for FSW hires-including questions that can be randomly selected for individual interviews, The second phase of work focuses on the development of a realistic job preview video. All</p>	

		<p>of the efforts of this workgroup is based on the premise if we hire the right people for the job at the front end, we increase our chances of retaining staff. The Staff Appreciation and Recognition Workgroup efforts also support retention by looking at developing a division program that highlights staff success and accomplishment. The Supervisory Practice Model provides markers of effective supervision that support staff retention, and the Learning Circle model promotes the development of a learning organization by changing the way supervisors interact with staff to address issues at that local level.</p>	
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**Goal: Integrate DCFS practice through communication, professional development and organizational change management to build a child welfare system that keeps children safe and help families; respectfully engages families and youth and uses community-based services and supports to assist parents in successfully caring for their children. The focus will be on the safety, permanency and well-being for all children and youth.**

FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Continue to implement and assess and evaluate effectiveness of retention strategies and change as needed	6/30/13	CS- We have called staff that have resigned to ask additional questions regarding resignation.	

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

FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Data reports available to accurately identify resources in local communities	6/30/13	<p>TYS- Data reports from “Chris Net” are utilized to determine the number of transition aged youth in a particular area of the state. Additionally when designing programmatic offerings these reports are used.</p> <p>If the agency could develop a specific report depicting the number of transition aged youth attending college—that would be a helpful tool for the TYS unit.</p> <p>BHS- The Behavioral Health Unit receives reports weekly from the Medicaid utilization management contractor, Value Options that identifies services approved or denied for foster children. These services include acute psychiatric care, psychiatric residential services and outpatient mental health services. The report is reviewed and emails sent to each case worker with a youth in acute or residential psychiatric facilities. This emails requires a response on several issues, including discharge placement, involvement in the treatment process, visits, etc. The process assists in identifying if discharge planning is negatively impacted by a lack of resources in the community, as well as identifying which areas of the state that are more effectively able to put services in place on a timely basis that appropriately meets the needs of the youth.</p>	

		<p>PS-data is used from assessments to determine needed services as well as changes to the performance indicators.</p> <p>FC-DCFS has developed reports that identify the number of beds of children in care for each county. Currently, exploring the use of Geo-mapping for recruitment.</p> <p>With the implementation of DR there is some initial work being conducted to assess formal and informal community resources available and how to access in order to build toward an online directory.</p>	
<p>Continue to implement strategies and assess effectiveness of changes made to improve contracts and purchased services for children and families to achieve better outcomes</p>	<p>6/30/13</p>	<p>BHS- The mental health specialist has been working with several emergency shelters to improve mental health services in this type of placement. Meetings have been facilitated between the local Community Mental Health Center and emergency shelters to develop on-site mental health services. Contract performance indicators for emergency shelters were changed to require that shelters insure that mental health needs were met for all youth. Previously, the contract only specified “medical” needs.</p> <p>PS-DCFS continues to amend and or modify performance indicators to improve contracts and purchased services for children and families to achieve better outcomes. Services are provided at a time that is convenient for the client and in their homes. The effectiveness</p>	

		of change has indicated a decrease in the number of “no shows”, more participation and compliance with the treatment plan.	
<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>			
FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Services developed to meet the individualized based on accurate data reports for families within the local community	6/30/13	<p>PS- Services are more individualized, available and convenient for clients. Since more services are provided in the homes of clients, vendors are getting less “no shows”, more client participation and able to teach new skills. This is resulting in better outcomes. Surveys from clients stated that their services were scheduled at a time that was convenient for them and they were allowed to work at their own pace.</p> <p>DR-As the DR implementation is evaluated, we anticipate the identity of available resources, and gaps in resources for these families.</p> <p>CPS- April 11, 2011, the CPS unit started conducting Quality Service reviews of DCFS investigative records. The investigations were randomly selected from each service area. A review instrument was designed to assess each identified investigation, analyzing compliance with policy, completeness of investigative activities, and competent decision making. A process was also developed to</p>	

		<p>allow the reviewer the ability to notify DCFS area supervisors of safety concerns requiring immediate actions. The review process allows the Department the ability to provide an in-depth review of the investigations in the service areas and make recommendations to improve child safety as well as the quality of the child maltreatment investigations.</p>	
<p>Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth</p>	<p>6/30/13</p>	<p>TYS- The TYS unit continues to stress the importance of “authentic youth engagement” principles to youth as well as agency staff during the annual TYS conference (YAB State). Additionally, the TYS unit provides training to agency staff—to communicate the importance of identifying appropriate housing options for older youth. To that end, the TYS unit, Program Manager has worked with community stakeholders to develop “family-style” living arrangements designed to meet the specific needs of older youth. The TYS Program Manager sits on the Permanency Workgroup.</p> <p>BHS- The specialized placement unit has made a concerted effort in the past year to work with Therapeutic Foster Care (TFC) providers to admit siblings in the TFC home when clinically appropriate. Significant progress has been made with our providers on this issue. Many siblings, without significant behavioral health</p>	

		issues requiring TFC are taken into the home, at a regular board rate but services can include sibling relationship issues and maintaining sibling bonds.	
Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families	6/30/13	<p>FC: Monthly meeting with resource workers to strengthen their involvement of foster care placement and better match with families.</p> <p>BHS- Medically fragile children are a particular challenge to find appropriate placement that can be trained to provide the medical interventions and continuous medical follow-ups. A TFC provider in Central Arkansas has agreed to recruit and develop a segment of their TFC program specifically for medically fragile children. The location in central Arkansas is necessary since most, if not all of the medically fragile children are being treated by Arkansas Children's Hospital in Little Rock. A meeting was held with the provider work through all the logistics of programming and financial issues. A tentative start date for this service is July, 2013.</p>	
Available Adoptive Homes to match all needs of children waiting adoptive placement and decrease in disruption of adoptions	6/30/13	<p>CS-Resource staff assigned to complete.</p> <p>ADOPTION- Please see Adoption and Adoption recruitment/retention sections.</p>	

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

FOURTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Continue to assess and make needed changes to ensure the QSPR process remains aligned with the practice model	6/30/13	SQPI- Following each QSPR, the SQPI Unit drafts a report outlining the findings in which both strengths and areas needing improvement in practice are highlighted. In analyzing the results and developing these reports, the unit assesses conformity with best practice as identified in federal regulations and the Arkansas Practice Model. When appropriate, the unit discusses this analysis explicitly in the reports. For example, both federal guidelines and the practice model purport that children should only be removed from their homes when immediate dangers that cannot be mitigated are present. This is a consistent message in these reports, and that message is plainly correlated to the State's SDM model in the reports as well.	
Assess data reports and feedback on accuracy and develop strategies to improve practice with families	6/30/13	CS-Utilizes reports such as the QPR, QSPR, COR, and Mustang reports. In home and foster care placement reports are reviewed by Area Director and then follow-up is conducted by the Assistant Director.  SQPI-The Service Quality and Practice Improvement (SQPI) Unit conducted both supplemental and full Quality	

		<p>Services Peer Reviews (QSPR) between July 1 and December 31, 2012. The supplemental reviews were conducted during the overlapping year of Arkansas's PIP to determine if the State met the negotiated goals of improvement for Items 18 and 20. The full QSPRs were consistent with Arkansas's normal practice improvement processes. Supplemental reviews were conducted in Areas 1, 2, 7 and 8, while full QSPRs were conducted in Areas 5, 6, 9 and 10. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of these service areas, thus allowing each Area to assess its performance and develop quality improvement strategies</p>	
<p>Accurate data management reports for managers and supervisors to focus on items and practices to improve</p>	<p>6/30/13</p>	<p>CS-Utilizes reports such as the QPR, QSPR, COR, and Mustang reports. In home and foster care placement reports are reviewed by Area Director then and then follow-up is conducted by the Assistant Director.</p>	
<p>Prioritize and complete when possible due to fiscal capacity CHRIS enhancements necessary for practice model alignment</p>	<p>6/30/13</p>	<p>Each 1<sup>st</sup> Thursday DCFS executive staff and CHRIS staff has a CHRIS meeting to discuss pending items and determine prioritization and due dates for enhancements. Meeting minutes are taken and those can be reviewed on-site.</p>	
<p><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</b></p>			

<b>supports to children and families for positive outcomes.</b>			
<b>FOURTH YEAR</b>	<b>TARGET DATE</b>	<b>STATUS ACCOMPLISHMENT/PROCESSES</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	PDU- Updates to the New Supervisor Training, provided by MidSOUTH, include placing a heavier focus on CHRIS data reports. The training uses the same data reports used by Community Services leadership on a routine basis. The proposed OJT program for new supervisors promoted within the division also places an emphasis on the CHRIS reports used by leadership. Work to create a crosswalk tool that ties QSPR, COR, and CHRIS reports is targeted to begin in the next quarter.	
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	DCFS utilizes several strategies to assess the effectiveness of its staff, services, and programs as well as to ensure that those they lead to improved outcomes for children and families. DCFS develops a number of reports, evaluations and other mechanisms to measure the quality of its services. Please see the list of these reports in the evaluation and technical assistance section.	
<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/PROCESSES</b>	<b>REVISION NEEDED</b>
Practice model	6/30/14	PDU- The formal MPCWIC	

<p>change strategy implemented statewide</p>		<p>Project (AR CIRCLES) concluded in September 2013, resulting in several supervisory tools/process-all in alignment with the AR Practice Model.</p> <p>While these tools/processes (below) were presented in draft form to Supervisors July 2013 they were not finalized until the launch of the Online Supervisory Handbook in October 2013.</p> <ul style="list-style-type: none"> <li>• Supervisory Practice Model</li> <li>• Online Supervisory Handbook</li> <li>• Realistic Job Preview Video (RJP) ( Previewed by Area Directors December 2013 with DVDs provided; Posted to DHS Jobs Online Site January 2014; Posted to U Tube Feb 2014 /DVDs distributed to county offices March 2014)</li> <li>• DCFS Hiring Procedures for new FSW staff</li> <li>• Staff Recognition and Appreciation Processes</li> <li>• Running Effective Meetings</li> </ul> <p>The RJP video has been very well received. While designed to help potential applicants understand the nature of child welfare work prior to interviewing for a FSW position, the RJP has proven to be a very effective communication tool with key stakeholder groups as well. Use of the DCFS Hiring procedures</p>	
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		<p>continues to expand as well. The Professional Development unit has incorporated the RLP and the FSW Hiring procedures into the stipend student application process. This implementation effort began in April of 2014.</p> <p>As a part of the project close out process, a sustainability plan for continued Learning Circles and supervisory strategic plan implementation was developed. A Learning Circle facilitation training was conducted on 09/26-27/13 completing Phase 3 of LC Implementation. Counties have been identified for the remaining two implementation phases. Phase 4 is expected to roll out in the Fall of 2014 and Phase 4 will roll out in the Spring of 2015.</p> <p>Two additional Supervisory Strategic Plan Implementation workgroups have been initiated since the formal end of the MPCWIC Project-these workgroups are the Caseload Management Workgroup and the Supervisory Review Tool Workgroup. Both workgroups have draft products, which are expected to be finalized within the next 6 months. The NOW Workgroup, while currently suspended, is expected to resume work within the upcoming fiscal year. Focus for this workgroup continues to be providing an online resource for community providers.</p> <p>CPS- DCFS continues its commitment to evaluating investigative practices within Arkansas' child welfare system</p>	
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		<p>in its continuous quality improvement efforts. The Child Protective Services Unit (CPS) reviews each of the Division's ten geographic service areas annually to measure compliance with all requisite laws, policies and procedures and to identify training needs as well as possible policy and procedural changes at the local and statewide levels. Fifty randomly selected closed investigations are reviewed in each Area, thus totaling the review of 500 referrals each year. A Child Maltreatment Investigation Reviews Report is issued following each review that discusses the strengths and areas needing improvement identified during the reviews. These reports address the initiation, thoroughness and disposition of the reviewed investigations. Additionally, the CPS Manager along with the managers of the SQPI and Quality Assurance Units lead meetings between the DCFS Director, Assistant Director of Community Services and other key members of the Division's executive team and the area directors and all supervisors from each service area following their review to discuss the findings outlined in their investigative reviews report, QSPR Synopsis and Meta-Analysis. This provides a comprehensive, area-wide examination focused on using data in continuous quality improvement.</p> <p>SQPI-The Service Quality and Practice Improvement (SQPI)</p>	
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		<p>Unit conducted Quality Services Peer Reviews (QSPR) in each of DCFS’ ten geographic service areas between July 1, 2013 and June 30, 2014 consistent with Arkansas’s normal continuous quality improvement (CQI) processes. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of the service areas reviewed during that time period, thus allowing each Area to develop, assess and/or revise the implementation strategies for their practice models. Additionally, the CQI Manager along with the QA Manager and the CPS Manager lead meetings between the DCFS Director, Assistant Director of Community Services and other key members of the Division’s executive team and the area directors and all supervisors from each service area following their review to discuss the findings outlined in their QSPR Synopsis, Meta-Analysis and investigative reviews report. This provides a comprehensive, area-wide examination focused on using data in continuous quality improvement, which is consistent with DCFS’ practice model.</p> <p>TYS- The practice model is promoted to “field” staff by providing monthly training and coaching to TYS Coordinators, by stressing the importance of “authentically engaging our youth” and the benefits of adherence to agency practice</p>	
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		<p>model beliefs.</p> <p>PS-The prevention unit promoted the practice model in the field by making changes to services contracts to be more flexible, to engage our families and improve clinical and programmatic practice. The practice model is also available on the prevention website and is accessible to stakeholders and staff 24/7.</p>	
<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>			
FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
Assess and gather feedback from practice model implementation	6/30/14	<p>CS- Interaction with central office staff, AD meeting agenda, case consultations, and quarterly State Supervisor meetings</p> <p>BHS- Inter-Divisional Staffings on Complex Cases occurs 3 times monthly. This staffing includes representatives from other DHS Divisions, including Youth Services, Medicaid, Behavioral Health, Developmental Disabilities, and other stakeholders specific to the child such as CASA, attorney ad litem, etc. One staffing focus on dual custody cases with the Division of Youth Services to insure that best practices in service provision and collaboration are occurring within both divisions. Monthly reports are produced by DCFS Areas, detailing completion of</p>	

		<p>recommendations. Practice issues identified are addressed, as necessary, with County Supervisors, Area Directors, and family service supervisors.</p> <p>PDU- The Academic Partnership finalized the Supervisory On the Job Training program for promoted new supervisors. See the DCFS Training Plan updates for additional information.</p> <p>Area Directors continue to reference the Supervisory Practice Model when discussing training needs for area supervisors with IVE Coordinators. Coordinated efforts also continue with the DHS Organizational Development and Training (ODT) unit when supervisory/staff training needs are identified as outside of the IVE Allowable training topics.</p> <p>IVE Waiver strategic planning activities incorporated multiple principles of the DCFS Practice Model principles including use of field staff feedback, involving field staff and other key stakeholders in the selection of IVE Waiver intervention tools/processes.</p> <p>The Training Skills and Development Team (TSDT) began exploring options related to the development of a Best Practice Guide for supervisors to help create a consistent definition of what best practice looks like at different levels of practice. Use of a Casey Family resource is also a component of this discussion. See Training</p>	
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		<p>Plan updates for additional information.</p> <p>CPS- As outlined in the DCFS practice model, ensuring the safety of children and protecting them from maltreatment is the paramount responsibility of the child welfare system in Arkansas. The investigative reviews evaluate DCFS' efforts to investigate suspected child maltreatment and assess child safety. In this way, the reviews conducted by the CPS Unit assess and provide feedback surrounding the implementation of DCFS' practice model.</p>	
Overall statewide good working relationships with CACD/DCFS/LE statewide	6/30/14	<p>CS-MOU reviewed and signed off on with CACD/ASP</p> <p><i>Example: AD meeting with LLE (Area 1); Staff attending MDT meetings</i></p> <p>Monthly meetings with CACD to address any issues and find solutions, and develop and implementation of DCFS participation in CACD meetings</p> <p>CPS- DCFS and CACD continue to meet regularly to discuss ways to enhance the collaboration between the two agencies to ensure child safety and to improve outcomes for families. A memorandum of understanding between DCFS and CACD is negotiated and approved annually.</p>	
Appropriate children are entering the foster care system and increased	6/30/14	<p>CS-Continue SDM use in the field; additional trainings on SDM for new field staff</p> <p><i>Example: Entries report reviewed 15 counties with the</i></p>	

<p>number of children are able to remain in their own homes with appropriate services and supports with positive outcomes</p>		<p><i>highest foster care entry rate to determine appropriateness of the entries</i></p> <p>Data and reporting, Coaching, planning group developed to create an In-Home unit</p> <p>BHS- DCFS works with Behavioral Health and System of Care (SOC) providers across the state in planning and development of wraparound services. DCFS also participates as a member of the Child and Adolescent Service System Program (CASSP) statewide council, which provides oversight for non-traditional, wraparound services at the local level. DCFS involvement is essential to supporting the development of services for families to decrease the need for children to enter custody. Children involved in the child welfare system are a priority population for CASSP and SOC.</p> <p>CPS- The investigative reviews evaluate decision-making surrounding risk/safety assessments, protection planning and removals. In those instances in which Health and Safety Factors are identified, the reviewers assess the appropriateness of the decisions made to ensure that protective capacities are used to keep children in their homes when appropriate and that only those children who cannot safely remain in their homes enter care.</p> <p>PS-Prevention and Support monitors contract providers to</p>	
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		<p>determine if the service that they are providing adhere to the performance indicators in keeping and supporting children in their own home when appropriate. DCFS also works with providers to improve services and collaboration with field staff and to insure that treatment plans support the DCFS case plan and permanency goal of children and youth.</p> <p>SQPI-The QSPRs assess and highlight the strengths and areas needing improvement in practice in each of the service areas annually. In doing so, the reviews addressed the degree to which each Area was able to provide sufficient services to prevent the removal of children from their families. The SFY 2014 QSPRs highlighted inconsistencies in casework between in-home and foster care cases. The QSPR synopses issued following each review stressed the strong practices upon which the Areas could build while also underscoring the weaker areas of practice that need shoring up to safely serve children in the family home and prevent their entry into foster care. The 2014 round of reviews highlighted the importance of and need for continued improvement surrounding both formal and informal assessments of risk and safety, family engagement and individualized services with regard to family preservation.</p>	
Evaluate	6/30/14	CS- Attend the University	

training partnership and professional development		Partnership meetings	
<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>			
FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Improved well-being and stability of children in foster care	6/30/14	<p>CS-Recruitment of appropriate foster home, Consultations on Foster Home complaints (before moving the child if there is an allegation in the home of abuse)</p> <p>BHS- The mental health specialist has been working with several emergency shelters to improve mental health services in this type of placement. Meetings have been facilitated between the local Community Mental Health Center and emergency shelters to develop on-site mental health services. Contract performance indicators for emergency shelters were changed to require that shelters insure that mental health needs were met for all youth. Previously, the contract only specified “medical” needs.</p> <p>TYS- The TYS unit has focused on “well-being and stability” as evidenced by the development of the state Youth Advisory Board (YAB). YAB engagement by the state office is proving to be beneficial for YAB members.</p> <p>Well-Being, permanency, and</p>	

		<p>the importance of connecting youth to community resources are continual themes during the annual conference—which is led by the state YAB members!</p> <p>The annual “Educational Achievement Ceremony” held to honor the High School and GED recipients is another event held to promote “normalcy, well-being and stability”.</p> <p>The development of “Transitional” housing options for transition aged youth 18-21 also work to address “well-being and stability”.</p>	
<p>Policy supports and is user friendly</p>	<p>6/30/14</p>	<p>CS- Fictive Kin, changes to policy regarding Differential Response</p> <p>POLICY-The Policy Unit continues to revise, improve organization of, and increase use of family-centered/Practice Model language and guidance in the DCFS Policy Manual and publications with the assistance of other Central Office Program Managers, the Policy Review Team (comprised of a variety of field staff from across the state), and research of other states’ policies and best practices.</p> <p>All information is posted online. The Policy Unit worked over the course of this review period to convert all forms from Word documents to “PDF-fillable” forms and positive feedback has been received from field staff regarding this transition.</p> <p>In addition, the Policy Unit has worked with Arkansas’s first court-certified Marshallese</p>	

		<p>translator to have several DCFS forms and publications translated into Marshallese (there is a significant Marshallese population in the Northwest region of Arkansas).</p> <p>There were six promulgation filings from July 1, 2013-June 30, 2014 which included several new and revised policies, procedures, publications, and forms:</p> <ul style="list-style-type: none"> <li>• POLICY I-B: Child Welfare Delivery System</li> <li>• POLICY I-E: Official Record Keeping &amp; Access To Official Records</li> <li>• POLICY II-C: Differential Response</li> <li>• POLICY II-L: Team Decision Making</li> <li>• POLICY III-E: Client Drug and Alcohol Screening</li> <li>• POLICY VI-M: Interdivisional Staffings and the Child Case Review Committee</li> <li>• PROCEDURE I-D1: Volunteer Application Process and Approval</li> <li>• PROCEDURE II-E11: Protective Custody of Child in Immediate Danger</li> <li>• PROCEDURE VI-A1: Initial Out-of-Home Placement Determination</li> <li>• PROCEDURE VI-B1: Provisional Foster Home Placement for Children in Foster Care</li> <li>• CFS-050-A: Division Of Children And Family Services</li> </ul>	
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		<p>Volunteer Opportunities</p> <ul style="list-style-type: none"> <li>• CFS-050-B: DCFS Volunteer Checklist</li> <li>• CFS-050-C: Volunteer Application</li> <li>• CFS-050-D: Confidentiality Statement for DCFS Volunteer</li> <li>• CFS-050-E: Volunteer Agreement</li> <li>• CFS-150: Drug and/or Alcohol Screen Results</li> <li>• CACD-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)</li> <li>• CFS-223-T4: Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)</li> <li>• CFS-302: Interdivisional Staffing Summary</li> <li>• CFS-303: Out of State Placement Approval Request</li> <li>• CFS-354: Team Decision Making Meeting Sign-In Sheet for Meeting Participants</li> <li>• CFS-355: Team Decision Making Team Meeting Summary Report</li> <li>• CFS-450: Prospective Provisional Foster Parent Information and Questionnaire</li> </ul> <p>CPS- During SFY 2014, the DCFS Policy and Procedure Manual was updated to provide clear guidelines for investigative staff related to</p>	
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		<p>assessing child safety and completing thorough investigations. A training session was held to ensure the changes were conveyed to all of the impacted direct service staff.</p> <p>TYS- The TYS unit continues to analyze policies and assess their effectiveness. We are currently making adjustments to the following policies in an effort to make it as user friendly and supportive as possible.</p> <ul style="list-style-type: none"> <li>• Annual Credit Checks for TYS youth</li> <li>• The role of the “Sponsor”</li> <li>• Defining approved “TYS Housing options”</li> <li>• Medicaid to 26</li> </ul> <p>PS- The Behavioral Health unit which includes prevention and support services, specialized placements, behavioral health services and specialized placements reviews all contracts on an ongoing basis to insure that any policy changes are reflected, as appropriate, in contracts and programmatic practices.</p>	
<p>Working relationship that are effective and ensure safety of children</p>	<p>6/30/14</p>	<p>CS-Working with CACD, LLE, CAC’s, Local Community Mental Health providers, MDT, CASA, Project Play, Zero to Three</p> <p>CPS- DCFS and CACD continue to meet and communicate regularly to ensure the safety of the children involved in child maltreatment investigations. The</p>	

		<p>investigative policy has been updated to clarify DCFS' role when the Agency receives a request for a safety assessment on cases where CACD is the primary investigator. During SFY 2014, DCFS and CACD leadership developed improved processes for staff from both agencies to work jointly to complete investigations when necessary.</p>	
<p>Improved outcomes for children and families; decreased removal from home</p>	<p>6/30/14</p>	<p>CS-SDM continues and Case reviews/Consultations</p> <p>POLICY- The Policy Unit, in collaboration with the Differential Response and Community Services Units, revised the Differential Response (DR) policy (effective May 2014) to clarify due diligence activities and DR initiation expectations. It is expected that these revisions will help to improve DR initiation rates. The goal of DR is to strengthen families involved in low-risk child maltreatment allegations and to prevent removal of children by keeping them safely in the home by linking the family to appropriate community services and supports.</p> <p>CPS- Structured Decision Making (SDM) trainings were provided to caseworkers and supervisors across the state during SFY 2014 to provide staff with a framework for making well-informed assessments of the risk to and safety of children involved with the Division. Furthermore, DCFS trained investigative</p>	

		staff/supervisors on proper protection planning based on the findings from the child maltreatment investigation reviews during 2014.	
Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care	6/30/14	CS- Working to improve the protection plans SDM and Statewide investigator training <i>Examples: Removal reviews for Area 2; "Short stayers" project</i> POLICY- The Policy Unit completely revised investigations policy (08/2013) to not only incorporate 2013 legislative revisions but also to better align the policy with Structured Decision Making Principles which have a strong focus on effective protection plan development and monitoring so that children may remain safely in the home. Training on this policy was provided to investigative staff and supervisors in August 2013.	
<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>			
FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
Improved assessment of family's needs and access to services to safely maintain children in their own home	6/30/14	CS-Differential Response implemented to assess family needs and locate community services to keep children in their home Differential Response cases are reviewed monthly Differential Response staff consultations Differential Response program	

		<p>staff shadowing DR field staff</p> <p>BHS-Intensive Family Services have continued to be provided utilizing best practices through a network of contracted providers. Services are provided in the home and community to stabilize family functioning to decrease the necessity of bringing children into the foster care system. Evaluation of this program is based on the North Carolina Family Assessment Scale (NCFAS) indicating that most families improve through the course of IFS. Referral for System of Care wraparound services is a contractual requirement for all families with children and youth who have a serious emotional disturbance.</p> <p>PS- Intensive Family Services (IFS) vendors continue to assess family needs based on the NCFAS. Results from post service NCFAS indicate improvement in family functioning for a majority of clients. The performance indicators were also revised so that services are provided in the home which prevents families from missing work and school. Based on surveys from families, vendors are flexible and services are being provided in their homes at times that are convenient for them. Vendors continue to link families to resources based upon their needs. Surveys from DCFS clients, indicated that they received the services that were needed and as a parent they learned new ways to manage and care for their children.</p>	
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		<p>DCFS clients learning the new skills will assist in safely maintain children in their own home.</p> <p>Access to services in some counties in Arkansas is still problematic due to our state being very rural and the number of providers available to service those areas. However, whenever the agency receives a request for services, staff diligently searches for a qualified agency or vendor to provide the service. The vendors have had to travel a distance to get to the families, however the service was provided.</p> <p>SQPI- The SFY14 QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of the Divisions ten geographic service areas, including the degree to which each Area was able to provide sufficient services to prevent the removal of children from their families. These reviews also highlighted inconsistencies in casework between in-home and foster care cases while underlining the practices that must change to safely serve children in the family home and prevent their entry into foster care. The QSPRs underscored the significance of individualizing services to support and foster family preservation. In focusing on tailoring services to meet the individual needs of children and families, the reviews stressed the importance of both formal and informal assessment of need</p>	
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		and the provision of relevant services. Generic, “cookie-cutter” services were discouraged, because they do not address the specific needs of individual families.	
Available, Timely & appropriate match for children in adoptive families & decreased adoptive disruptions	6/30/14	CS-Pilot one worker one child initiative Permanency and Placement Group created Supervision of Adoption staff moved under AD Resource worker assigned to complete both foster and adopt home study to provide more consistency in matching to improve quality and team work to lead to timely adoption	
Improved outcomes for youth in foster care	6/30/14	CS-YAB <i>Examples: Youth Voice comments; worked with Area Director’s to attend local youth meetings yearly; 100% case reviews of youth living on their own (apartment, college dorm)</i> Continued assessment of needs and strategies on how youth can be supported. Assessing and developing NYTD plans monitor with log Additional NYTD training Monitor and review NYTD data reports to ensure youth are receiving appropriate transitional services POLICY- The Policy Unit began an overhaul of Transitional Youth Services Policy to better outline expectations of staff in regards to working with transition age	

		<p>youth and to more thoroughly explain the variety of services and programs available to youth ages 14-21. The goal of these revisions is to help improve outcomes for this population. Expected filing date for this policy is August 2014.</p> <p>The Policy Unit has started revisions on policy related to contacts/visits with biological parents in both protective services and foster care cases. Expected filing date for these policies is October 2014.</p> <p>ADOPTIONS-Currently there are 977 adoption home studies in the data match system. Adoptions Unit is working with field staff to notify us when a home is closed so the website will remain current. At quarterly adoption/resource workers meeting. Will discuss the importance of sending home studies to webmaster to enter in system. We continue to support post placement and post adoption services, such as RAD therapy contract with Jean Crume and respite contract to support adoptive families in order to help decrease adoptive disruptions and dissolutions. More youth are being placed in adoptive families due to the Arkansas Heart Gallery, partnership with Today's THV television station for "A Place To Call Home", Project Zero's Traveling Heart Gallery, and adoption picnics. Of the 135 children featured on "A Place To Call Home", 72 or 53% have been placed in adoptive homes</p>	
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<p>Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families</p>	<p>6/30/14</p>	<p>SQPI- Following each QSPR, the SQPI Unit drafts a report outlining the findings in which both strengths and areas needing improvement in practice are highlighted. In analyzing the results and developing these reports, the unit assesses conformity with best practice as identified in federal regulations and the Arkansas Practice Model. When appropriate, the unit discusses this analysis explicitly in the reports. For example, both federal guidelines and the practice model purport that children should only be removed from their homes when immediate dangers that cannot be mitigated are present. This is a consistent message in these reports, and that message is plainly correlated to the State's SDM model in the reports as well. Moreover, the CQI Manager along with the QA Manager and the CPS Manager facilitate meetings between the DCFS Director, Assistant Director of Community Services and other key members of the Division's executive team and the area directors and all supervisors from each service area following their review to discuss the findings outlined in their QSPR Synopsis, Meta-Analysis and investigative reviews report. This provides a comprehensive, area-wide examination focused on using data in continuous quality improvement, which is consistent with federal regulations and the quality casework practices embodied in</p>	
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		DCFS' practice model.	
<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>			
FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
QSPR is an effective process with inter reliability to ensure that the division is able to continually improve services and support and families achieve positive outcomes	6/30/14	SQPI-The SQPI Unit conducted QSPRs in each of DCFS' ten service areas between July 1, 2013 and June 30, 2014 consistent with Arkansas's normal continuous quality improvement (CQI) processes. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of the service areas, thus allowing each Area to develop, assess and revise CQI strategies aimed at better serving and achieving improved outcomes for children and families. The CQI Manager continues to read/review all of the cases evaluated by the reviewers to ensure inter-rater reliability and fidelity to the process. The SQPI Unit will be adopting the new onsite review instrument for Round 3 of the CFSRs during SFY 2015 and will begin engaging stakeholders in the review process (e.g., the actual review of cases using the instrument) at that time.	
Quality Assurance strategies are aligned with state and federal	6/30/14	PS-The prevention and support unit review CQI and based upon the noted recommendation, changes are made to ensure that clients receive the most appropriate service possible that	

regulations and Arkansas Practice Model		meets families individualized needs.	
<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>			
FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Effective messaging for community and stakeholders understanding of DCFS role	6/30/14	<p>POLICY- Upon request, the Policy and Professional Development Unit (PDU) Administrator developed several versions of a PowerPoint presentation to provide an overview of DCFS (mission, Practice Model, case types, services, etc.) and the population it serves. The PDU Administrator presented this information to new Attorney Ad Litem (October 16, 2013), the Office of Policy and Legal Services (January 3, 2014), new Pulaski County CASA volunteers (January 15, 2014; DCFS Realistic Job Preview also shown during this presentation), new Administrative Office of the Courts Mediators (January 22, 2014), and new Office of Policy and Legal Services OPLS attorneys (April 1, 2014).</p> <p>CPS-External stakeholder meetings are convened to message the organizational changes surrounding investigative practices, e.g., protection planning and</p>	

		<p>removal. DCFS staff have partnered with community stakeholders (public health, the judiciary, hospitals, etc.) and formed a workgroup to assess Arkansas' child maltreatment allegations and opportunities for increased usage of the Differential Response pathway. As a result of the work of the DCFS staff on the workgroup, the stakeholders have become more aware of the agency's role and the support needed from the community to ensure that children remain safe.</p> <p>TYS- The TYS unit messages the important role of the agency as it relates to transitional youth services to all external community stakeholders. These stakeholders include the Junior League of Fort Smith, to all youth attendees of the annual TYS conference (YAB State), to the Administrative Office of the Courts (AOC) Attorney Ad-Litem, to members of the Court Appointed Special Advocates (CASA) and to the state Youth Advisory Board (YAB) members.</p> <p>PS-The prevention unit coordinates Child Abuse Prevention Awareness month by having press conferences, guest speakers, purchasing newspaper ads and maintaining a website that provide tips on the prevention of child abuse. In addition, prevention and support held a reunification celebration in July that featured families who spoke about reunification with their children as a result of services provided</p>	
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		by DCFS. Media was present and featured the event in newspapers and statewide television news.	
Improved collaboration between courts and DCFS for improved outcomes for children and families	6/30/14	<p><i>CS- Examples: Project Zero-Pilot Court Team project; Children and the Courts conference</i></p> <p>Attending quarterly meetings, Judge’s meetings, attending court and attending Judge’s conferences</p> <p>POLICY- The Pulaski County Zero To Three Court Team Project for Safe Babies continues. 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. In December 2013, the Court Team for Safe Babies expanded into Judge Patty James’s court in Pulaski County (11th Division). The local Community Coordinator for the Arkansas Pilot Court Team Project works with Judges Warren (10th Division) and James 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 Court Team for Safe Babies continues to use visit coaching and therapy service referrals and support (see more detailed information below), among other strategies, to help them</p>	

		<p>achieve positive outcomes for young children and their families. Preparation for expansion into Lonoke County also began in 2014. The Safe Babies Court Team will officially launch in Lonoke County in July 2014.</p> <p>SFY 2014 (to date) 10th Division Cases Served/Outcomes:</p> <ul style="list-style-type: none"> <li>• Served 17 children (age 3 and under) across 11 families as of 4/21/14</li> <li>• 4 of the 17 (SFY 2014 total) children reunified</li> <li>• 3 of the 17 (SFY 2014 total) children adopted by grandparents</li> <li>• 6 current open cases, involving 8 (age 3 and under) children <ul style="list-style-type: none"> <li>o Of the 6 open cases – 2 children (one case) will be reunified by agreed order on 4/25/14</li> <li>o 2 cases - involving 2 children’s parents’ rights have been terminated and they are awaiting adoption</li> <li>o 6 children (3 cases) are currently actively working towards reunification</li> </ul> </li> </ul> <p>Since 2013 Implementation in 11th Division:</p> <ul style="list-style-type: none"> <li>• Serving 7 children (age 3 and under) across 3 families</li> <li>• All three families currently active and working towards reunification</li> <li>• No closed cases yet in</li> </ul>	
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		<p>11th Division</p> <p>There are currently 5 potential cases (in both divisions) awaiting adjudication.</p> <p><u>Visit Coaching</u>  The Safe Babies Court Team collaborates with the UALR MSW Program to allow MSW interns to serve as visit coaches. In order to hold visit coaching sessions outside of the DHS County Offices, the SBCT currently utilizes the following churches/organizations for visit coaching sites:</p> <ol style="list-style-type: none"> <li>1. St. Andrew’s Church – LR</li> <li>2. Little Rock Church – LR</li> <li>3. Summit Church – NLR</li> <li>4. First Pentecostal Church – NLR</li> <li>5. The Wonder Place (children’s activity center) - LR</li> <li>6. The Dream Center – LR</li> <li>7. Jacksonville Community Center – Jacksonville</li> </ol> <p><u>Therapy Services</u>  Depending on need/assessment, children and families involved with the Safe Babies Court Team may receive Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), or Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). Almost all SBCT families participate in CPP or PCIT at some point, though not quite 100%.</p> <p>CPP therapists associated with Kids First Developmental Daycare and Ascent Children’s Health Services, as well as one therapist at Chenal Family</p>	
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		<p>Counseling who does CPP on a pro bono basis, serve on the Pulaski County Safe Babies Court Team. If a child does not qualify to attend a developmental daycare (where they would receive CPP as part of their course of treatment), the Safe Babies Court Team Project refers them to Arkansas Network for Early Stress and <i>Trauma</i> (AR NEST) at the Child Study Center to be assessed. If they qualify, their CPP will be covered through the NEST grant. AR NEST puts SBCT families at the top of the list to be assessed. AR NEST has conducted two CPP trainings during SFY 2014 for therapists across the state.</p> <p>CPS- External stakeholder workgroups have been formed to improve the collaboration between DCFS and the courts. The workgroups include representation from DCFS, the Office of Policy and Legal Services, the Administrative Office of the Courts, Attorneys ad litem, parent counsel, CASA and other stakeholders. They have reviewed the legislative changes from the 89th General Assembly and are also reviewing possible procedural changes that will assist DCFS with working more efficiently with the courts.</p>	
<p>Training aligns with practice model case work process to effectively support the</p>	<p>6/30/14</p>	<p>POLICY- The Policy and Professional Development Administrator developed and provided legislative update (as well as other policy updates) training to field staff throughout</p>	

<p>education of child welfare policy, procedures and best practices- (how to)</p>		<p>fall 2013 and into winter 2014.</p> <p>ADOPTIONS- Currently there is quarterly training scheduled for Adoption and Resource staff. Training includes review of policy and procedures, particularly foster parent adoptions, subsidies, and preparation of children for adoption. We will discuss the difference in expediency vs. best practice for children and families.</p> <p>CPS- Quarterly Supervisor’s Meetings are convened to provide training and clarification to staff related to policy and practice. An annual CPS training was conducted during SFY 2014. The training provided information regarding the changes to the investigation policy. Individual child protective services training and technical assistance from the CPS Unit is available to staff upon request.</p> <p>TYS- The TYS unit meets with TYS Coordinators on a monthly basis, ongoing training/coaching is provided. The TYS unit also reviews monthly reports from TYS Coordinators to determine whether appropriate services are provided to transition aged youth with consistency throughout the state.</p>	
<p>Organization has supports and strategies in place to sustain the DCFS transformation</p>	<p>6/30/14</p>	<p>ADOPTIONS- As a part of supporting and sustaining the DCFS transformation process, the Adoption Manager reviews every subsidy application prior to sending to the Director for</p>	

process		<p>signing the subsidy agreement. Any concerns or discrepancies are noted and an email requesting clarification is sent to the appropriate Adoption Specialist for corrections.</p> <p>TYS- The state Youth Advisory Board (YAB) can assist with sustaining the DCFS “transformation” process. The YAB is the most important stakeholder to this agency; they provide us with valuable information to assist with the current DCFS transformation process. The YAB also plays a vital role in communicating the transformation of the agency to other youth in care.</p> <p>PS-The Behavioral Health Unit is leading the planning process for implementation of the Nurturing Parenting curriculum for DCFS clients who are in need of this evidence-based practice. It was determined through a workgroup that included various stakeholders that this parenting program would better meet the individualized needs of clients. In addition, the behavioral health unit is coordinating the planning process for statewide implementation of the Child and Adolescent Needs and Strengths Assessment (CANS) which will inform the DCFS case plan from an evidence based process.</p>	
Varied strategies on statewide level for recognition and recruitment of staff-	6/30/14	<p>CS-Implementing success and recognition @ Quarterly Supervisors meetings</p> <p>Services recognition at statewide meeting</p>	

<p>decreased turnover</p>		<p>MPCWIC</p> <p>Feedback on site visits</p> <p>All Area's now have staff education day &amp; recognize staff as well as nominate an employee of the year</p> <p>POLICY- The Policy Unit always strives to provide recognition and thanks to field staff who serve on the Policy Review Team or otherwise provide feedback regarding policy development.</p> <p>ADOPTIONS- For the Adoption Support Unit, our Learning Circles project – Better Communication between our unit and field staff. Staff feel free to discuss concerns and make suggestions to improve our communication and work with not only field staff, but with providers. This activity has proved very helpful in improving how we deal with others.</p> <p>PDU- The AR CIRCLES workgroup team members presented updates to each workgroup and were recognized for their valuable contributions in May 2014. The DHS Director, John Selig and the DCFS Director attended this meeting. Both Directors added their recognition and appreciation for the hard work and commitment made by all of the participating workgroup members for the impressive and valuable work tools created by each workgroup.</p> <p>The AR CIRCLES Staff Recognition and Appreciation</p>	
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		<p>process was reviewed with supervisors at the April Quarterly Supervisor meeting. Several Areas worked with the Academic Partnership to incorporate appreciation and recognition preceding or following a Staff Education event.</p> <p>The DHS Culture Survey indicated increased scoring by division staff in areas of support and recognition. In fact DCFS was the only division to have percentage increases across all areas.</p> <p>The Area 2 Director received the ASHEA Employee of the Year award for her work in Sebastian County. Her contributions resulted in a statewide modification of the New Staff Training Format. See the Training Plan for detailed updates regarding this.</p>	
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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.**

FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESSES	REVISION NEEDED
Data reports available to accurately identify resources in local communities	6/30/14	BHS- The Behavioral Health Unit receives reports weekly from the Medicaid utilization management contractor, ValueOptions, that identifies services approved or denied for foster children. These services include acute psychiatric care, psychiatric residential services and outpatient mental health services. The report is reviewed	

		<p>and emails sent to each case worker with a youth in acute or residential psychiatric facilities. This email requires a response on several issues, including discharge placement, involvement in the treatment process, visits, etc. The process assists in identifying if discharge planning is negatively impacted by a lack of resources in the community, as well as identifying which areas of the state are more effectively able to put services in place on a timely basis that appropriately meets the needs of the youth. This process indicates that the practice of Family Service Workers continues to improve as indicated by more consistent and appropriate discharge planning and active involvement in the treatment process when a child or youth is in the highest levels of care.</p> <p>PS-Data is used from assessments to determine needed services as well as changes to the performance indicators on all prevention and support contracts. An example is the requirement for all IFS clients with a behavioral health diagnosis to be referred to established local wraparound teams so that resources available in each community can be utilized to fullest extent to support our clients.</p>	
<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>			
FIFTH YEAR	TARGET	STATUS ACCOMPLISHMENT/PROCE	REVISION NEEDED

	DATE	SS	
Accessible, available and quality services to meet the needs of families at the local level	6/30/14	<p>CS- Local DR staff are developing local resources specific to their town/county</p> <p><i>Examples: SOC meetings; IEP conferences at the school</i></p> <p>PS- DCFS continues to amend and or modify performance indicators to improve contracts and purchased services for children and families to achieve better outcomes. Services are provided at a time that is convenient for the client and in their homes. The effectiveness of change has indicated a decrease in the number of “no shows”, more participation and compliance with the treatment plan.</p> <p>PS-Services are more individualized, available and convenient for clients. Since more services are provided in the homes of clients, vendors are getting less “no shows”, more client participation and able to teach new skills. This is resulting in better outcomes. Surveys from clients stated that their services were scheduled at a time that was convenient for them and they were allowed to work at their own pace</p>	
Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home	6/30/14	<p>CS- Review/monitor the separated sibling report</p> <p>BHS- Therapeutic Foster Care (TFC) providers have embraced the concept of sibling connections, expanding their concept of TFC to include placement of siblings in the home with the child or youth</p>	

<p>living for older youth and reassess strategies</p>		<p>who has the identified behavioral issues that require this specialized placement. This is a change in practice by TFC providers. Many siblings, without significant behavioral health issues requiring TFC are taken into the home, at a regular board rate but services can include sibling relationship issues and maintaining sibling bonds.</p> <p>TYS- The YYS unit has aggressively promoted the benefits of “Transitional Homes” for the appropriate youth aged 18-21. This “community-based” type of housing can benefit transition aged youth as they learn how to be self-sufficient. Additionally, utilizing this type of housing option reduces the state’s “reliance” on group-home settings for older youth.</p>	
<p>Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring</p>	<p>6/30/14</p>	<p>CS- <i>Examples: Peer mentoring through the CALL; local FP Associations.</i> DCFS was awarded the Diligent Recruitment Grant and will be implementing the Family to Family model which has a focus on Community Engagement. The Targeted Recruitment and Child Specific Recruitment strategies included in that work plan will positively impact this item.</p>	
<p><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</b></p>			

<b>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>
Effective QA process in place that includes various strategies	6/30/14	<p>CS- Some examples: Monitoring/Review of the CHRIS 120 day report for PS, FC home visits; Case reviews on the 180 day report for areas with high volume (Area 8 &amp; 9); Jefferson County weekly court case consults; Foster care entries for 15 counties; Area 2 initial 30 day placement report</p> <p>PDU- The Training Skills and Development Team (TSDT) reviewed to the current QA process within the Academic Partnership in the April meeting. Work related to specific changes will be incorporated in the 2014-2019 strategic plan.</p> <p>SQPI- The SQPI Unit conducted QSPRs in each of DCFS' service areas between July 1, 2013 and June 30, 2014 consistent with Arkansas's normal continuous quality improvement (CQI) processes. The QSPRs assessed and highlighted the strengths and areas needing improvement in practice in each of the service areas reviewed during that time period. The CQI Manager, QA Manager and CPS Manager then facilitate meetings between the DCFS Director, Assistant Director of Community Services and other key members of the Division's executive team and the area directors and all</p>	

		<p>supervisors from each service area following their review to discuss the findings outlined in their QSPR Synopsis, Meta-Analysis and investigative reviews report. This provides a comprehensive, area-wide examination focused on using data in continuous quality improvement.</p>	
<p>Assess data reports and feedback on accuracy and develop strategies to improve practice with families</p>	<p>6/30/14</p>	<p>CS- QPR, QSPR, COR, &amp; CHRISNet reports in-home &amp; foster care placement reviewed by Area Directors and follow up</p> <p><i>Some examples-Case review consultation, 120 day report</i></p> <p>POLICY- Policy, Professional Development, Planning, Community Services, CQI, and Child Protective Services Units collaborated to monitor protection plan data (CHRIS enhancement to track protection plan numbers and content implemented in April 2013) throughout the fall/winter 2013 through spring 2014 to assess the number and quality of protection plans being implemented. Monitoring of this data occurred, in part, to help prepare for the implementation of the Team Decision Making (TDM) waiver intervention in Arkansas. The units listed above worked together to review and discuss the data and narrative information collected in CHRIS. This group then developed an agenda for a meeting/workshop</p>	

		<p>for TDM implementation counties in order to better prepare staff in those counties for TDM implementation as well as improve protection planning in general. The units listed above hosted this meeting/workshop on April 11, 2014. Agenda items included providing an overview of TDM and a review of the protection policy, discussing the protection plan data and content and the effect of that information on the forthcoming TDM program, and gathering feedback from staff regarding protection plan successes, challenges, and barriers in the field. The units listed above utilized the information gathered during this meeting/workshop to better prepare for TDM implementation at the administrative level.</p> <p>CPS- The CPS Unit reviews fifty randomly selected closed investigations in each Area annually. A Child Maltreatment Investigation Reviews Report is issued following each review outlining the strengths and areas of challenge identified during the reviews. These reports address the initiation, thoroughness and disposition of the reviewed investigations. Additionally, the CPS Manager along with the managers of the SQPI and Quality Assurance Units lead meetings between the DCFS Director, Assistant Director of Community Services and other key members of the Division’s executive team and the area directors and all</p>	
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		<p>supervisors from each service area following their review to discuss the findings outlined in their investigative reviews report, QSPR Synopsis and Meta-Analysis. This provides a comprehensive, area-wide examination focused on using data in continuous quality improvement. The Areas are encouraged to develop practice improvement plans with strategies for improving the one or two most challenging areas of practice identified through these systematic evaluations. Staff are encouraged to use the Division's various management reports, e.g., the Compliance Outcome Report (COR) and 120-Day Caseworker Visitation Reports, to measure performance between the annual reviews and evaluate whether the practice improvement strategies are achieving the desired results. Deficient casework practice related to child safety always takes priority in the practice improvement process, because only after children are safe can permanency and well-being be achieved.</p>	
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<p>Accurate data management reports for managers and supervisors to focus on items and practices to improve practice with families</p>	<p>6/30/14</p>	<p>CS- QPR, QSPR, COR, &amp; CHRISNet reports in-home &amp; foster care placement reviewed by Area Directors and follow up</p> <p><i>Some examples: Review and monitor PS and FC 120 day report, separated sibling visitation report, PS cases open more than 180 days, trust report, overdue investigations, DR reports/case reviews</i></p> <p>ADOPTIONS- Adoption Manager reviews reports on approved and waiting adoptive families, entry of studies in the Matching Website, reports on available children, children coming into care in the last 30 days, pending adoptive applicants, workloads, number of finalizations for each month, children in pre-adoptive placements, QSPR reports, Quarterly Performance Report, and the Annual Report.</p> <p>CPS- During SFY 2014, the CPS Manager partnered with the Policy Manager to revise the Investigation Checklist for Supervisors (CFS-299) to address needs and deficiencies identified through the investigative reviews. For example, an element was added regarding connecting parents/guardians of victims and offenders with mental health providers in true reports involving sexual abuse where the alleged offenders are under the age of 18 at the time the act or omission occurred. The Division found that practice was not consistent surrounding mental health services in</p>	
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		<p>referrals involving sexual abuse by an underage offender. Furthermore, the DCFS Policy and Procedure Manual was updated to provide clear guidelines for investigative staff related to assessing child safety and completing thorough investigations after reviews of investigative practices identified problems surrounding timely initiations, collateral interviews/information gathering, and safety assessments/decision-making.</p> <p>TYS- The YYS unit reviews monthly reports from YYS Coordinators to determine whether appropriate services are provided to transition aged youth with consistency throughout the state. Additionally, this report provides information on the number of transition aged youth participating in “Life Skills” trainings.</p>	
<p>Continue to prioritize and complete CHRIS enhancement when possible due to fiscal capacity to further alignment with practice model</p>	<p>6/30/14</p>	<p>CHRIS- There are various ways CHRIS staff receive requests for new enhancements/changes for the CHRIS SACWIS application. This includes the following:</p> <ol style="list-style-type: none"> <li>1. Calls or Emails for requested changes that come to the CHRIS Support Center staff/CHRIS manager by field staff/Supervisors/Area Directors/DCFS Executive Staff. Requests are also asked during DCFS Executive Staff meetings</li> </ol>	

		<ol style="list-style-type: none"> <li>2. CHRIS Support Center (CSC) tickets that come through Service Desk ticket tracking system. CHRIS Support Center staff/OST CHRIS Manager/NG CHRIS Manager makes the decision that the ticket issue meets the criteria for an ITN (Issue Tracking Number) instead of a correction that can be made to CHRIS.</li> <li>3. Legislative/Federal/State mandates that must be enhanced to be in accordance with the law/audit findings/federal reporting requirements.</li> <li>4. Necessary enhancements to support interfaces with other systems.</li> <li>5. While in CHRIS, any user can select the Ctrl+M keys to enter Comments/Suggestions about CHRIS. This is sent to an email group with some DCFS Executive staff and OST/NG CHRIS management staff.</li> </ol> <p>To determine what goes in a release, there is generally a major enhancement related to example #3 above. There is usually a deadline associated to update the application to comply with DCFS Policy and Procedure. The OST CHRIS Manager and NG CHRIS Manager meet and come up</p>	
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		with a list of ITNs that could be implemented in the release related to examples #1-5 above by reviewing open ITNs. Most releases consist of ‘user friendly’ system enhancements, system improvements, and defect fixes. The list of ITNs going to be in a release is then shared with the DCFS Executive staff and they approve the list. A SharePoint repository contains all necessary documentation pertaining to a Release. The NG CHRIS Manager then comes up with a schedule for the release including all major milestones and a production implementation date.	
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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.**

FIFTH YEAR	TARGET DATE	STATUS ACCOMPLISHMENT/PROCESS	REVISION NEEDED
Training system include training on how to access reports and understand the data including the analysis of the data	6/30/14	PDU- The New Supervisor OJT incorporates accessing and using prioritized CHRIS data reports. See Training Plan for additional information.	
Survey results are utilized to make changes in practices and integrates	6/30/14	POLICY- The Online Supervisory Handbook, a product of AR CIRCLES, went live in October 2013. This online resource was developed	

<p>within the QSPR process for continuous quality improvement and customer satisfaction</p>		<p>with the following purposes in mind:</p> <ul style="list-style-type: none"> <li>• To serve as a helpful resource for supervisors</li> <li>• To serve as a guide and single point of reference for supervisors</li> <li>• To support consistency in supervisory practice and language</li> <li>• To create efficiency and save time by having accurate and up-to-date information</li> </ul> <p>The Online Supervisory Handbook was informed, in part, by a survey developed by the Online Supervisory Handbook Workgroup that was distributed to all DCFS supervisors. It is designed to be used by supervisory staff at every level to help them find information, policies and procedures, forms, and important “tips” that support good practice. The Handbook does not cover everything a supervisor should know nor is it meant to replace supervisory judgment or critical thinking as it relates to our practice with the children and families we serve. Rather, the Handbook is intended to serve as one of many available tools to support supervisory staff in their daily work.</p>	
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**AREA DIRECTORS STRATEGIES AND ACTIVITIES FOR JULY 1, 2013-JUNE 30, 2014**  
**FOR FIELD**

*Each Area Director reports on the steps in implementing the continuing program improvement strategies in their area. Their reports provide detail related to the PIP strategies to enhance DCFS services which supplements the accomplishments provided in the matrix above.*

**AREA 1 DIRECTOR-BRENDA RICHARD**

**Practice model change strategy implemented statewide:**

- Our Practice Model emphasizes the value of families and how CFS staff work with families. Practice model strategies have been communicated to Area 1 staff throughout the year. Area 1 has held a constant 80% average with placement of at least two siblings together in effort to support the value of keeping family together as much as possible.
- Area 1 staff continued to embrace Structured Decision Making principles in safely keeping children with their families as noted by a low percentage of children entering care in comparison to the highest volume of maltreatment referrals received state-wide. Assessing for extended kin or other adults as a resource for children in foster care is an additional Practice Model goal Area 1 staff have recognized as an important part of how we keep children with their families beginning at the inception of the investigation process. Our area has consistently increased use of relative provisional foster home use over the past year.
- Area 1 also put into practice of foster care case managers maintaining a case through the finalization of adoption when foster parents were identified for permanency in the best interest of a child. Monthly adoption meetings convened to ensure that children were achieving permanency in a timely manner. As a result Area 1 children with the goal of adoption are either placed with an identified family or placed in a treatment facility to address challenges that prevent the child from moving toward permanency. Just in the month of December 2013, sixteen adoptions were finalized in Area 1.

**Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- Over the past year CFS leadership in Area 1 recognized the need to improve working relationships with CACD and law enforcement. Face-to-face meetings were held at Bentonville and Rogers police departments to address concerns, communicate each other's roles and responsibilities, and share contact information so that we improved how we work together. Strides were also accomplished in our working relationship with CACD in Washington and Benton Counties, especially with the allocation of an Assessment County Supervisor position allotted to the area. The supervisor who filled this position contributed to building positive working relationships with not only CACD and law enforcement, but also schools. She held several presentations that addressed current CFS policies, laws, and protocols.

**Evaluate training partnership and professional development:**

- Our area IV-E partners provided ice cream sundaes during September's area supervisor meeting. They also sponsored Areas 1 and 2 supervisor training at Rudy Oak Manor Conference Center. Field trainers are a vital support to our staff. They provide timely feedback on staff's progress and needs, meet with new staff consistently for ongoing on the job training, and look for ways to help improve practice. Area Director collaborated

with the Washington County field trainer to address certain child welfare topics with our student interns. This was to help them with one of their projects and also to promote recruitment of future employees.

- Quarterly meetings were held between Area 1 Director, Training partners and Tammy Langston to address means of improving area staff's professional development so that practice aligned with CFS' Practice Model. Our training partners supported frontline practice throughout the year with training presentations focused on supervisory skills and client engagement. During a stressful part of the year when the Government shut down, our training partners were vital in working with the Area Director and supervisors to improve cross-county teamwork and communication skills for area supervisors.

#### **Improved outcomes for children and families; decreased removal from home:**

- SDM training was held mid September with a number of area 1 staff attending. Our supervisors utilize SDM fervently which has resulted in a lower percentage of children entering foster care in comparison to the number of referrals received as well as the area's child population.
- Area staff also increased collaborative work with our local System Of Care partner. Wrap around services have increased the number of children able to remain safely in their homes. SOC had a change with local management. This improved the quality and quantity of services provided to children and families receiving their services. Several CFS supervisors and Area Director serve on the SOC CCC committee and financial committee. SOC provides quarterly family recreational opportunities which has proved to be positive interactions for families.

#### **Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- Area 1 continued to receive the highest number of Differential Response referrals statewide (72 in September). The area was given three additional FSW positions for Differential Response to work toward best practice, addressing safety, and providing services as needed to help maintain children in their homes.

#### **Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- A positive working relationship with most community partners continues to be a strength within our area. As staff recognize the importance of community support to help meet the challenges of service provision, the more they demonstrate a teamwork approach with our support systems. Our Benton County DR FSW has engaged several local organizations in donating household items and clothing for families.

#### **Improved outcomes for youth in foster care:**

- The ideology of permanency roundtable reviews has become a standard practice for Area 1 staff. However, Instead of finding a long term placement for a child, most area staff now focus on long term permanency goals and connections for a child which has helped move more children through the foster care system in a quicker time frame or help a youth form a life connection after exiting foster care.

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- Supervisors and Area Director attended Area 1's QSPR meeting at the end of September to discuss outcomes of the report. High staff turnover has continued to negatively impact outcomes. During the last QSPR Washington County PS cases reviewed heavily influenced the area's poor outcomes as the unit was flooded with new PS cases that resulted from the investigation clean up. Many cases had significant deficits with contacts and service provision due to high case load assignments at that time.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- Area Director is a member of the Juvenile Detention Alternatives Initiatives (JDAI) committee. Benton and Washington County JPO were awarded grants to prevent youth from entering detention. During meetings with Casey Family Foundation and JDAI teams, Area Director was able to clarify CFS roles.

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- Carroll and Benton County courts consistently held quarterly meetings with court staff, attorneys, CFS, CASA, FINS staff to provide information on community services, address concerns of the court, and communicate agency updates to court staff. CFS agency director addressed court orders limiting visitation between parent/children with Washington County Juvenile Judge. Since that time children and families have experienced more timely and improved visits with one another.

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- With the implementation of Differential Response training, Area staff verbalized receiving mixed messages which added to their confusion of program responsibilities and poor outcomes. As a result additional DR trainings were conducted throughout the year to improve staff's understanding of the program and procedures. In May 2014, DR policy was revised to improve how staff work with families as well as program outcomes.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- CFS has instituted multiple initiatives to support the agency's transformation process. Several leaders from Area 1 were selected to serve on various state level committees that will eventually drive how we do the work we do. Our resource supervisor is participating on the caseload management workgroup. She set up September's meeting at MidSouth Academy in Fayetteville to host their first meeting in addressing manageable work loads that will move our agency forward in better and more timely services to children and families.
- Area Director continued to actively participate on the CANS steering committee and Communication subcommittee. The workgroup continues to develop the AR CANS assessment tool. This tool will hopefully improve staff's ability to accurately identify

children's and families' needs. In return this will also drive case plan goals and tasks. Better outcomes for families and children should be obtained as a result.

- One of our Benton County investigation FSW is also serving as a member of the NOW workgroup. This workgroup is looking into developing a website to local community resources across the state.

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Washington County foster care unit's Learning Circles was noted to be energetic, positive, and focused on proactive communication and efforts to implement change in the unit's topic choice.
- Workers have demonstrated an increase in positivity, energy, retention, and team cohesion for several days after circle meetings. County Supervisors continued to focus on staff retention as their topic. Assignments were distributed to assess success of other states in retaining staff and projects that could easily be implemented which promote staff retention. Supervisors and staff increased recognition.

**Data reports available to accurately identify resources in local communities:**

- Grand opening for the National Child Protection Training Center in Rogers occurred February 6, 2014. The center constructed a mock court room and apartment to enhance training for law enforcement, child protection workers, and court personnel. Area 1 is very fortunate to have this regional facility housed in Benton County. NCPTC provided scholarships for two Area 1 staff to attend forensic investigation training. Feedback from our investigation FSW was that all CFS staff should have to attend this training. Staff were able to acquire a hands on/visual experience in assessing safety to children.

**Accessible, available and quality services to meet the needs of families at the local level:**

- Carroll County supervisor addressed the county's lack of parenting education for CFS and community families. As a result Carroll County PA stepped up to meet the need by offering Saturday parenting classes. The PA continued to work positively with Carroll County Judge to open parenting classes to the community. It has been very well received throughout the community and local judicial system. His current class consists of more community involvement than our clients. He has now received calls from a neighboring county requesting some of their clients attend his classes. This was by word of mouth and the Judge's request to spread the word about the classes.
- The Benton County Ladies Auxiliary Group regularly provides duffle bags with a hygiene products, underclothing, and a book or toy to give to children entering care. The children's safety centers provide sliding scale fee counseling services as well as concrete supplies to families. In Green Forrest, the advocacy center has a clothing closet for families in need. The area has a new resource for youth with substance abuse problems for which we plan to learn more about and hopefully engage services for our youth. Alternative Options opened two ALEX (Alternative Learning Experiences) centers. ALEX centers offer educational and treatment services for high school students with substance abuse/use issues, and assist them with credit acquisition toward their high school diploma while providing sobriety support treatment. The inaugural ALEX centers

are located in Desloge, MO and Bentonville, AR. The center is the first of its kind in Arkansas.

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- A new group home opened in Area 1 with the development of a second home in progress. This has allowed several sibling groups to remain together. NW AR Children's Shelter has also been vital in the temporary placement of sibling groups together. Area Director participated in the Shelter's annual board meeting to address how the shelter can meet additional needs of CFS. Discussed was a long-range planning goal of the development of group homes for teens that would provide not only housing but TYS on a long term basis.

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- NW AR CALL developed a FACEBOOK page for foster parents to mentor and support one another. The page has proved beneficial in locating placements or meeting the needs of individual foster children without violating confidentiality. Quarterly meeting have been held with our TFC provider to address the need for additional specialized TFC parents. One example of where the provider met the need of a child included addressing the youth's transgender status and associated medical needs.

**AREA 2 DIRECTOR-LISA JENSEN**

**Practice model change strategy implemented statewide:**

- Each county in Area 2 has identified areas of focus and try to improve performance in each area by staying in line with the Practice Model. Utilizing appropriate community partners for services, making referrals for IFS, counseling, drug assessments and treatment, providing parenting instruction in classroom setting and 1-1 as needed, providing transportation for visits to maintain connections for children with their families, etc.
- Area-wide focus trainings are being conducted by Area Director and supervisors to enhance the skills of staff in engagement, assessment, effective home visits, quality services, etc. Franklin, Crawford and Sebastian counties are utilizing the Learning Circles approach to address county issues and staying in alignment with the Practice Model. Area Director also facilitates a Learning Circle group with the county supervisors to address area issues and come up with workable solutions to correct problems identified.
- Counties are teaming to close out overdue investigations, placements with relatives are increasing, changes are occurring in the adoption unit by utilizing clerical support to pull complete TPR packets for workers to provide to adoption specialists in order to expedite finalizations.
- Also the resource unit has taken on the responsibility of opening all resource homes (foster and adopt only homes) and ensuring these homes are opened timely.

- County staff have been engaging and educating community partners regarding the Agency Mission and requirements of Mandated Reporting. Franklin, Crawford, Sebastian and Yell counties regularly participate in SOC/ CASSP.

**Overall statewide good working relationships with CACD/DCFS/LEA statewide:**

- All 7 counties in Area 2 have MDT meetings on a 1-2 time monthly basis. Sebastian County has child death review panel that involves many of the community partners including prosecuting attorney, law enforcement, EMS, health department, CACD, DCFS, etc. The additional 6 counties in Area 2 have been brought into the panel as children need to be reviewed from their counties.
- DEC training has been provided for all counties in Area 2 and DCFS and LEA are starting to form partnerships to address drug endangered children.
- Relationship with CACD is solid. Communication is improving and efforts are coordinated to protect children.

**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:**

- Area 2 staff are utilizing IFS services to maintain children in their homes. Area 2 also places children with relatives when appropriate, either through provisional placement or temporary custody.
- Workers are utilizing SDM to assess safety issues and put appropriate safety/ protection plans in place in order to allow children to remain safely in their homes. Workloads continue to fluctuate, but overall caseloads are reduced so staff are able to spend more time working with clients and providing services.
- Staff are also utilizing community resources to assist in service delivery and monitoring for safety. The number of children in care has reduced slightly in Area 2. Sebastian County has implemented a review panel consisting of the County Supervisor, Investigation Supervisor, Assigned Investigator/Caseworker, and PS Supervisor to review every case where a child has just entered care or is at risk of entering foster care to see if there are services that could be put in the home to prevent the removal.

**Evaluate training partnership and professional development:**

- Field Trainers work diligently with new workers and support the local offices. Area 2 is receiving support from UAF (Sebastian and Crawford) and ATU (Franklin, Johnson, Yell, Logan and Scott Counties) for Field Training and continuing education. ATU invites their 5 county staff to the Quarterly Trainings for additional training opportunities for staff. ATU and UAF support the supervisory staff.
- Mid South provides the New Worker Training and Continuing Education training for Area 2 staff. Relationships are effective and productive, communication is free-flowing.

**Improved well-being and stability of children in foster care:**

- Area 2 continues to struggle with stability of placements. Children often are moved several times before a permanent placement is located. Provisional placements are being utilized at the front end of cases in order to place children with relatives and provide for stability in placement.

**Policy supports and is user friendly:**

- Policy is available on line and hard copies can be printed as needed. The Supervisory Handbook on line also has links to access policy. Policy is easy to read and has adequate support for front line staff and supervisors to guide practice.

**Working relationship that are effective and ensure safety of children:**

- Area 2 staff work with foster parents, facility staff, relatives, and biological parents to ensure the safety of children. SDM is utilized to identify safety risks and determine if an appropriate safety plan is needed for a child in their own home or their placement.
- Plan of Safe Care is implemented for foster children who require additional supervision or special needs while in out of home placement.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- SDM is being utilized by all staff to help identify safety concerns and implement protection plans when viable in order to allow children to remain in their homes safely

**Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- Mentoring of new staff to ensure quality assessments, SDM training and implementation in the field, ongoing assessments at every encounter with the family, improve number and quality of home visits.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Adoption finalizations have increased in the past year. Foster parent adoptions are occurring in a more timely fashion and data matches are being run regularly to identify homes for children not being adopted by their foster parents. Cases have been staffed, efforts to get packets completed for subsidy and legal work in order to complete adoptions more timely have been coordinated. Additional resources: Adoption Coalition, CALL, Heart Gallery, Adoption Picnic for Area 2 scheduled to occur on May 3.

**Improved outcomes for youth in foster care:**

- Area 2 continues to provide services to youth while in foster care and after care services for youth who age out. Weekly training classes are held across the area. There is a mentor program developed for the youth who are in college or who have moved out on their own. The Junior League of Fort Smith has partnered with the TYS coordinator to provide skill development training for the youth residing in Sebastian and Crawford Counties.

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- Learning Circles
- Supervisory case reviews

- Staffing individually with workers to determine how family is progressing and what additional services are needed to help the family achieve their goal.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- Messaging is done in several venues: MDT meetings, SOC meetings, meetings with CASA, Adoption Coalition Meetings, Judicial Improvement Projects, speaking engagements, community groups, etc.

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- Johnson County has quarterly meetings with their Judge to address issues and improve communication and collaboration.
- Crawford County has a court improvement project.
- Other counties meet with Judge as needed to address issues.

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- Supervisory Practice Model, MPCWIC workgroups – several supervisors have participated and will participate in future workgroups
- Learning Circles in Franklin County, Sebastian County, Crawford County, and Area Supervisors
- IVE Partners meeting monthly to strengthen supports to new staff and existing staff
- Trainings are developed as needed at the request of the Area Director
- Area Coordinator supports all 7 counties and participates in community activities.
- Area Director and Area Supervisors are teaming together to provide case specific trainings (DR, PS, FC, and Investigations) to address identified problem areas and to strengthen overall practice of staff.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- Ongoing discussions and evaluation of modified training utilizing staff input
- Monthly meetings with IVE Partners
- Quarterly meetings with trainers and foster parent recruiters/trainers
- Increasing support when/where needed
- Request Advanced Practice Education (APE) for staff as needed

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Hooking new workers up with a mentor worker in the county to share casework responsibility while in training – this provides valued learning experience for the new worker and relief for the trained worker.
- Celebrate birthdays, anniversaries, exceptional work, letters and emails of appreciation to staff
- Certificates for years of service or good works done
- Provide food at trainings

- Increase mentoring support for new and existing staff
- Race Board shows progress in 10 areas of performance monthly
- Best practice examples are rewarded.
- Worker of the month receives parking pass in the parking deck in Sebastian County.
- COR Day in Crawford County allows workers protected time to enter documentation
- Supervisor and IVE Field Trainer provide meal, door prizes, appreciation and encouragement to staff.

**Data reports available to accurately identify resources in local communities:**

- IVE Partnership developed and presented a provider workshop for Area 2 staff with a resource notebook provided to each staff member in the area
- SOC has an on-line resource directory that staff can access.
- CALL and Resource staff meet monthly to look at new foster homes in training, assess homes needed to focus recruitment efforts, etc.
- STEPS provides visitation center for Sebastian County families
- Adoption Coalition opened a visitation center in Alma for Crawford County families

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- CALL and DCFS continued recruitment for homes that can take sibling groups and address the population of children entering care
- Increase in provisional foster homes across the area
- Twice monthly staffing of siblings that are separated in order to find appropriate homes to reunite siblings

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- Making application to TFC and residential treatment as needed to meet the behavioral and emotional needs of children in care
- Providing support through counseling and on-going training for foster parents to meet the needs of the children placed in their homes to minimize disruptions

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- Supervisors utilize the COR reports, 120 day reports for PS, FC, and parent home visits, as well as other reports to monitor compliance. The reports tend to be accurate based on what is documented in the computer, still working with staff to ensure documentation is entered properly and that clients are end dated when appropriate or merged to eliminate duplicates

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- Supervisors relay concerns about accuracy to AD or Chris Support so updates can be made, or supervisors can determine how information needs to be input so it is captured correctly

### **AREA 3 DIRECTOR-JENNIFER WUNTSEL**

#### **Practice model change strategy implemented statewide:**

- Garland and Saline Counties are the only Counties in Area 3 trained for Learning Circles. With these monthly unit meetings staff members have become actively involved in comes up with area in the county that need improvement and working together to achieve a plan of action. This has improved relationships and helped to implement some important changes such as staff recognition activities in Garland and in Saline they have had a foster parent day out during the Christmas holiday. Staff are wanting to do this two times a year. Area Director has been holding monthly Learning Supervisors with all Area Supervisors. This has been a success. The first Learning Circles activity selected by the supervisors was to hold a worker appreciation day. This was done for all Area staff in September 2013 during a Quarterly Training. This day had activities for team building and had recognition of employees for the hard work they were doing. Supervisors are now working on Supervisor Team Building and are planning a 2 day Team Conference Meeting where desire activities and training geared at building relationships, communication, and working together.
- Other Area 3 counties are scheduled to go through Learning Circles Training in the fall and in the spring and will be implementing Learning Circles in their counties.
- Garland has also been working to prevent opening FINS cases through the court. The judge is now allowing for staff to do assessments for services when not an emergency situation. Staff believe this is helping to reduce numbers of court ordered FINS cases
- All Area 3 Counties now have Differential Response. This is beneficial to families who are able to be approached more from a family assessment and offering of services rather than approaching through an investigative mode. Area 3 has worked this year in 6 of the 9 counties to have DR workers who are assigned primarily to DR and not carrying investigations or court cases. A new DR worker has been hired through the waiver program to be housed in Garland and this worker will cover Garland, Polk and Montgomery counties. This will help with providing more quality DR services in these Counties. This worker is still in training to learn DR but will be done that that training at the end of May 2014 and will be able to cover these duties.
- Hot Springs County has struggled this year due to having a long term vacant position for investigations. Saline County investigators have demonstrated teamwork by assisting with investigations in this county while in the process of hiring an investigator to cover that county.
- Pike and Howard County supervisor has been working to ensure quality services with families. She has hired new staff and they are all trained and providing services. These counties had been struggling due to staff shortages but are now fully staffed. Supervisor is using COR and 120 day reports to help in monitoring and supervision of staff.
- Montgomery and Polk- These counties have had 3 supervisors in the past year and a half so they were struggling with stability. A supervisor was hired last summer and has worked to implement staffing days for court ordered cases in order to staff the cases 2 weeks before court to address any areas of concern prior to the court hearing. Supervisor is using COR and 120 day reports to help in monitoring and supervision of staff.

- In August 2013, Area Director was able to hire another investigative supervisor. This allowed the Area to be separated investigative units. Area Director has seen an improvement in timely completions of investigations and quality of services offered since supervisors are specialized.
- IFS services are being offered when necessary to try to prevent removal of children. Also staff who are trained in Structured Decision making are utilizing the Health and Safety Factors Checklist prior to removal of a child. AD has noticed that since staff members are looking at the SDM model when making decisions on investigation, they are doing fewer removals of children from their homes.
- Supervisors have just starting using the new FSW interview Questions from the Supervisors Handbook and Realistic Job Preview during interviews for the FSW positions. Staff are hoping that will these changes we will be able to better assess applicants and ensure hiring staff who have the skills to complete the job.
- Area 3 staff are utilizing the new mentoring program for new workers to be mentored by a seasoned workers. This was already occurring in Area 3 informally but now staff are using the tools developed by the change in the training curriculum for better monitoring of transference of information and evaluation of what the new worker is doing and learning in the process.

**Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- Area 3 staff participate in MDT meetings and work together with CACD and LLE on joint cases. Area 3 staff continue to provide safety responses on cases where CACD is primary and in need of a safety assessment on children in the investigation. The agency staff respond to request from Local Law enforcement if called to assist and LLE also assist the agency on investigations when needed.
- Area Supervisors have been asked to share with AD any problems or concerns they have with CACD investigations or MDT meetings so that we can work to resolve and bring about better outcomes to families served. As AD receives these concerns they are sent to the Assistant Director who meets monthly with CACD to address overall concerns.

**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:**

- When possible Intensive Family Services are offered to families to prevent foster care placement. Garland County which had high number of children that entered foster care through FINS have worked with the courts to allow assessments on FINS cases when possible prior to court ordered foster care to allow services to be provided in the home to families. In situations where children have to be placed in care, Area 3 looks for possible provisional placements to allow children to be temporarily placed in relatives homes while working to provide reunification services to families
- The SDM model is being used during investigations and cases to work on possible protection plans when possible. This has decreased the number of children entering foster care since this has been implemented by staff

**Evaluate training partnership and professional development:**

- Midsouth is the partnership for Area 3. Midsouth is very supportive of staff. The Field Trainers meet regularly with new staff and provide mentoring. They also work with supervisors for a year after entering that position. Midsouth partners also meet monthly with all supervisors and AD during monthly supervisors meetings. Midsouth assists with Quarterly Trainings with staff and provide training based on the Area training needs. If additional training is requested by AD or supervisors they provide this training to staff also

**Improved well-being and stability of children in foster care:**

- In December 2013 a QSPR review was completed for random Area 3 cases. This report showed timely and appropriate permanency goals for foster children in 14 of the 15 cases reviewed. Also the stability of foster care placement was 80% which has remained consistent for the past 3 years.
- Area 3 works on trying to maintain children in same county when possible and if not then to place close enough for parental and sibling visits. Also Area 3 works to place all siblings together when possible.
- The Meta analysis report ending September 2013, showed that of the kids in care in Area 3 73% were able to be reunited with their families within 12 months of entering care which was much higher than the statewide average of 48.4%

**Improved outcomes for children and families; decreased removal from home:**

- In the Meta Analysis report for Area 3 from October 2012 through September 2013, the number of foster children decreased by 13% overall. Three of the nine counties increased saw a small increase during the year

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- Staff are using SDM when making decisions to remove kids. Protection plans are being used if the child can safely remain in the home with some protective interventions. Garland County still has several court ordered foster kids through FINS cases but DCFS is working with the court to try to allow to make assessments and offer in home services when possible prior to removal.

**Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- Most of Area 3 staff have been trained on Structured Decision Making which sets out criteria to be met prior to children being placed in foster care by DCFS. All Counties have implemented Differential Response and are working to provide preventative services to lower risk families and linking them to local community resources.
- Saline County will be trained for the CANS assessment tool and will one of the rollout implementation counties. They have attended one meeting recently and will be involved in further training on this new tool to assess family's needs and services.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- In order to reduce disruptions, adoption staff in Area 3 look for services that they believe will benefit the child and the family in adoptive placements to provide support. Sometimes a child has to be re-evaluated through counseling in order to receive the correct services in order to help the family. Adoption staff also advise adoptive parents to take classes or read books in the area of ADHD, Adjustment disorder, RAD and other behavior disorders.
- As far as recruitment of homes, In Garland Count, staff hold inquiry meeting monthly in different counties. Area Director has asked that Adoption staff do quarterly data match on all waiting kids to see if any new matches show up on the list. For children who do not have an adoptive placement, the adoption specialist adds the child to the Project Zero website and to the Arkansas Heart Gallery. Adoption specialist are also working to have children waiting for adoptive placement to attend the adoption recruitment activities such as Disney Extravaganza, and local adoption picnics to try to find matches for children. According to the Meta Analysis report ending September 2013, Area 3 median length of time it took from children's entry into care until finalization was just over 19 months. This was the shortest length of time among all Areas and five months faster than the statewide average for finalization.

**Improved outcomes for youth in foster care:**

- Area 3 scored 100% in reviewed cases for reunification, guardianship and placement with relatives and for alternative planned permanent living arrangements on cases reviewed in the December 2013 QSPR.

**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:**

- Area 3 has been having QSPR reviews twice yearly. Following those reviews AD discusses Areas of improvement needed with the supervisors. Central office meets with supervisors following the reviews to discuss progress and goals.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- In Saline County the CCC/SOC meetings are held monthly and DCFS staff participate. There is a very good rapport in getting WRAP meetings scheduled and getting services quickly to foster children, PS children and parents. In Garland County, the SOC the following issues were addressed and each representative has partnered and 3 new committees have been developed that include: Mentoring Committee, Peer to Peer Committee and The Finance Committee. The committees are designed to discuss ideas and implement services to support families and those in the community that are at risk for foster care
- Investigative supervisors attend monthly local MDT meetings in which DHS represents the agency on joint cases. There are local collaborative efforts also going on with DCFS and their partners who assist families on an ongoing basis.
- This year there has been some education to the schools and local community on Differential Response since this was implemented statewide.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- Area 3 has begun Learning Circles in two Counties and all counties will be starting these meetings with staff once trained as facilitators. Area supervisors Supervisory Practice Model Handbook to assist them in understanding the agency’s move towards having a more standardized process in supervision. DR has also started in all counties and other counties. This is a more family friendly approach to low risk cases which will allow assessment to determine service needs. This will allow more immediate services up front to the families so that community referrals can be made and reduce the amount of time DCFS needs to be involved with the families on lower risk cases.

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Garland County has weekly staff meetings with the supervisors to discuss topics of concern, evaluate family needs and share information. They are also involved in Learning Circles in each unit to address areas of practice identified by each Unit that they would like to implement changes. Supervisors bring lunch and goodies to staff at least monthly. Garland has also implemented a monthly birthday party in which they have cake for any employees who have had a birthday during that month. The investigative supervisor in Garland is also assisting staff with high workloads on investigations so they will be able to get these done timely
- Hot Springs County also works with staff to have weekly meetings. At these meetings, staff have input and can ask questions/give comments. They also have a chance at the end of the meeting to ask questions/bring up concerns. The supervisor in this county practices an open door policy to allow staff to ask questions without being shamed for “not knowing” something. Supervisor allows staff’s concerns to be included in the monthly report so that anything that they feel needs to go up the chain will be submitted.
- Area 3 staff had a Staff Appreciation day in September in which there was fun activities, team building games and recognition of staff.
- AD has encouraged supervisors to recognize staff when they are doing a good job and several supervisors have implemented monthly recognition for staff. Due to high workloads in some areas there is still job turnover and supervisors are working diligently to get hiring done so that there will be assistance to staff. AD has arranged for neighboring counties to provide assistance in counties where there was turnover and high workloads.

**Data reports available to accurately identify resources in local communities:**

- There is not anything currently in Area 3 that identifies all resources in the Community. Each county is familiar with their local resources but other counties in the Area may not be aware of nearby resources in other counties outside of contracted services. There is Esources which can be accessed through DHSshare site which shows several area services and the 211 website by United Way which have statewide resources. There is also a Statewide DCFS Committee that is addressing Networking and Online Resources. This committee is working on addressing the need for a statewide online directory which will make accessing services for DCFS workers an easier process

**Accessible, available and quality services to meet the needs of families at the local level:**

- Area 3 has contracts for drug/alcohol assessments, psychological assessment, home studies, counseling services and IFS services.
- There is still need for more localized services as many of the counties are very rural. Many families have to drive for outpatient or inpatient drug treatment

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- AD is completing a monthly sibling placement report to identify all foster children that are separated. Sibling separation is discussed with supervisors during monthly supervisors meetings. Supervisors are to staff with their workers monthly to address efforts being made to place siblings together when appropriate. Resource Staff are working on foster home inquiries to try to get homes opened as quickly as possible. AD has asked that County supervisors look at separated siblings when new homes open in their county to determine if new homes could take sibling groups so they can be placed together. AD is also on a workgroup that has just started to discuss possible implementation of new strategies for worker to use to focus on placement stability for children who have disrupted placements.

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- *Recruitment-*
  - In smaller counties in the area, Resource staff are actively recruiting for new homes by working at local community events, visiting churches when possible and trying to access media for recruitment of homes. Some of the rural areas have few foster homes available for children removed in their counties and active recruitment is essential.
  - In Area 3 inquiry meeting are held throughout the area based on the numbers of inquiries received in counties. For these meetings both the resource and adoption workers jointly participate to answer questions. These meetings are held monthly to every other month in some more rural areas. All individuals who have inquired are invited to the meetings. Staff are looking to have more quality homes and not just quantity of homes to open. Several of the resource staff are having current open homes attend these meetings as well to share stories to assist in recruiting new homes. The resource/adoption staff speak to specific needs of children and what types of children we are actively pursuing home for such as newborns/infants that cannot go to daycare for a time due to illness; families who are willing to accept infants/toddler with feeding problems, feeding tubes, breathing machines or drug affected babies as that tends to be a recurring issues; large sibling groups, drug affected babies and teenagers. Staff spend time during the info meetings talking about older children, emergency shelters and group homes and why that is not the optimal living situation for children; we discuss IL services and why it is so important for an older child in foster care to be attached to a foster

family (learn living skills they don't get in a facility, such as changing a tire; opening a checking account; doing laundry; shopping on a budget, etc.) and that those skills are best taught by a family.

- The CALL has been actively running to recruit and train new homes in Saline County. The CALL is getting started in Garland but is having difficulties getting started. The CALL is running into staffing issues on their own committee, so while they are still plugging along, they've hit some barriers, mostly around lack of volunteers available
- **Retention-**
  - In the area as a whole, the existing foster parents continue to be the best recruitment for new homes which is why it continues to be imperative that existing foster parents have good things to say about the process, DCFS and the experience as a whole. So not only recruitment but retention of homes is important to maintaining specialized home for children with individualized needs. In order to retain foster parents, several counties have foster parent support groups which provides peer support and ongoing training to foster parents.

**Effective QA process in place that includes various strategies:**

- Supervisors do Quarterly case reviews on open cases and provide corrective actions to staff as needed. Supervisors also do supervisory case conferences on cases and investigations in order to address any services or safety concerns. AD has asked supervisors to do some shadowing with staff to help improve practice skills of staff.

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- Area 3 AD is working primarily with staff on updating case plans and discussing services with families and ensuring that workers are completing at least monthly HV with families. CHRIS net reports are being pulled weekly and utilized to determine if staff are completing these services with families. COR reports are reviewed monthly to ensure staff are following up in areas needed. If revisions needed on CHRIS net reports or if new reports would be helpful these are requested through CHRIS.

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- Area 3 sends out weekly CHRIS net reports to supervisors as monitoring tools for corrective actions to staff. Reports that are utilized the most with staff to ensure offering services are the reports that indicate home visits to families, whether or not there are current case plans.
- AD provides a copy of each month's COR reports during monthly supervisors meetings to discuss areas of improvement needed and to discuss any possible barriers.
- AD has also use the QSPR reviews and Meta-Analysis reports to determine areas of improvement needed in the Area.

## **AREA 4 DIRECTOR-CHARLOTTE JEWEL**

### **Practice model change strategy implemented statewide:**

- The area continues to apply practice model in providing most appropriate services to families involved with the Agency through allegations of maltreatment. It is the desire of each staff person from supervisor to program assistants for our families to be treated in the most respectful manner and services to assist each family member in moving towards improvements and not hindrances is our goal. The Supervisors and staff are encouraged to improve their casework practices as recommended in the QSPR findings which include engaging families, making better assessments of families and inclusion of fathers in service deliver. Supervisors assign cases after assessing the worker's strengths and abilities. The counties will implement formal supervision held monthly to evaluate the worker's casework practice. The minimal acceptable standard is no less than twice a month on a consistent basis. New workers will receive more formalized training weekly. All workers have attended or are expected to attend SDM training. The Area Director is following each removal of foster children in each county to assure that we are following the practice model and SDM. The area continues to work as a family unit providing support to other counties and assisting with foster home placement which enables children to remain in close proximity to family and schools.

### **Assess and gather feedback from practice model implementation:**

- The Area Director has monitored in the entry of foster children in the last three months and has verified that fewer children are entering care by the agency practicing SDM. Both the QSPR and Meta-Analysis reports that the area has performed well in all areas of Safety, Permanency, and Well Being. The report states that the Area was largely successful in the realm of well-being. The area was successful at assessing and addressing the needs of families, visiting children receiving services as well as tending to the physical and dental health care needs. Our strengths have been with effective assessment and attending to the service needs of the families, caseworker visitation with children and meeting the children's needs. The report reflects that we are using best practice methods and strengthening it practices relating to safety, permanency and well-being.

### **Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- There is an open line of communication maintained in each County by attendance at MDT meeting held on a bi-weekly basis and CACD is always at the meetings and LLE attends. This has created an open communication between the different service providers and problems are resolved more timely and consistently. CACD is housed in several of the county offices in Area IV. There is an ongoing dialogue with them and our investigative unit completes health and safety assessments on a daily basis with CACD. The area continues to have a good working relationship with CACD with few complaints and those are worked through easily within the area. Each county supervisor continues to strive to continue the good working relationships with have with LE. The investigative unit staff responds quickly when called out after hours and LE assists with our investigations and removals when necessary.

**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:**

- All seasoned case workers have attended SDM training and encouragement of this practice is supported by the supervisors. Staff is encouraged to provide preventive services in the home and utilize protection plans when it is appropriate for children to remain their homes safely. The investigative supervisors and county supervisors are applying a team approach to assure that if services can be provided in the home and children remain safely at home, it occurs. The Area Director reviews reports with the supervisors monthly which reveal the number of days children are in care, their goal and progress of families. Permanency for children is recommended and supported by the Area Director to the supervisor monthly.
- Each county puts forth every effort to assess and contact relatives or family members that have an active role in the life of the child. The Resource unit is on call 24 hours a day, seven days a week to assist with in home consultations and assessments for provisional homes to facilitate relative placement for children

**Evaluate training partnership and professional development:**

- Area IV continues to have a great working relationship with our IVE partnership. They provide mentoring and assistance to our new workers weekly and also to our new supervisors. The IVE partners also assist us with our yearly foster parent conference and also with our quarterly trainings. They are currently working with us on a recent Stipend student selection in Area IV.

**Improved well-being and stability of children in foster care:**

- QSPR reported that Area IV was largely successful in the realm of well-being. In fact, the Area's scores on the measures pertaining to wellbeing are some of the highest recorded in the state since the inception of the Service Quality and Practice Improvement unit in 2009. However, in regard to stability the area does not have enough foster homes to assure that all of our foster children remain in close proximity to their families and schools. We are not also always able to keep siblings together due to the inadequate number of foster homes. The agency plans to hold a planning meeting in May with supervisors with tasks for each county to follow in regard to recruitment. We will also be partnering with Water Springs Ranch who will be accepting our foster children locally within the area. The AD is also attempting to arrange to meet with another Group home to inquire about a shelter for our children. The CALL has started in three of our counties and we are working to start the CALL in Miller County.

**Working relationship that are effective and ensure safety of children:**

- Visiting with Parents and Siblings in Foster Care – Area 4 was also successful at providing foster children with ample visitations with their parents and siblings. Caseworkers put forth adequate efforts to ensure sufficiently frequent visitation between foster children and their birth families in all but one of the applicable cases, a 22 percentage point improvement in performance since the 2013 QSPR. Each county office continues to have a Program Assistant assigned to assure that sibling and parent visits occur each month. They are also responsible for assuring that these visits are keyed into

CHRIS each month. The Area Director also has each office to complete a Separated Sibling Report which is monitored closed to assure that the siblings receive the required visits each month.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- *Our QSPR reflected that we were successful in reserving Important Connections* – Caseworkers successfully worked to preserve foster children’s bonds with their neighborhoods, communities, extended families, faith, schools, friends and other significant associations in all of the applicable cases. The Area’s performance improved by 15 percentage points on this measure from the last review.
- *Relative Placement* – Best practice dictates that relatives are the preferred placement option for children who cannot safely remain with their parents. Placing children with relatives supports and promotes their connections with family. Caseworkers sufficiently worked to identify, locate and evaluate potential relative placements and place foster children in those homes when appropriate in all of the applicable cases, representing a 30 percentage point increase in performance since the SFY 2013 QSPR. The Area Director requires that before any removals occur now that they removing supervisor contact OPLS and the Area Director when possible to discuss preventive measures that could occur and to assure that we have practiced SDM.

**Improved assessment of family’s needs and access to services to safely maintain children in their own home:**

- *The Area’s QSPR revealed that the area was successful in Assessing and addressing risk and safety concerns* –Staff in Area 4 successfully assessed and addressed risk and safety concerns for children in all but one of the reviewed cases, which is consistent with the Area’s performance during the SFY 2013 QSPR. This was completed by assuring that investigations were initiated timely for Priority 1s and 2s each month. In regard to well-being, we made our home visits each month over 90% of the time which ensures safety. Area 4 was largely successful in the realm of well-being. In fact, the Area’s scores on the measures pertaining to well-being are some of the highest recorded in the state since the inception of the Service Quality and Practice Improvement Unit in 2009. During the twelve-month review period, caseworkers in Area 4 were particularly successful at assessing and addressing the needs of families, visiting children receiving services as well as tending to their physical and dental health care needs. No areas of practice related to well-being raised significant concerns during the review

**Effective messaging for community and stakeholders understanding of DCFS role:**

- The counties continue to maintain working relationship with community stakeholders and other connections to provide services prior to looking at any removal of a child. The Supervisors continue to serve on the CASSP, SOC, MDT, and local community councils. The supervisors and the community organizations and interagency divisions work together to provide services to the family and prevent foster care. The SOC and wrap plans have enabled DCFS to assist families with hard services through their funding program. IFS and in home service contractors have also assisted in prevention of foster care.

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- The supervisors in each county continue to have their Judge's luncheons where they address issues and problems. This has been successful in most counties and has improved our working relationships. If there are any other issues, the Area Director meets with the Judge and addresses any issues or concerns.

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Area IV supervisors are incorporating this in their selective county to address worker appreciation monthly, i.e.-birthday clubs and worker of the month recognition. Our Area supervisor's learning circle is also working on this item and scheduling a worker appreciation training/celebration for September 2014. We are also planning a similar event for the Supervisor Appreciation event with our IVE partners.

**Data reports available to accurately identify resources in local communities:**

- The Area Director has requested and hosted guest speakers at Area Meetings each month regarding resources needs and service gaps. This has included mental health, FASD Specialist, PRT, etc. The supervisors review all policy and CHRIS reports monthly. The supervisors provide the AD with their needs in area meeting and in their monthly report which is then forwarded to central office. Reports are already provided and implemented to address the improvement of practice model. Such reports as 120 day; COR; case plan; Supervisor Box within CHRIS system to allow review of narratives being written. The Area Director and all supervisors review numerous daily through CHRIS Net Reports that assist them with case management. Reports indicate how long a child has been in care, frequency of visits, if there is a current case plan in effect, permanency planning goal, and number of children with TPR and ready to adopt. These reports are all beneficial in managing the counties and area.

**Accessible, available and quality services to meet the needs of families at the local level:**

- The counties are each responsible to utilize the state contracts that serve their counties. They also utilize SOC and wrap plans to assure that the community supports families. The counties also utilize interdivisional staffings to assure that all divisions support their families. Each supervisor is responsible resolving their families needs in each county and collaborate within their county to assure that service delivery is timely and sufficient to meet the client's needs.

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- The primary challenge facing the Area is that of providing children in foster care with stable accommodations. There is a significant shortage of foster home beds in Area 4, approximately only one foster home bed for every two foster children in the Area (during FFY 2013). This results in the use of temporary placements as well as unplanned placement changes, which can cause additional trauma to foster children and negatively impact permanency. The shortage of placement resources also prevented the Agency

from placing some of the sibling groups together in the reviewed cases during the twelve-month period under review.

- Area 4 must work to recruit and retain a sufficient number of placement settings capable of meeting the needs of the children it serves. To this end, it is recommended that the Area develop and implement a Practice Improvement Plan (PIP) with strategies for establishing and maintaining quality foster homes as well as for providing foster children with stable accommodations and placement with their siblings. In addition to the QSPR, the Area's meta-analysis should be used in the development of the PIP. Area leadership should then use the Division's management reports, including the Compliance Outcome Report (COR), to monitor the effectiveness of its strategies and interventions throughout the year. The Area has set a PIP planning date for 4-29-14 with all supervisors to begin planning for recruitment. We are also opening a new provider, Water Springs Ranch, who will begin to take our sibling groups in Area IV which should improve our ability to keep siblings together.

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- The Area Supervisors continue to assess CHRIS reports and provide feedback to the AD in their monthly report. We discuss policy and reports in Area Meeting monthly.

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- Cases are reviewed quarterly and sometimes daily depending on circumstances in each County. The areas of weakness are discussed with the FSWs and through the goals listed on PIP the staff is constantly reminded of the importance to have both of these areas always in compliance. There has been marked improvement in visitation and the workers are bringing all of the case plans into compliance. Area IV has continued to improve their percentages in most COR elements and had the highest percentage of foster and protective service visits, the area continues to increase their percentages in foster care and family visits. The 120 reporting provides them with the method to monitor and assure that all visits are completed.
- Supervisors are reviewing narrative to assure that visits address case planning, health and safety, and permanency. Supervisors are providing protected time for staff to assure that documentation is current. Area Director has encouraged management of cases to assure that all caseloads are equal and providing of assistance from other counties to assure that all visits are made and staff feels supported when there are vacancies.

**AREA 5 DIRECTOR-JANIS MATLOCK**

**Practice model change strategy implemented statewide:**

- Area 5 strives to maintain children in their own home by assessing the safety of the children and working with the family to offer services during the investigation. Staff uses their community providers, WRAP, IFS services, etc. at the front end. Staff have worked hard to be family focused, ensuring the safety of children, and working to maintain children with parents and if that is not possible, to locate appropriate family members. We have placed a large number of children with relatives shortly after the child

being placed in foster care. We have also located fathers more frequently and had them involved in both foster care and protective services cases. We are using SDM and protection plans which help to keep children in the home.

Area V goals are to see every child, every family member, at least once per month and that each home visit be meaningful, as in addressing the case plan goals and in assessment of any new needs or concerns; staff will take the time to truly assess the situation from all levels in order to help the family find a way to get beyond the emergency issues and to the point of being able to address the root of the problems with workable solutions; better care for our foster children, as in seeing each one monthly and maintaining weekly phone contact with those placed outside of the county; ensuring (services) counseling is in place, dental and physical wellbeing is addressed and that all possible needs have been given to address educational needs

- Staff is improving documenting in CHRIS in a timely manner so that it will accurately reflect the hard work of staff and the actual “facts” of the case.

**Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- Meetings with CACD, MDT’S, local police departments, Drug Task force, and probation services within the last year to discuss each other’s roles & policies and how each department can assist one another in achieving the goals of child safety & family preservation. It has helped that each agencies duties are outlined very clearly.
- Also through learning circles meetings and implementing the DEC model with law enforcement.

**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:**

- By using the 14 point risk assessment/safety factors on each visit either in investigations or PS cases to ensure the children's safety.
- Completing the Initial Risk Assessment and SDM.
- Staff meets directly with family members to use the FSNRA tool in order to assess the needs of the family.

**Evaluate training partnership and professional development:**

- Meet monthly (as needed) with University partners regarding training.

**Improved outcomes for children and families; decreased removal from home:**

- Through SDM training and the risk assessment, our area staff is putting protection plans in place to maintain the children in their home.
- The implementation of IFS services (not available in all of my counties) and WRAP services has aided the ability to leave children in the home and to return them quicker. Also, the ability to pay for services, i.e. utilities, and rent has been somewhat streamlined- created a quicker delivery of help so that children can remain in the home. Ensuring the safety of the child by working more closely with the families, referring families for available contract services, and providing in home services such as housekeeping and parenting classes.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- Through SDM training and the risk assessment, our area staff is putting protection plans in place to maintain the children in their home.
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**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Putting adoption workers back under the Area Directors in order to have all staff working as team players to get adoption packets updated, adoption applicants processed more timely, and in the system so that the matching system can actually be completed so families can be identified.
- Staff obtains history on children to provide a complete disclosure packet to adoption specialist at time that child goal changes to adoption.
- Training staff in policy as to what the FSW should be doing to get all documents to adoptions early in the process, thus allowing adoptions to move as quickly as possible without back tracking.

**Improved outcomes for youth in foster care:**

- Completion of educational goals and workable plans to support themselves.
- Having a support system seems to be a key in success for our youth. Staff works hard to find a support system for our kids.
- Staff utilizes the transitional services & life plan tools in order to help youth transition as smoothly as possible to adulthood.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- Development of the CALL in some counties has helped involve more people and give more positive attitude toward the agency.

- Staff attend meetings with local organizations & other service providers to educate about DCFS

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- This continues to be improving due to changes in policy and in law.
- Most judges have quarterly meetings where any issues are discussed and new policies are given, in regard to drug screens, case plans, etc.
- Judge also hosted meeting between DCFS and juvenile probation.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- Continued trainings are guiding the change of the mindset to reflect the process.

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Treat staff with respect, and assist when they are overwhelmed, Staff is complimented for achievements regularly to include being recognized in a group. Treat staff with respect, and assist when they are overwhelmed, Staff is complimented for achievements regularly to include being recognized in a group

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- Completion of educational goals and workable plans to support themselves.
- Having a support system seems to be a key in success for our youth. Staff works hard to find a support system for our kids.
- Staff utilizes the transitional services & life plan tools in order to help youth transition as smoothly as possible to adulthood. Opening of more CALL homes

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- Opening of more CALL homes

**AREA 6 DIRECTOR-MILTON GRAHAM**

**Practice model change strategy implemented statewide:**

- DCFS Staff has continued to utilize the Practice Model as a guide while working with families to ensure that we continue to adhere to our Practice Model goals and practices.

**Assess and gather feedback from practice model implementation:**

- DCFS Staff report that the Practice Model assists them in ensuring their clients' needs are addressed and met through the practical application and implementation of services to improve and empower the quality of the lives of families.

**Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- DCFS Staff has continued communicating with CACD when requiring information on cases opened from CACD reports and from current cases open with new reports in which CACD is investigating through active participation in (MDT) Multi Discipline Team meetings. Staff had LLE to attend the Child Abuse Prevention celebration and attended training at CCMJ with LLE to improve outcomes for children regarding drug use/abuse.

**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:**

- Since beginning the implementation of the new safety/protection plan, this allows families to remain together; this allows families to focus more on problem solving and coming up with solutions collaborating with DCFS, versus removing the child and tarnishing the relationship the family has/had. More positive outcomes have happened. Families are more willing to work with DCFS workers knowing their children are remaining in the home and we are there to assist with any services they may need. DCFS staff recognizes that this strategy will not work with all families. However the fact that more training through SDM and now TDM has/is being provided is instrumental in achieving this

**Evaluate training partnership and professional development:**

- Training offered at Staff Development and MidSouth provide for the needs of the staff. Classes are added as needed/requested of staff. Some of the trainings can be conducted at the county offices. Area Director meets quarterly with University Partnerships to receive and provide feedback for a better collaboration. The results of these meetings have produced a more effective cohesive professional development partnership for DCFS Staff and Resource Families.

**Improved well-being and stability of children in foster care:**

- Staff uses the practice model while making home and placement visits with the children in foster care. Foster parents' homes are checked for the well-being of children as well as determining if siblings can be placed with them. Foster parents are informed at the time of placement the reasons that will qualify for a child to be removed from their home. When foster parents desire children to be removed, a staffing is scheduled to discuss ways in which the agency can assist to try to salvage the placement. The FSW goal is to visit each child in their foster care placement on a monthly basis to ensure and assess safety, wellbeing and placement stability.

**Policy supports and is user friendly:**

- Policy updates are sent to all DCFS with explanation of changes. DCFS Staff is able to access policy through CHRIS Net as well as from Share. Staff is able to input a key word to locate, which enables it to be more user friendly while searching. Central office support staff effectively communicates policy updates and changes via emails and staff meetings.

**Working relationship that are effective and ensure safety of children:**

- DCFS Staff utilize the practice model while working with clients and professionals to improve our relationship with clients as well as other professionals in an effort to ensure that we are consistent with our messaging and services provided to ensure the safety of children. This is also used while working with one another to implement a parallel process which is intended to produce a positive impact and continuity of services rendered. FSWS communicates with foster parents regarding medical appointments, school issues, and visitation arrangements. We all work together to show consistency and teamwork. When assessments and the service unit work together, we ensure that the children that are left in the home remain safe.

**Improved outcomes for children and families; decreased removal from home:**

- DCFS Staff have been trained on Structured Decision Making. Applying the principles and practices learned during SDM Training by staff has produced a more universal determination of safety factors noted that raise the concern to cause the removal of children from their homes. FSWS assess the family needs and make timely referral for services identified by the family and case worker. FSWS make weekly visits to the home to assess safety on protective services cases.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- Training has been provided on what is a good, appropriate safety plan that is time limited, and that can be monitored for compliance and includes all of those that will be involved in the plan. FSWS are required to make weekly visits in the home and monitor protection plans that are put in place.

**Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- DCFS Staff continually assess the family while making regular home visits. Supervisors are continually working with staff to improve the assessment process. FSWS are immediately assigned to open protective services cases and are required to meet with the family within five days to assess for safety and identify services needed to maintain the children in the home. The implementation of (D.R.) Differential Response is a work in progress however we continue to develop the policies and practices. This initiative is a proactive mechanism that aides DCFS in improved assessment of the family's needs and access to services to safely maintain children in their own home.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Adoptions have been finalized more timely during this period. More relatives are being considered on the front end allowing for fewer disruptions and better matches for children thereby increasing better permanency outcomes.

**Improved outcomes for youth in foster care:**

- NYTD is be used to help with determining if outcomes have been successful and how to work with youth for better outcomes in the future. DCFS Staff have been informed to

improve the quality of their monitoring Transitional Living Services for teen foster youth and ensure juveniles are receiving appropriate services. DCFS Staff are considering the service needs during each placement visit so that they are addressing these concerns during visits. Life Plans are being developed with the juveniles and those invited by the juvenile

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- DCFS Staff are made aware of QSPR results and included in the measuring process so that they can improve for the future. The Area Director reviews the QPR and QSPR results with county supervisors and discuss the implications and impact of the statistics as they relate to quality casework practice with children and families.

**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:**

- DCFS Staff are including in the measurement process so that they can better indicate where the areas have been documented. Supervisors attend meeting to go over results to see where we need to improve and measure our successes with respect to the state and national averages. This is brought back to staff so that they can see where we need to improve as well as see the acknowledgement of our successes. FSWS actively participate in scheduled QSPR.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- Several work groups have been started from the Supervisor Strategic Planning that has allowed the agency to better message to the community and stakeholders DCFS role and where we are heading. The community and stakeholders have been involved in several of these initiatives that have been developed as a result of the direction the agency is heading.

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- DCFS Staff attend the Judicial Leadership meetings in 10<sup>th</sup> Division. We are able to discuss what is noted to allow better outcomes. Zero To Three Court Team Project involves several community stake holders that provide an ongoing collaboration between the courts, DCFS, and the community to improve outcomes for children and families.

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- There have been several training opportunities to improve our case work process. This includes training in specific areas of concern for our clients such as training on drug endangered children, sexual abuse issues, mental health issues, trauma impact, etc. The trainings are developed with our client population being considered. Area VI recently partnered with U.A.L.R. Mid-South to develop and provide training for our staff to equip them to work with the L.B.G.T (Lesbian Bisexual Gay Transgender) foster and adoptive families.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- DCFS Staff have also been trained to participate in the (M.P.C.W.I.C), Mountains and Plains Child Welfare Implementation Center now better known as AR C.I.R.C.L.E.S. Caring Informed through Results Competent Leadership and Empowerment Supervision. DCFS Staff continue to utilize Permanency Roundtable training to provide better permanency outcomes for foster children that have been in foster care more than 18 months without achieving permanency. DCFS has implemented an area education day in which the DCFS Director has come to each area to share and to listen to frontline DCFS, Staff and supervisors

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Although this statement says statewide, everyone still needs to complete. Supervisors have been using the Supervisory Practice Model in efforts to decrease turnover, recruit the right staff and recognize good work. This has been ongoing and worker specific, since each worker is different. The Realistic Job Video is now being used so that potential DCFS Staff are able to truly see what the job entails. There were several people that had applied for the position that changed their minds about interviewing for the position after reviewing the video several times. Supervisors are putting in specific plans for staff to allow personal improvement to prevent turnover

**Data reports available to accurately identify resources in local communities:**

- NOW workgroup is working on identifying resources and putting it in a centralized data base that can be pulled by the local community area. Staff has been developing their own resource lists. These will be added into the data base and maintained by providers. Supervisors develop monthly report that discusses service gaps and efforts to get community involvement to address those gaps. SW has partnered with a local church to address some of the gaps with the local church providing for those needs. One of this includes getting volunteer drivers

**Accessible, available and quality services to meet the needs of families at the local level:**

- NOW workgroup is working on identifying resources and putting it in a centralized data base that can be pulled by the local community area. DCFS Staff have been developing their own resource lists. These will be added into the data base and maintained by providers

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- DCFS Staff work together with resource workers to determine the best fit home for foster children. DCFS Staff are always looking for homes to place the sibling groups together. A report is generated monthly as to the efforts. This allows the need to always be in the forefront of worker's mind and to seek the appropriate placement through communication with foster parents as well as recruiting possible foster homes that can accommodate the need

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- During the Child Abuse Prevention Month celebration, current foster parents attended the celebration and were able to speak with those that wanted to become foster parents. This allowed for an opportunity to develop relationships. There is a monthly foster parent association meeting in which foster families and DCFS representatives can get together and determine needs. This is also an opportunity to allow new foster parents to meet with and work with seasoned foster parents and develop a peer mentoring relationship. SW met with a local church group that is seeking to assist the agency to include finding foster homes. When they met, they were able to discuss the specialized needs of the children entering foster care so that the right foster parents can be recruited and they would be there to support one another.

**Effective QA process in place that includes various strategies:**

- Supervisors perform 100% Supervisory Review of cases each month and staff with FSWS to improve case work services and better outcomes for children and families

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- Supervisors utilize the reports on CHRIS net, such as 120 day visits, and supervisory review tool to determine how well we are working with families to improve our practice with families. These reports are ensuring that we are making the needed visits and discussing the issues that will lead to timely outcomes benefiting our families. The reports are used to also develop better strategies to improve our practice so that we are better engaging our families to allow/lead to the desired outcomes.

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- The CHRIS system is a tool in which we utilize to access information from workers, and it is also a tool in which we utilize to determine if there is a need to improve on ways we meet with our clients. Documentation has greatly improved since we have implemented the team work and more meetings to discuss ways of improving how we talk to clients, etc.

**Survey results are utilized to make changes in practices and integrates within the QSPR process for continuous quality improvement and customer satisfaction:**

- Quality Assurance Manager with Hornby Zeller Associates, Inc. provides data and survey results to the Area Director after QSPR has been conducted in the area. An informal call from the QA Manager is made to the Area Director to discuss preliminary results. Later a meeting formal meeting with central office executive staff along with area supervisors and area director is held to discuss the results.

## **AREA 7 DIRECTOR-ANGELA NEWCOMB**

### **Practice model change strategy implemented statewide:**

- There are monthly supervisor meetings in which we discuss if best case practice is being followed in the area and how CHRIS net reports are being utilized in each county. There are quarterly judge's meetings, monthly System of Care meetings, quarterly meetings with local community mental health provider, and monthly county staff meetings by each county supervisor taking place in Area VII. There have also been Area VII staff trainings to ensure that appropriate information and trainings are being given to field staff. Learning Circles are also in place for Area VII Supervisors and some of the counties in Area VII. This also helps in strengthening the practice model goals that we follow.

### **Assess and gather feedback from practice model implementation:**

- This information is received during monthly meetings with county supervisors and monitoring their monthly reports along with CHRIS net reports for each county and the Area as a whole and sent up in monthly reports.

### **Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- Use of MDT meetings and having constant contact with supervisors and staff of those agencies.

### **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:**

- Staff are utilizing more of the information obtained from the structured decision making process and also staffing with supervisor's more frequently on child abuse/neglect investigations, which in turn can help them assess the needs of the family more appropriately and start services.

### **Evaluate training partnership and professional development:**

- Our UAPB partnership provides support to our field staff by mentoring and also through training activities. They also complete advanced practice with new supervisors or other employees when needed in specific areas.
- Professional Development has also started providing specific trainings for Supervisor's in Area VII and also for field staff. Evaluations are completed at the end of each of the trainings given. The types of trainings are being given based upon the needs that staff have addressed as being a training need. Mid South also continues to provide continuing education hours, new worker training, and new supervisor training.

### **Improved well-being and stability of children in foster care:**

- The Area came close to meeting the national standard for placement stability for children in care less than 12 months (82 percent). Area VII improved its performance at placing children with relatives when appropriate, now meeting the standard.

**Policy supports and is user friendly:**

- DCFS policy supports the goal to ensure that the most appropriate services are provided to children and families in a consistent manner that leads to positive outcomes.

**Working relationship that are effective and ensure safety of children:**

- Area VII is continuously working on building their relationship with community providers that provide services to both our families and our children.

**Improved outcomes for children and families; decreased removal from home:**

- The Area exhibited relatively sound practices with regard to providing preventive services to families to safely maintain children in their homes as well as assessing and addressing risk and safety concerns for children involved with the Division.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- Staff are utilizing more of the information obtained from the structured decision making process and also staffing with supervisor's more frequently on child abuse/neglect investigations, which in turn can help them assess the needs of the family more appropriately and start services.

**Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- Caseworkers in Area 7 grappled with accurately assessing and addressing the needs of children and families, involving them in decision-making and case planning, and providing parents with frequent, substantive contact in protective service cases.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Ensuring appropriate and correct characteristics of adoptive children into the matching system has helped to ensure that appropriate matching is being completed for children with adoptive families. This in turn can decrease adoptive disruptions.

**Improved outcomes for youth in foster care:**

- This is an ongoing in Area VII

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- QSPR is completed and then supervisor's are given copies of the findings and gone over with them

**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:**

- QSPR report/findings are gone over with supervisors in the Area and the Area Director to ensure that the division is able to continually improve services and support and families achieve positive outcomes.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- These are completed in quarterly meetings with local community mental health centers, court meetings, and throughout the year by county staff and supervisor's being involved in child abuse awareness activities in their counties.

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- This is done by being involved in quarterly court meetings and in Jefferson County, Area Director and Supervisor has had more contact with the Judge in regards of changes being put into place.

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- Training is ongoing in Area VII and aligns with practice model case work process.

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- More staff mentoring being done by supervisors, use of the realistic job preview video being used, and talking with staff about training needs.

**Data reports available to accurately identify resources in local communities:**

- There is some information in CHRIS and the United Way website

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- Area VII continues to look at family members to improve the stability of placements and decrease sibling separations. Group home living for older youth is still having to be utilized.

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- Ongoing process by more informational foster home inquiry meetings and through the CALL program in Jefferson and Lonoke County.

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- CHRIS net reports can be utilized. If inaccurate information is seen, supervisors notify the CHRIS support. QSPR reports are also utilized.

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- CHRIS net reports are used.

**Training system include training on how to access reports and understand the data including the analysis of the data:**

- Area Director has gone over the CHRIS net reports that should be reviewed weekly to monitor progress with supervisors. COR reports have also been gone over with the supervisors on how data is gathered as it relates to COR.

### **AREA 8 DIRECTOR-SUZANN HENRY**

#### **Practice model change strategy implemented statewide:**

- SDM has been a huge influence on all the counties in Area 8 in assessing whether children can safely remain with their families. Most of the staff have been through SDM Training so FSW's and Supervisors have gotten in the habit of looking at the 14 Health and Safety Factors when determining whether to remove children from the home or not. Area 8 has focused on placing children with relatives or other adults by increasing our provisional and fictive kin homes so that children can remain with family in their current schools and communities. Workers question parents when children are removed or by the Probable Cause Hearing, if there is family or someone that has been a significant person in the child's life to pursue provisional or fictive kin placements. The Resource Unit makes it a top priority to get these identified homes opened asap. Many of these homes have led to permanent placements either by custody or adoption, if the children are unable to return to their parents. Area 8 has an excellent Transitional Youth Coordinator that works closely with our Youth. We have consistently increased in the number of youth completing high school and going on to college or vocational training each year. Our TY Coordinator does four workshops each month throughout the area to ensure that our youth are able to participate in the IL Program.

#### **Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- MDT meetings are held at least monthly and this gives us the opportunity to work with CACD, CAC and LLE. We have worked to educate CACD on SDM Health and Safety Factors. Staff has started questioning CACD when they ask for a safety assessment as to what health and safety factor they are concerned about. They did not like this at first because they were used to contacting us for random safety assessments even when it did not appear to need one. They have to put more thought and obtain specific information from the families before asking us to do a safety assessment. Also making CACD and DCFS staff knowledgeable of the agreement between the two agencies has helped us to work together in assessing safety of children instead of each of us doing things separate from each other. This has been a big adjustment in some of our counties but it appears that we are getting more requests for safety assessments that are really needed.

#### **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:**

- Seven out of nine of our counties in Area 8 have maintained manageable caseloads throughout the past year. We are fortunate to have experienced and skilled supervisors in these counties that are able to model best practice with their staff. They are able to focus on providing preventative services to increase the number of children that are able to remain in their homes. It makes a significant difference when counties can change their focus to preventative as opposed to foster care services. Craighead and Greene Counties

have the highest number of foster children in our area. We tend to assign our best staff to the foster care units in these counties due to the requirements of the court. PA's are pulled to assist in the numerous court ordered visitations instead of being able to work in home cases. Also there has continually been staff turnover in these counties. IFS is used a lot in Greene County, which has helped us to keep some children from entering foster care. Also we refer children for Wrap Around services through our local mental health.

**Evaluate training partnership and professional development:**

- We have excellent Field Trainers through the ASU IVE Partnership. They work very closely with new workers to teach and mentor best practice. All four of the ASU trainers have previously been FSW's which helps them to relate with the new worker they are assigned. They go out in the field with the workers to encourage and support them as well as assist them in their office duties. Field Trainers also meet with the supervisors on a regular basis or as needed. They have been able to make the supervisors aware of some issues that have occurred with new workers and they have met together to work through these issues. ASU Partnership provides training for Staff Education Day as well as Area 8 Supervisor Conference. Area Director meets with the ASU Partnership monthly to discuss issues and training needs within the area. Karen Fullen has worked with several of the supervisors through APE. This has been very helpful and actually led to a very positive change in one particular supervisor that was struggling. She is now considered one of my most solid supervisors in the area. I think the APE helped her to make the necessary changes and encouraged growth so that she could become a better supervisor. Karen was able to give this supervisor the one on one attention that was crucial in helping her to reach her full potential as a supervisor.

**Improved well-being and stability of children in foster care:**

- Following is the synopsis of Area 8's QSPR
- Area 8 was successful with regard to assessing and addressing the physical and dental health needs of children involved with the Division and effectively ensuring the provision of appropriate services in all but one of the reviewed cases during the QSPR. The Area did equally as well at attending to the mental and behavioral health needs of children, successfully assessing need and providing fitting services to address those needs in all but one of the applicable cases.
- Educational Needs of Children – Area 8 also excelled at identifying the educational needs of children and providing appropriate services to address their identified needs. Suitable efforts were made to assess and address educational need in all of the applicable cases, a slight improvement from SFY 2013 and the second consecutive year with gains. Several of the judges in our area court order that children cannot be moved to another school without prior approval from the judge. Staff has transported children back and forth to their current school when they have been placed out of county to maintain some stability in their lives.
- Area 8 has a strong Health Services Unit that works closely with staff and foster parents to ensure that children's medical, dental, psychological and educational needs are met. Several of the judges insist that copies of the PACE exam be entered into the record and will question workers as to what services are being offered to the child. HSW's ensure

that children entering foster care have a mental health assessment according to policy and recommendations are followed regarding referrals for ongoing counseling.

- As previously stated Area 8 puts much emphasis on opening provisional and fictive homes whenever possible. Although we continue to have increased numbers of children in foster care, it appears that our placements have become more stable due to the increased number of provisional placements being made. Also the number of foster homes in Craighead County has increased significantly this past year so we are able to keep more children closer even when relatives are not an option. Stability is still something that we must continue to work on especially for children with significant behavior and mental health issues. It is difficult to get these children placed in TFC homes or residential facilities in our area and most have to be moved many times before it rises to the level of being approved for one of these placements due to Medicaid requirements.

**Policy supports and is user friendly:**

- Policy is on line and easily accessible to staff. This is much better than trying to keep a policy manual updated. Central Office Policy Manager is very good to make staff aware of any policy changes or updates through email notification. Development of the on line Supervisor Handbook has also been very useful. Supervisors refer to the handbook especially when hiring staff.

**Working relationship that are effective and ensure safety of children:**

- Area 8 staff works closely with CACD, local law enforcement, school personnel and mental health services within each community to ensure safety of children. A significant number of our maltreatment referrals come from them so we have established relationships through working with numerous cases together.

**Improved outcomes for children and families; decreased removal from home:**

- We still have much room for improvement in this area.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- SDM has been some of the best training we have received throughout my career with DCFS. It gives staff the knowledge and skills to assess risk/safety. We used Protection Plans more in the past and then slowed down due to a period of time we were required to have them court ordered. Some staff struggle with developing appropriate Protection Plans. Three counties in Area 8 are pilot counties for Team Decision Making so I think that will be very helpful in encouraging staff to use protection plans which should increase children remaining in their homes and less children entering foster care.

**Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- Differential Response has helped staff to improve their assessment of family's needs and become more aware of services available in their communities. Field trainers work closely with new staff to teach them assessment skills. It has become apparent that some staff do a really good job of engaging families and referring them for needed services and

there are staff that struggle with it. The current FSNRA is beneficial, if staff use it appropriately to obtain information from the family. Area 8 has counties that will pilot CANS so I am hopeful that this will be a tool that will assist our staff in making improvements in this area.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Area 8 has consistently kept our adoption finalizations steady over the past year. Adoption supervisor and specialists meet monthly to discuss progress toward placing children with TPR for adoption. Adoption Specialists are required to have certain tasks completed and this gives the supervisor an opportunity to determine progress toward permanency at least monthly for each child with a goal of adoption. Our Resource Unit opens foster and adoptive homes and keeps their reevaluations up to date. Adoption Specialists pull a matching list when looking for an adoptive family for a child and tries to make the best possible placement based on the list of matching families. The Resource Unit is required to send adoption home studies to Central Office Adoptions whenever an adoptive home is opened. We typically open foster homes for adoption services at the same time so children being adopted by their current foster parents can be finalized much quicker. All of this is done by the same Resource Specialist. We have become aware of several possible disruptions during the past year. An adoption specialist met with the family, hopefully before it comes to the point of disrupting so we can give the family information to obtain services on their own and the child can remain in their custody even if they have to go into a treatment facility.

**Improved outcomes for youth in foster care:**

- Area 8 has one TYS Coordinator for the area but she does an excellent job with our youth. The number of children remaining in foster care has continued to increase. Counties are doing regular Transitional Staffings with their youth and have become more skilled in doing them. The judges want to know that a Transitional Staffing has been held especially before releasing a child from foster care. Our youth are educated through staff, foster parents and community providers as to the services that are available to them if they remain in foster care past the age of 18. TY Supervisor Christy Kisse puts together a packet for children in Sharp County, who are aging out of foster care. I have advised the other counties to let Christy know when they also have children aging out of care and she will assist them in getting a packet put together for the youth. Our TY Coordinator does a monthly workshop at Consolidated Youth Services for any child placed in that facility to receive TY Services. She also goes to a foster home each month that keeps teenage girls and does a workshop with them. She sets up her workshops to give the most number of children the opportunity to attend.

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- QSPR was held in Area 8 but we have not met with Executive Staff to discuss the results. Greg Moore sent his report for me to review but it has not been reviewed with the supervisors at this time.

**Effective messaging for community and stakeholders understanding of DCFS role:**

- MDT, CCC/CASSP Meetings, staff assisted with training CASA volunteers, Judges Meetings, local mental health providers, participating in foster parent trainings, speaking engagements with schools. This has been important especially informing the community about Differential Response.

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- Meetings have been held with Judges in Clay, Craighead, Fulton, Greene, Mississippi and Izard Counties over the past year. There does not appear to be any issues in Lawrence, Randolph and Sharp Counties but the judge would let OPLS attorney know if there was anything that needed to be addressed. Some counties invite parent counsel and AAL's to their court preps, when appropriate. Several counties set staffing days when AAL and Parent Counsel's schedule allows them to be present. This makes for long days but seems to be helpful in order to get all the parties to the staffing.

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- We work closely with Mid-South Training Academy and the IVE Partnership to train new FSW's and Supervisors. The trainers and field trainers effectively support the education of child welfare policy, procedures and best practice. Most of our new workers are trained at the Jonesboro Mid-South Academy and their trainer is a previous FSW from our area. She is very knowledgeable of child welfare policy, procedures and best practice. We are also fortunate to have field trainers that have worked for DCFS. The new workers have to attend the new worker group led by the partnership throughout their first year of employment. If they miss a session, they are required to make it up even if it is after their year has ended.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- Monthly meetings with the IVE Partnership to update them as to any changes in policy or procedures. County supervisors have regular meetings with the staff in their counties to advise them of new initiatives. Area Director has monthly meetings with county supervisors in my area to discuss new initiatives, policies and procedures within the agency.

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Area 8 has Staff Education Day a couple of times a year and supervisors do things to recognize their staff. Also Supervisor Kim Sexton and AD Henry were on the Staff Recognition Workgroup. We try to take the ideas obtained from this workgroup and put them into practice, however, I realize this is an area that we need to continue to improve. The FSW Recruitment Video has been a very beneficial tool in recruiting staff. Staff and ASU field students assigned to DCFS have participated in Career Fairs at ASU as well as speaking engagements in the Social Work Department at ASU.

**Data reports available to accurately identify resources in local communities:**

- CCC/CASSP provides information at their quarterly meetings regarding resources available in the local communities.

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- CALL in Craighead County and now Christians for Kids has done a lot of recruitment in Craighead and Greene Counties. We have increased the number of foster homes in Craighead County but still need more specialized homes. Also opening provisional foster homes has helped to improve stability of placements and allow siblings to be placed together. When a new foster home is opened the county looks to see if we can get a sibling group together or children closer to their home county. We have some homes that will take our teenagers but certainly do not have enough. Strategic Recruitment Initiative should help us recruit homes that will take sibling groups and teenagers. Most of our older youth are placed in foster homes first but if they do not do well in these homes then we have no choice but to pursue group home placements.

**Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families including peer mentoring:**

- We have a foster parent that is an RN that takes our medically needy children and she has recruited a couple of other medical personnel that have become foster parents for medically needy children. We have been able to keep more of our children with special needs in their communities as opposed to placing them in facilities. We have several counties with active Foster Parent Support Groups. Sometimes foster parents find out we are looking for placement and will get in touch with each other and actually call the worker letting them know they are able to take the child. We have several foster parents that do an excellent job of speaking on the panel at Foster Pride/Adopt Pride training. They give the new foster parents information about their support group and information to contact them if they have any questions.

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- Area Director reviews COR each month and encourages supervisors to meet with their staff to determine reason they received errors in certain elements. I try to review Investigation Initiations and have required the supervisors to provide a summary as to the reason a report was not initiated timely. Also close attention is paid to the 120 Day PS and FC Visit reports. I expect the supervisors to review these at least twice a month and meet regularly with their staff to make sure their monthly visits are being made and entered into CHRIS. I set up a procedure where all caseworkers would complete a Visit Log each month and provide an explanation as why a family or child had not been visited during the month. We did this for several months with good outcomes. However, the area began have staff shortages and several counties began helping each other out so it became difficult to monitor. We are in the process of hiring new staff and I hope to get the cases assigned back to their primary counties and put this procedure back into place very soon.

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- COR, 120 Visit Reports, Sibling Report, QSPR

**AREA 9 DIRECTOR CYNDI ROWLETT**

**Practice model change strategy implemented statewide:**

- Met with executive staff to discuss Area 9 QSPR/ CQI and strategy for practice model- March 26<sup>th</sup>

**Assess and gather feedback from practice model implementation:**

- Continue to have meetings with field staff on committees to incorporate field practice for input in developing practice models and policies.

**Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- DCFS staff continue to attend MDT meetings monthly with CACD and LLE. All counties report a good relationship with LLE and CACD.

**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:**

- We have utilized the 120 day report for FC visits and PS cases. Closely assessed PS cases to ensure services are being provided and closing out cases that families are doing well and children can remain safely in the home.
- All area staff have attended SDM training.
- Area Director has attended meetings regarding the implementation of the CANS tool.
- Counties are active in their local communities to bring awareness of the needs of the children and to establish resources for the families we serve.

**Evaluate training partnership and professional development:**

- Mentors from the partnerships work with the new workers for the first year of employment.
- Area Director meets quarterly with the partnerships for the Area- Philander Smith College and Harding University.

**Improved well-being and stability of children in foster care:**

- Area works diligently to place siblings together, close proximity to their home county to help maintain the stability of children in foster care.

**Policy supports and is user friendly;**

- Staff receives all policy updates

**Working relationship that are effective and ensure safety of children:**

- All counties have working relationships with community providers, LLE, CACD, Local Mental Health facilities. All counties attend MDT meetings monthly.

- Poinsett County is active in the regional Child Death Review Committee

**Improved outcomes for children and families; decreased removal from home:**

- SDM is being done by all front line workers and supervisors to ensure that children are safely remaining in the home when possible and removal of a child is only as needed if imminent danger is found.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- SDM is being done by all front line workers and supervisors to ensure that children are able to safely remain in the home. Counties are utilizing resources in the county and community to put services in place for families to ensure children can remain in the home and decrease the number of children entering foster care.

**Improved assessment of family’s needs and access to services to safely maintain children in their own home:**

- Area Director attends CANS meeting to work with the implementation of this in the state of Arkansas.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Staff use DATA matching for finding adoptive families for children. Services are put in place for families of adoptive children that may have issues arise after adoption has finalized, helping keep the family together and decreased adoptive disruptions

**Improved outcomes for youth in foster care**

- Continued monitoring with transitional plans, staffings that include all parties involved in the youth in foster care. Youth attend committee meetings, monthly ILP meetings, and YAB meetings

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- Met with executive staff regarding area QSPR.
- Local meetings with stakeholders to continue improving services provided to families in need.
- Meetings with Juvenile Judges to help with court productivity and improving services

**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:**

- Area met with executive staff regarding QSPR
- Supervisors will continue to work with QSPR implementing strategies to ensure services are provided to the families
- Area will continue to look and evaluate current strategies to improve practice and achieve positive outcomes.
- Area will continue to use COR and Chris Net reports to assess data improve services and achieve positive outcomes

**Effective messaging for community and stakeholders understanding of DCFS role:**

- Local meetings with stakeholders to continue improving services provided to families in need.
- Meetings with Juvenile Judges to help with court productivity and improving services

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- Meetings with Juvenile Judges to help with court productivity and improving services

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- All staff attended all mandatory trainings

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Area Staff Education Day was held May 2013- Staff was recognized for their work and dedication to their job.

**Data reports available to accurately identify resources in local communities:**

- Staff utilize COR and all CHRIS NET Reports

**Accessible, available and quality services to meet the needs of families at the local level:**

- Additional resources for substance abuse facilities and treatment is needed in most of our counties. Small and rural counties do not have any at all and have to travel to large metro cities to get services for clients.

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies:**

- Area strives to keep siblings together and in close proximity of their county home. Additional recruitment efforts will occur in the area and the will eventually go to targeted recruitment with the state

**Effective QA process in place that includes various strategies:**

- Several logs have been developed to help in better initiations for investigations, monitoring services for families and overall compliance.

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- COR and CHRIS NET reports are utilized

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- CHRIS NET Reports are very useful and helpful in seeing data and focusing on what needs to be implemented and improved upon.

## **AREA 10 DIRECTOR-CASSANDRA SCOTT**

### **Practice model change strategy implemented statewide:**

- Ongoing monthly meetings to assess each county.
- Best case practices is being implemented by addressing staff strengths and weaknesses through case consultations, supervisory case reviews and now through the recent implementation of learning circles.
- Several trainings have been conducted and additional trainings are scheduled to continue to address areas of needs.

### **Assess and gather feedback from practice model implementation:**

- There have been several trainings in the area to address the practice model. The trainings have been developed to develop skills for some staff members while enhancing and building on skills of other staff members.

### **Overall statewide good working relationships with CACD/DCFS/LLE statewide:**

- Ongoing review of contact, sharing concerns with supervisors and AD. All staff are expected to respect all parties and providers and supervisors are directed to address issues and concerns quickly and thoroughly.

### **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:**

- Staff are required to use the guideline and principals of Structured Decision Making when assessing the safety of children remaining in the home.
- Trainings have been scheduled to assist with sustaining the practice and continuing to build skills that will allow staff to make appropriate decisions regarding when protection plans are needed vs removal from the home.

### **Evaluate training partnership and professional development:**

- Continued contact and communication with the training partnership to address needs and concerns

### **Improved well-being and stability of children in foster care:**

- In the process of starting meeting to develop the CALL in 4 of the counties in Area X as well as incorporating recruitment efforts to gain more foster parents.

### **Policy supports and is user friendly:**

- Continued review and discussion of policy
- Contact with policy unit for clarification if needed

### **Working relationship that are effective and ensure safety of children:**

- Trainings to address identify safety factors, failure to thrive, ethics and supervisors accountability.

**Improved outcomes for children and families; decreased removal from home:**

- Trainings to address safety, ethics, and accountability.

**Children are able to remain home with appropriate plans for safety decreasing the number of children entering foster care:**

- Continued use of Structured Decision Making principals as well as other trainings for staff to gain more knowledge regarding identifying safety issues.
- Implementing protection plans when necessary based on identified safety factors

**Improved assessment of family's needs and access to services to safely maintain children in their own home:**

- More utilization of protection plans, using Structured Decision Making guideline and principles to adequately assess safety issues.
- Continued monitoring and coaching with supervisors and staff to assess safety issues.

**Available, timely & appropriate match for children in adoptive families & decreased adoptive disruptions:**

- Area X has implemented one worker one child which allows the current caseworker to continue working a case through adoption (foster parent adoptions only). This has allowed the adoption specialist to have more time to focus on the hard to adopt children and it also decreases the number of caseworkers assigned to one case

**Improved outcomes for youth in foster care:**

- Continued work with providers to ensure appropriate services delivery and also to address expected outcomes of services

**Integrated DCFS/QSPR process to assess compliance outcomes with state and federal regulations and quality casework practice with children and families:**

- Area X developed a QSPR corrective action plan to address areas that need improvement. The plan is discussed monthly with the supervisors to discuss progress and possible changes that may be needed.

**QSPR is an effective process with inter reliability to ensure that the division is able to continually improve services and support and families achieve positive outcomes:**

- QSPR review has been helpful to discuss areas of concerns and possible changes that affect services to families. The Area QSPR corrective action plan is supported by the area's partnership and is incorporated in the day to day work activities of staff.

**Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model:**

- QA practices and strategies haven been very useful and help for the area. It provides an opportunity for growth and a better understanding of the process. Copies of the practice model is posted in ALL county offices

**Effective messaging for community and stakeholders understanding of DCFS role:**

- Continued meetings with stakeholders and community to explain DCFS role as well as give them an opportunity to ask questions and address concerns

**Improved collaboration between courts and DCFS for improved outcomes for children and families:**

- Collaboration with the court continues to be ongoing and appears to be increasing. Several of the Area X supervisors and the AD accompanied one of the judges to the Children and Court Conference and was able to discuss issues, concerns, and progress in a setting outside of the courtroom.

**Training aligns with practice model case work process to effectively support the education of child welfare policy, procedures and best practices-(how to):**

- Several trainings have been conducted and developed to strengthen casework practices. The trainings align with the practice model, child welfare policies, and best practice.

**Organization has supports and strategies in place to sustain the DCFS transformation process:**

- Academic partnership

**Varied strategies on statewide level for recognition and recruitment of staff-decreased turnover:**

- Learning circles, staff development workshops, staff appreciation

**Data reports available to accurately identify resources in local communities:**

- Local Office resource manuals, sharing new information at ongoing meetings regarding available resources

**Accessible, available and quality services to meet the needs of families at the local level;**

- DR has been implemented area wide and has allowed staff to be able to directly link families to available services in the communities. It has also assisted with staff becoming more knowledgeable of available community services

**Improved stability of placement and decrease in sibling separation and decrease in the utilization of group home living for older youth and reassess strategies;**

- Ongoing recruitment of foster parents to develop more foster homes to meet the needs of children and to be able to place siblings together

**Assess data reports and feedback on accuracy and develop strategies to improve practice with families:**

- Online reports are monitored weekly to identify areas that need to be corrected.

**Accurate data management reports for managers and supervisors to focus on items and practices to improve practices with families:**

- CHRISNET reports

**DCFS SERVICE QUALITY AND PRACTICE IMPROVEMENT UNIT**  
**2014 APSR ITEMS**

Quality Services Peer Reviews (QSPR) are monitoring tools used to evaluate Arkansas's child welfare system that mirror the Child and Family Services Review (CFSR) onsite review instrument and process. The Service Quality and Practice Improvement Unit (SQPI) employs an ongoing, annual process for conducting QSPRs in each of the Division's ten geographical service areas. A stratified, random sample of thirty cases (15 foster care and 15 in-home) is drawn from each Area prior to the beginning of the reviews. The manager then assigns a relatively 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's 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, e.g., children, parents, foster parents, ad litem, providers, etc. The quality assurance reviewers write up their findings while in the county offices using an automated review instrument. The manager of the unit reviews all of the reviewers' scoring of the cases for quality assurance and secondary oversight, similar to the second-tier reviews in the federal CFSR process. When scores are not sufficiently well documented, staff must produce additional justifications for their scores. This ensures inter-rater reliability and fidelity to the process.

Following the formal rating of the thirty cases in each service area, specific deficient cases are targeted 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. Specifically, coaching sessions are conducted with the caseworkers assigned to the targeted cases to help them internalize the federal standards and the guiding tenants of Arkansas's practice model and its role in practice improvement. Although this process of conducting coaching sessions in conjunction with the full, scoring round of reviews was introduced in State Fiscal Year (SFY) 2013 in three Areas, the SQPI Unit began conducting coaching sessions in all ten service areas again in SFY 2014. This replaces the previous approach where there were two distinct rounds of cases reviews, the second phase of which involved reviewing four additional cases in three pre-selected counties in each service area and conducting coaching sessions on only those twelve cases. The changes in the process were made to reach more direct service staff and champion best practice through the coaching.

Following each review, the findings are compiled and a report is generated to convey the results. Each Area is encouraged to develop a practice improvement plan to address its most challenging areas of practice, unless the Area passes all issues. Additionally, the manager of the SQPI Unit along with the managers of the Quality Assurance and Child Protective Services Units facilitate a meeting between the DCFS Director, Assistant Director of Community Services and other key members of the Division's executive team and the area directors and all supervisors from each service area following their review to discuss the findings and particular strengths, needs and areas needing improvement as described in their QSPR Synopsis, Meta-Analysis and investigative reviews report. All

three review/reporting processes were aligned in SFY 2013 so that each service area would receive all three reports at the same time to deliver a comprehensive, area-wide examination aimed at better informing management decision-making using data.

*Although we do not expect any modifications, this is only the preliminary SFY 2014 QSPR performance data.*

## **SFY 2014 QSPR PERFORMANCE SYNOPSIS**

The SFY 2014 QSPR underscored many quality areas of practice within Arkansas's child welfare system. DCFS continues to improve its efforts around assessing and addressing the risk to and safety of children receiving services. The Division's score on the measure relating to risk assessment and safety management is the highest yet. DCFS also performed relatively well on many of the permanency-related measures, including establishing timely, appropriate permanency goals for children in foster care, placing them with relatives when appropriate and preserving their important connections. The Division did well at providing transitional living services to youth in care with goals of Alternative Planned Permanent Living Arrangements too. DCFS continues to show promise in the area of child well-being. Actually, Arkansas's scores on the measures related to well-being are the highest recorded to date. The Division was particularly successful in ensuring that children received the services they needed to meet their physical/dental and mental/behavioral health needs.

Despite these strong points, the 2014 review also highlighted some challenging areas of practice for Arkansas. This is the third consecutive year in which fewer investigations were initiated on time in the reviewed cases. Furthermore, even with its promising gains since 2010, DCFS must continue to strengthen its efforts around providing preventive services to protect children in their homes and assessing and addressing the risk to and safety of children receiving services, particularly in its in-home cases. Additionally, although not a true "Area Needing Improvement," this marks the second straight year in which Arkansas's performance dropped on the placement proximity measure and the first year the indicator fell below 90 percent. The primary permanency-related elements that provided cause for concern were those involving the stability of foster children's placements, the provision of adoption services and the placement of siblings together. Moreover, regardless of its gains in the area of well-being, DCFS must continue to work to strengthen its practices surrounding involving families in decision-making and case planning and providing clients with frequent, substantive caseworker visitation.

Many of the families in the reviewed in-home cases did not fare as well as their foster care equivalents. The bulk of the deficiencies were identified in the cases of families whose children remained in the family home. Insufficient contact with these families impacted many of the QSPR measures. Caseworker visitation was too sporadic and/or of too poor a quality to adequately address issues pertaining to the safety, permanency, and well-being of children or to promote achievement of the case goals in many of the cases with deficient ratings. Limited contact with families prevented caseworkers from adequately assessing risk, safety, strengths, needs and resources in some of the reviewed cases, and it impacted

their ability to effectively engage families and work with them to strengthen parental capacity.

In its efforts to better serve *all* children and families and incorporate more family-centered practice into its services, Arkansas must focus on getting caseworkers into the homes of the clients. DCFS is now in the sixth year of its transformation efforts following the 2008 CFSR, and the Division is currently implementing the Title IV-E Waiver Demonstration Project and Arkansas's Creating Connections for Children Project. These projects, along with DCFS' other change initiatives, will introduce many strategies and interventions whose success will center on successful communication among staff, families and providers and that will require frequent caseworker visitation.

Statewide QSPR / CFSR Comparisons

	SFY 2014	SFY 2013	SFY 2012	SFY 2011	SFY 2010	2008 CFSR
<b>Safety 1: Children are first and foremost protected from abuse and neglect</b>	<b>73%</b>	<b>75%</b>	<b>77%</b>	<b>85%</b>	<b>76%</b>	<b>77%</b>
ITEM 1: Timeliness of investigations (N=164)	78%	84%	85%	91%	83%	77%
ITEM 2: Repeat maltreatment (N=139)	88%	86%	88%	83%	82%	95%
<b>Safety 2: Children are safely maintained in their home when possible and appropriate</b>	<b>73%</b>	<b>64%</b>	<b>63%</b>	<b>62%</b>	<b>60%</b>	<b>59%</b>
ITEM 3: Services to prevent removal (N=141)	73%	73%	70%	67%	62%	68%
ITEM 4: Risk of harm (N=300)	74%	66%	64%	63%	61%	61%
<b>Permanency 1: Children have permanency and stability in their living situations</b>	<b>68%</b>	<b>65%</b>	<b>67%</b>	<b>66%</b>	<b>62%</b>	<b>41%</b>
ITEM 5: Foster care re-entry (N=36)	88%	97%	97%	85%	93%	100%
ITEM 6: Stability of foster care placement (N=150)	70%	68%	74%	69%	74%	64%
ITEM 7: Permanency goal for child (N=150)	89%	86%	90%	92%	84%	72%
ITEM 8: Reunification, guard., plcmnt. w/ relatives (N=64)	80%	91%	78%	88%	85%	72%
ITEM 9: Adoption (N=59)	63%	54%	68%	71%	56%	33%
ITEM 10: APPLA (N=27)	91%	69%	63%	77%	71%	57%
<b>Permanency 2: The continuity of family relationships and connection is preserved</b>	<b>71%</b>	<b>67%</b>	<b>68%</b>	<b>67%</b>	<b>73%</b>	<b>54%</b>
ITEM 11: Proximity of placement (N=103)	86%	90%	93%	92%	90%	96%
ITEM 12: Placement with siblings (N=95)	70%	85%	75%	83%	92%	82%
ITEM 13: Visiting w/ parents & siblings in care (N=123)	76%	68%	73%	69%	69%	59%
ITEM 14: Preserving connections (N=143)	86%	79%	77%	69%	87%	79%
ITEM 15: Relative placement (N=128)	87%	77%	77%	69%	84%	67%
ITEM 16: Relationship of child in care with parents (N=103)	73%	68%	70%	69%	70%	48%
<b>Well-Being 1: Families have enhanced capacity to provide for children's needs</b>	<b>61%</b>	<b>52%</b>	<b>48%</b>	<b>45%</b>	<b>45%</b>	<b>28%</b>
ITEM 17: Needs/services of children/families (N=300)	71%	65%	62%	56%	56%	37%
ITEM 18: Child/family involvement in case planning (N=282)	64%	61%	53%	49%	53%	31%
ITEM 19: Worker visits with child (N=300)	68%	61%	52%	60%	54%	46%
ITEM 20: Worker visits with parents (N=248)	48%	41%	42%	37%	42%	33%
<b>Well-Being 2: Children receive services to meet their educational needs</b>	<b>88%</b>	<b>84%</b>	<b>80%</b>	<b>78%</b>	<b>75%</b>	<b>71%</b>
ITEM 21: Educational needs of child (N=161)	88%	84%	80%	78%	75%	71%
<b>Well-Being 3: Children receive services to meet their physical and mental health needs</b>	<b>88%</b>	<b>89%</b>	<b>79%</b>	<b>75%</b>	<b>69%</b>	<b>62%</b>
ITEM 22: Physical health of child (N=178)	92%	94%	90%	85%	84%	74%
ITEM 23: Mental health of child (N=154)	92%	88%	77%	74%	68%	67%

ARKANSAS DEPT. OF HUMAN SERVICES, DIVISION OF CHILDREN AND FAMILY SERVICES

***CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS***

A functioning continuous quality improvement (CQI) process is a complete system that supports a child welfare agency's values, vision and mission through ongoing data and information collection and analysis and the regular use of CQI results to make decisions, improve practice, share information with stakeholders and achieve better outcomes for children and families. A functioning CQI Process:

- Supports a continuous learning environment and sets clear direction and expectations for outcomes and goals.
- Establishes champions of CQI work, as reflected by their decision-making and communications with staff.
- Provide opportunities for staff at all levels, children, youth, families and stakeholders to be engaged in CQI processes and activities, including advisory capacities and strategic planning.
- Helps to clarify and articulate values and principles within the agency and to the broader community.
- Provides a platform to regularly communicate and emphasize outcomes, indicators, and standards to staff, children, youth, families and stakeholders.
- Allows leadership to set expectations that agency staff use data/results to make improvements.
- Empowers supervisors and staff to implement changes in policy, practices, programs and/or training.

The Guiding Principles of the Arkansas Division of Children and Family Services' Practice Model provide the framework for CQI standards in the State's child welfare system. These standards center on family-centered, community-based services designed to meet the needs of individual families. The DCFS Practice Model Guiding Principles are as follows:

- Practice with families is interrelated at every step of the casework process.
- The entire system must support frontline practice to achieve positive outcomes for families.
- Quality improvement and accountability guide all our work.
- How we do the work is as important as the work we do.

**FOUNDATIONAL ADMINISTRATIVE STRUCTURE**

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), including child abuse and neglect prevention, protective, foster care, and adoptive programs in Arkansas. The DCFS Director manages and has administrative responsibilities for the Division. The Director is also an active member of the Child Welfare Agency Review Board. An Assistant Director oversees each of the operational subdivisions within the Division, including the Office of Community Services and the Office of Finance and Administrative Support.

The Division is comprised of the following program areas, each supervised by the Director: Prevention Support, Protective Services, 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 child welfare services as well as short- and long-term planning and policy development.

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 includes the following units: Personnel, Contracts, Financial Management, Eligibility, Criminal Records, Central Registry and Information Technology.

The Office of Community Services provides administrative leadership and guidance to DCFS field staff throughout all 75 counties within the state. The counties are divided into 10 geographic service areas, each with an Area Director. The Assistant Director of Community Services directly supervises the ten Area Directors, while also administering the Interstate Compact for the Placement of Children (ICPC) Unit, Differential Response Program, and Vehicle Safety Program.

*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
- 110-351 Fostering Connections Act of 2008

The Residential and Placement Licensing Unit within the Division of Child Care and Early Childhood Education serves as Arkansas's child welfare licensing body. The Unit implements and monitors the licensing standards for child welfare agencies as prescribed by the Child Welfare Agency Review Board.

The Children's Reporting and Information System (CHRIS), Arkansas's State Automated Child Welfare Information System (SACWIS), is administered by the Office of Systems and Technology (OST) within DHS. CHRIS provides Arkansas with a single, integrated system to help staff and management in providing more effective and efficient operations within the functions of the child welfare system. CHRIS is accessible (desktop and 24-hour remote access)

and supports the full scope of services provided by the Division. It serves as a centralized source to store information (e.g., client, legal and service information) and manage workloads (e.g., its tickler system for reminding workers/supervisors of time sensitive tasks). The information system also meets DCFS' needs surrounding federal reporting federal financial participation requirements, including those required for the Adoption and Foster Care Analysis and Reporting System (AFCARS). For data management, OST has moved from individual data warehouses to a consolidated warehouse with a decision support system and is working on dashboard capabilities for all Divisions.

Hornby Zeller Associates, Inc. (HZA) administers the DCFS Quality Assurance and Service Quality and Practice Improvement Units and has served as the Division's quality assurance vendor for twenty years. A comprehensive array of strategies is used to assess the effectiveness of staff, services and programs in achieving improved, positive outcomes for children and families. DCFS utilizes a number of mechanisms, e.g., management reports, qualitative case reviews and evaluations, to measure the quality of its services. All of the State's CQI standards focus on family-centered practices and community-based services designed to meet the individualized needs of individual children and families.

#### **QUALITY DATA COLLECTION**

The Division of Children and Family Services values and requires the use of data and evidence in decision-making. DCFS has at its disposal a great deal of information from a multitude of sources, and the Division is always working to improve the quality of its information.

DCFS holds monthly meetings between its executive staff and the CHRIS team to discuss challenges experienced by end-users and jointly plan and prioritize CHRIS changes/updates. The CHRIS support staff have provided an opportunity for users to enter suggestions and/or comments related to data issues, user-friendliness, etc. Both CHRIS staff and DCFS program staff participate in monthly SACWIS conference calls to discuss SACWIS requirements and enhancements completed each quarter. The CHRIS staff team also has regular communication with the Children's Bureau related to AFCARS and NYTD. When submitting the federal SACWIS reports, CHRIS staff and the program staff meet and discuss the accuracy of the data prior to submission. The CHRIS staff also provide updates on enhancements and changes via email to all DCFS staff who, in turn, provide feedback on the functionality of the changes and any other issues they're experiencing.

DCFS utilizes several strategies to assess the effectiveness of its staff, services, and programs as well as to ensure that those lead to improved outcomes for children and families. DCFS develops a number of reports, evaluations and other mechanisms to measure the quality of its services. In particular, the Division makes concerted efforts to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement. Agency staff ensures that the development of any new reports or other methodologies is in line with CFSR benchmarks and the goals outlined in the Division's previous Program Improvement Plan (PIP).

An increasing number of the Division's reports are being built around the three core goals of child welfare—child safety, permanency and well-being—while also considering and accounting

for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.

As part of an effort to measure performance and outcomes on a localized basis, the DCFS Quality Assurance Unit conducts an annual meta-analysis of each of the ten service areas. As such, DCFS compiles, analyzes and reviews data regarding the children and families it serves within each Area, as well as measures the outcomes it achieves for the corresponding service population. Much like the federal Child and Family Services Reviews (CFSR), the primary issues on which this analysis focuses are safety, permanency and well-being; but it also places an 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 over the most three recently completed calendar years. For SFY 2013, the Meta-Analysis reports continued to place a strong emphasis on performance at the county level for many of its measures. Focusing on local performance allows the Division to better identify and understand where casework is excelling and other counties where improvement is needed.

The QA Unit and other contract staff from HZA, DCFS' quality assurance vendor, also conducts program monitoring and special studies for the Division each year. These reports and evaluations contribute significantly to the CQI process in Arkansas. The primary work products include:

- Compliance Outcome Report (COR)
- Quarterly Performance Report (QPR)
- Annual Report Card (ARC)
- Family Preservation Services Evaluation
- Program Monitoring
- Summary of Garrett's Law Referrals
- Meta-Analysis
- Arkansas Supervisory Review Tool
- Adoption Matching Website
- Foster Parent Matching Website
- Tribal Coordination/Consultation

Here are some examples of how DCFS utilizes its data to connect its evaluations to performance and best case practice:

- **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.
- **Quarterly Performance Report (QPR)** – The QPR is a statistical report created for legislative committees dealing with the youth and children who are involved with DCFS.

The report is completed quarterly for the state fiscal year and consists of three components: a compliance index, performance indicators, and a description of population and services.

- **Annual Report Card (ARC)** – The ARC is a statistical report that is also created for legislative committees dealing with youth and children involved with DCFS. The ARC is reported for each a state fiscal year and is structured similar to the QPR. The report deals with the demographics of the population served by DCFS and documents any observable trends over time.
- **Family Preservation Services Evaluation** – DCFS conducts this evaluation on an annual basis, in accordance with state law. The goal of family preservation services (FPS) is to keep families intact (prevent the removal of children from home) or achieve reunification expeditiously (if children are in foster care). This evaluation describes the proportion of families and children who need services; the proportion who subsequently receive services; and then tracks their progress at specific intervals after receiving those services. The report also examines the impact that services have in terms of preventing future involvement with the agency.
- **Program Monitoring** – Since SFY 2010 DCFS has been conducting contract monitoring reviews of many of its service providers. These reviews have been part of the Division’s comprehensive effort to improve the quality of its service delivery system as well as the outcomes it achieves for children and families. During previous years DCFS has reviewed its residential treatment facilities, therapeutic foster homes, sexual offender treatment programs, outpatient counseling agencies, intensive family service providers, and psychological evaluation providers. For SFY 2013, DCFS made a conscious effort to review (1) the performance of the state’s Child Abuse Hotline, which is operated by and housed within the Arkansas State Police, as well as (2) its newly implemented and internally operated differential response (DR) program:
  - ❖ The review of the Child Abuse Hotline, DCFS discovered that the Hotline generally does good job of screening calls consistently and categorizing allegations accurately, all the while providing quality customer service. However, there were some noteworthy exceptions that the study was able to bring to light; and as a result, the recommendations that were made included enhancing the Hotline’s internal quality assurance process and better prepare callers for the types of information that they will have to provide.
  - ❖ For its review of DR, a program intended to respond to maltreatment reports that allege traditionally low-risk allegations through a voluntary and family-led approach, DCFS found that the program—while taking less time to administer than a traditional investigation—is often not leading to the delivery of services to these families, since most families decline to participate. This information, in conjunction with other findings, will help the Division continue to shape and mold the program as it prepares to be implemented statewide in October 2013.

- **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 from SFY 2009 through SFY 2012. The report presents information regarding the number of Garrett’s Law referrals received annually; the types of drugs cited in these referrals; how DCFS responds to Garrett’s Law referrals; and whether the parents involved in these referrals receive any type of treatment.

The DCFS Internal Child Death Review Committee is another component of the Division’s CQI processes. The Agency reviews reports on all deaths from all causes of children with whom the agency has been involved in any way during the twelve months prior to the child’s death. However, the review population is not limited to children who died from abuse or neglect. The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The DCFS Director reviews all recommendations from the Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect any needed changes identified through these reviews. As a result of the internal child death review process, additional training has been provided to investigators and supervisors to improve the quality of the investigations and to ensure timely documentation and disposition.

DCFS also exchanges information with its partners in order to improve outcomes for children and families. Beginning in January 2013, Medicaid began provision of reports containing the following data for the previous three-month time period:

- # Foster children on any psychotropic medication
- # Foster children on antipsychotic medications
- # Foster children on stimulant medications
- # Foster children on 5 or more psychotropic medications
- # Foster children on a combination of Clonidine and Guanfacine

This data will also reflect percentages of foster children on medications specified in each report, as compared to the percentages of children on Medicaid who are not in foster care. Each report will be broken out by ages – under age 6, ages 7 to 13 and ages 13 to 18. This data will be reviewed quarterly and action plans initiated, as deemed necessary, to improve the care of children in foster care. Report content will be revised according to findings and need to monitor other aspects of medication utilization.

DCFS continues to receive weekly electronic reports from the Division of Medical Services (DMS) utilization management contractor, ValueOptions. 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. Based on these reports, in November 2011, DCFS Behavioral Health Unit staff began sending weekly emails to all caseworkers who have a foster child in an acute or residential facility. This email requires information on the status of each child's plan for discharge placement, DCFS involvement in the treatment process, family involvement, visitation and what the youth is wanting upon discharge. If problems are noted, direction and support is given to field staff. It has been noted that this oversight has resulted in increased involvement by the assigned caseworker, as indicated by provider feedback and documentation of best practices throughout the foster child's stay in inpatient programs. This oversight will continue with trends being noted in monthly reports.

The DCFS System of Care Director participates in SOC and CASSP site reviews annually, which includes ten sites across the state. Her role is to evaluate the level of collaboration occurring at the local level in the SOC and CASSP and provide information and technical assistance to guide field staff in improving practice. This staff also provides formal presentations regarding DCFS issues and needs in various meetings in the state to promote collaboration in developing services and supports for families. Specific data related to child welfare is being shared with the Statewide CASSP Coordinating Council. This data is current and includes information such as the number of children taken into state custody in the past month by county, number of foster homes by county, total number of children in care by county. This information provides a forum for service development and allocation of resources to assist the child welfare system. CASSP and SOC have designated children in the child welfare system as a priority population.

#### **CASE RECORD REVIEW DATA AND PROCESS**

Arkansas currently utilizes its Quality Services Peer Reviews (QSPR) as a central component of its CQI processes. QSPRs are monitoring tools used to evaluate Arkansas' child welfare system that mirror the onsite Child and Family Services Review (CFSR) methods. The Service Quality and Practice Improvement Unit employs an ongoing, two-pronged annual process for conducting QSPRs in each of the Division's ten geographical service areas. The first prong involves the actual case reviews, while the second prong includes using the data to influence practice, e.g., via coaching sessions and the CQI meetings. Logistically, it used to involve two separate processes (or prongs), but the case review and coaching rounds have been combined so that staff are being coached on the actual case ratings that constitute the QSPR. A stratified, random sample of thirty cases is drawn from each Area prior to the beginning of the reviews. The cases are stratified among case type, permanency goal and county and include varying ages and demographics and are representative of the children and youth served by each respective service area. The manager then assigns a relatively equal proportion of cases to each of the reviewers. The review process begins with an evaluation of the records contained in CHRIS. 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, e.g., children, parents, foster parents, ad litem, providers, etc. The quality assurance reviewers score the cases and write up

their findings based on the totality of information collected during the review. Both the quantitative and qualitative data collected are used to describe the effectiveness of agency interventions and services. The manager of the unit, DCFS' CQI Manager, 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 are required to produce additional justifications for their scores. The intent is to ensure inter-rater reliability and fidelity to the process/protocol.

Following the formal rating of the thirty cases in each service area, specific deficient cases are targeted 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. Specifically, coaching sessions are conducted with the caseworkers assigned to the targeted cases to help them internalize the federal standards and the guiding tenants of Arkansas' practice model and its role in practice improvement.

Following each QSPR, the SQPI Unit drafts a report outlining the findings in which both strengths and areas needing improvement in practice are highlighted. In analyzing the results and developing these reports, the unit assesses conformity with best practice as identified in federal regulations and the Arkansas Practice Model. When appropriate, the unit discusses this analysis explicitly in the reports. For example, both federal guidelines and the practice model purport that children should only be removed from their homes when immediate dangers that cannot be mitigated are present. This is a consistent message in these reports, and that message is plainly correlated to the State's SDM model in the reports as well.

The CQI Manager trains all new and current quality assurance reviewers on the QSPR process using CFSR training materials and guided case reviews. The measures and review processes are explored prior to the manager accompanying the reviewer into the field for actual case reviews, with the reviewer first as the observer and then as the executor. The manager reads all case rankings and write-ups to ensure compliance with protocols and inter-rater reliability. This quality assurance process also allows the manager to provide case-specific feedback to the reviewers continually throughout the year. Arkansas continues to assess its capacity to engage other stakeholders in the review process, as that is a key element of an effective CQI system.

DCFS continues its commitment to evaluating investigative practices within Arkansas' child welfare system in its continuous quality improvement efforts. The Child Protective Services Unit (CPS) reviews each of the Division's ten geographic service areas annually to measure compliance with all requisite laws, policies and procedures and to identify training needs as well as possible policy and procedural changes at the local and statewide levels. Fifty randomly selected closed investigations are reviewed in each Area, thus totaling the review of 500 referrals each year. A Child Maltreatment Investigation Reviews Report is issued following each review that discusses the strengths and areas needing improvement identified during the reviews. These reports address the initiation, thoroughness and disposition of the reviewed investigations.

A process is also in place that allows the reviewers the ability to notify DCFS area supervisors of safety concerns requiring immediate actions. The review process allows the Department the ability to provide an in-depth review of the investigations in the service areas and make

recommendations to improve child safety as well as the quality of the child maltreatment investigations.

### **ANALYSIS AND DISSEMINATION OF QUALITY DATA**

All levels of staff within the Division are expected to use data to inform their decision-making in order to make the best decisions possible. Staff are knowledgeable of DCFS's management reports and how to access them. Furthermore, formal reports are issued and made available to staff following each of the Division's monitoring processes, e.g. QSPRs, Investigative Reviews, Meta-Analyses, etc. DCFS' CQI processes go far beyond simply reporting data, however, and necessarily include feedback to and from both internal and external stakeholders.

The Assistant Director of Community Services meets with each of the area directors on at least a quarterly basis to discuss the management reports and the trends for their areas and to gather feedback on the strengths and challenges that they have identified. As a part of these meetings, there are often action steps developed for the area director to implement to improve practice and outcomes.

Additionally, the CQI Manager, the QA Manager and CPS Manager lead meetings between the DCFS Director, Assistant Director of Community Services and other key members of the Division's executive staff and the area directors and all supervisors from each service area following their review to discuss the findings outlined in their investigative reviews report, QSPR Synopsis and Meta-Analysis. This provides a comprehensive, area-wide examination focused on using data in continuous quality improvement.

DCFS also utilizes workgroups to delve into data and research particular issues, such as the DCFS Permanency Workgroup. Such workgroups are an important component of DCFS' continuous quality improvement processes. This year, the Permanency Workgroup has analyzed management reports and data related to the length of time children spend in foster care, permanency goals, a child's journey to permanency, and barriers to permanency. Workgroup members are given follow-up assignments and report back to the group following their efforts. This process is aimed at supporting best practice and positive outcomes for children and families. For example, during a review of sibling placements, the Assistant Director of Community Services developed a template that each Area Director submits with their monthly report to provide updates and activities that reflect their efforts surrounding placing siblings together. These efforts are, in turn, monitored by the Permanency Workgroup.

The Division's CQI processes are not limited to central office. There are robust strategies in place in the field aimed at performance monitoring and practice improvement. DCFS has implemented Learning Circles in several counties to provide a structured forum to problem solve at the local level and to implement strategies for CQI. A Learning Circle (LC) is a change management tool used by groups engaged in a process of learning through collaborative problem-solving. Learning occurs as the group explores issue relevant to them, resulting in decisions that support meaningful change. The process itself is supported by guiding principles which are aligned strongly with the necessary conditions needed to foster a learning culture, including:

- The recognition and acceptance of differences;
- The provision of timely, clear feedback;
- The pursuit of new ways of thinking and untapped sources of information;
- The acceptance of errors, mistakes, and occasional failures as the price of improvement.

Learning Circles are facilitated by a group leader, group members are accountable to one another, and the goal is to improve outcomes by improving how things are done (our system) and what we are doing (our practice).

In their CQI efforts, field staff are constantly assessing families' needs and working to increase their access to services. For example, staff in Benton County were placed under a practice improvement plan to increase timely services to families and children which included increasing home visits and timely case planning. Supervisors designated specific times each week to meet with FSWs to staff every case for safety issues and needed services. This is a continuing practice throughout the Area. Structured Decision Making has been embraced by all staff. For the most part, this has helped staff determine when children can be safely maintained in their own home. Families actively participate in the development of case plans, which strengthens and supports the family toward problem-solving. Investigators continue to make service referrals to families and provide immediate concrete services during the investigation process to safely maintain children in their own homes. Protection plans are implemented when it can help a child remain safely in their home. The practice of face-to-face case transfer staff meetings are ongoing to increase staff's knowledge of a family, services rendered and/or needed, and to increase more timely service delivery.

All levels of staff take part in various CQI processes, including:

- Continuously assessing the status of each county's implementation of the practice model framework
- Continuously monitoring the number of children entering foster care and working to increase the number of children being safely supported in their own homes
- Continually assessing the training partnership and repositioning to effectively support the field
- Continually analyzing policy and procedure to ensure its alignment with the practice model
- Continuing to strengthen their relationships with the Crimes Against Children Division (CACD) and local law enforcement
- Continuously improving the assessment of families' needs and access to services
- Providing timely and appropriate matches for children awaiting adoption
- Continuously assessing practices and services for youth in foster care and developing effective ways of measuring success when transitioning to adulthood
- Effectively messaging for community and stakeholders' understanding of DCFS' role
- Continually improving collaborations between the courts and DCFS
- Continually assessing and monitoring the effectiveness of strategies that support and will sustain the DCFS transformation process
- Implementing varied strategies for recognition and recruitment of staff and decreased turnover

- Continuously assessing and evaluating the effectiveness of retention strategies
- Developing and utilizing data reports to accurately identify resources in local communities
- Continually working to improve contracts and purchased services for children and families to achieve better outcomes
- Continually improving placement stability, decreasing sibling separation as well as decreasing the utilization of group home living for older youth
- Developing specialized foster families with experience to meet the individualized needs of children entering foster care
- Recruiting and developing adoptive homes capable of meeting the needs of all children awaiting adoptive placement and decrease in disruption of adoptions
- Continually analyzing data reports and feedback on accuracy and developing strategies as a result of this analysis and feedback to improve practice with families
- Ensuring the availability of accurate data management reports for managers and supervisors to use in improving practice

DCFS' continuous quality improvement processes are not limited to only internal staff, though. The Division routinely shares information with other stakeholders and asks for their feedback/input into practice improvement efforts. For example, as staff are invited to participate in various meetings, they provide statistical data relevant to their county, group or program area, such as the characteristics of children served or specific service needs. As mentioned previously, the DCFS Director presents the Quarterly Performance Reports and the Annual Report Card to the legislature, in addition to regularly meeting with individual legislators to address concerns and including them on various planning and implementation workgroups.

Furthermore, specific data related to child welfare is being shared with the Statewide CASSP Coordinating Council. This data is current and includes information such as the number of children taken into state custody in the past month by county, number of foster homes by county, total number of children in care by county. This information provides a forum for service development and allocation of resources to assist the child welfare system. CASSP and SOC have designated children in the child welfare system as a priority population. The Inter-Divisional Staffing process, described earlier, provides a forum for identifying systemic issues that impact our ability to provide necessary services and supports. The SOC Director is also responsible for obtaining an analysis of outcomes data on specific services such as Intensive Family Services (IFS), special projects and Inter-Divisional Staffing's (case-specific outcomes, as well as identification of systemic issues to be addressed). An annual summary of interdivisional meetings was completed for fiscal year 2012.

DCFS' Recruitment Plan includes involvement of field staff, particularly the Action Plan written as part of the 2012 Regional Roundtables. In that initiative we will select the 100 children who have been waiting the longest for an adoptive placement, review the case, and schedule permanency roundtables to include adoption staff, the county worker assigned to the case, AAL's, CASA, OCC attorneys, and anyone else who has involvement in the case, in order to make decisions on the appropriate goal, possible placements and needed services.

DCFS has a good partnership with the Court Improvement Project staff within the Administrative Office of the Courts and has participated in meetings, trainings and planning retreats. CIP staff have also been involved in the Division's program improvement planning. There is a monthly meeting at the executive level that meets to problem solve and determine how to improve outcomes for children and families.

The Division plans to continue this collaboration in the future by ensuring that they are involved in future Child and Family Services Reviews and Program Improvement Plan follow-ups. AOC has invited DCFS to participate in the development of the CIP strategic plan as well as implementation of the training and data technology grants. DCFS and AOC are also engaged in a project to share client information of mutual clients among each system.

The Pulaski County Zero to Three Court Team Project for Safe Babies is another example of how DCFS partners with external stakeholders to improve Arkansas's child welfare system. Zero to Three 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 Court Team Project has worked on developing post-removal conferences and a Parent Partner Program to involve biological parents who have previously been involved in the child welfare system in supporting biological parents who are currently participating in the Court Team Project by helping them to navigate the child welfare system and serving as an additional support to them.

With the direction the agency is going in regards to prevention, strength based approach and community involvement and increased community awareness of the needs of the families served, the Division formed an Advocacy Council to help further our message and the direction of the child welfare agency.

In January 2014 a letter extending an invitation to become a part of the agency's new Advocacy Council was sent to 29 potential members. The agency was strategic and thoughtful in the professions it chose to be a part of the advocacy council and the role we want the advocacy council to be. The agency moved away from high level organizational representation (Advisory Board) to more "boots on the ground" representation (Advocacy Council). The professions represented on the council are judges, juvenile justice, CASA, prosecuting attorney's office, faith based communities including the CALL, medical, behavioral /mental health, clinical, women and children's health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large.

The first Advocacy Council meeting was held on March 7, 2014. The council members were introduced, given a drafter charter, presented a power point presentation of DCFS – past, current and future and council was shown the Realistic Job Preview video. All to help them understand the agency from a "big picture" view vs. their role/professional view.

The second meeting was held on June 6, 2014 and the charter was finalized and operationalized. Advocacy council members learned about the waiver intervention Differential Response and had a very interactive orientation of Structured Decision Making (SDM).

Remaining calendar year 2014 meeting dates and locations have been confirmed and communicated to members.

All of DCFS' data reports from the last five years are accessible to the public and posted on the following website:

<http://humanservices.arkansas.gov/dcfs/Pages/StateFederal-Reports.aspx>

### **Child Welfare Waiver Demonstration Activities**

#### *Overview*

The Arkansas Department of Human Services, Division of Children and Families Services' (DCFS) demonstration project will provide statewide child welfare services in both in-home and out-of home cases. The demonstration includes an array of evidence-based and evidence-informed practices and programs (EBP and EIP) proven to foster improved outcomes related to safety, permanency and well-being for children and their families. The focus on EBPs or EIPs strengthens the ongoing implementation of the goals and guiding principles of the DCFS Practice Model through a comprehensive expansion of practice beginning at the investigation phase and continuing through post-reunification services and/or legal permanence. Through its demonstration, DCFS plans to safely reduce the number of children entering foster care, increase placement stability for children in care, and achieve timely permanence for youth by implementing various service interventions, including:

- Child and Adolescent Needs and Strengths (CANS)
- Team Decision-Making
- Nurturing Parenting Program
- Differential Response
- Targeted Foster Family Recruitment
- Permanency Roundtables

By implementing the interventions listed above, Arkansas anticipates an enhancement of its child welfare system to one that values families by:

- Engaging families and encouraging them to have a voice in decisions regarding their cases;
- Serving children and families in their homes when possible;
- Working to ensure children's time in foster care is limited so that every child has timely permanence.
- Providing readily available services to help produce the best possible outcomes for the families served by the system.

Arkansas will also continue strengthening current initiatives already implemented. These initiatives include:

- Sustaining Structured Decision-Making;
- Creating a Trauma-Informed Workforce and Service Delivery System; and,
- Developing an In-Home Services Program.

### ***Target Populations***

The comprehensive target population for Arkansas's demonstration project will include all children and families in need of child welfare services statewide. Specifically, the children and families targeted to receive waiver funds will be all children referred for child abuse and neglect or already receiving services during the waiver period regardless of removal status, placement types, services provided, or eligibility for public assistance. DCFS expects that children and families from all 75 counties within the state will be served through the demonstration project. Each of the Division's ten geographical service areas will benefit from programs, services, and interventions funded by the waiver.

Although Arkansas's broader target population is inclusive of all client types statewide, specific goals and interventions will concentrate on precise groups of children and families dependent upon their characteristics and needs as borne out in the State's abundance of data. The particular clients for which each intervention is intended will be spelled out in Section III. However, a summation of the target populations by each of Arkansas's three goals is below:

- ❖ Goal 1: Safely reduce the number of children entering foster care
  - Children in foster care 0-90 days (short-stayers)
  - Children 0-11 years of age
- ❖ Goal 2: Increase placement stability
  - Children with multiple placement changes
  - Children in counties with high numbers of placement changes
- ❖ Goal 3: Expedite permanency for children in foster care
  - Children in foster care 91 days to 12 months
  - Children in care 18 months or longer (long-stayers)
  - Children 11 years of age and older
  - Children and youth with behavioral and emotional issues

### ***Demonstration Components and Associated Interventions***

Arkansas's demonstration project consists of the following three broad components/goals and six associated interventions:

- ❖ Goal 1: Safely reduce the number of children entering foster care
  - Differential Response
  - CANS
  - Nurturing Parenting Program
  - Team Decision-Making
- ❖ Goal 2: Increase placement stability
  - Targeted Foster Family Recruitment
  - CANS
- ❖ Goal 3: Expedite permanency for children in foster care
  - CANS
  - Nurturing Parenting Program
  - Permanency Roundtables

Although some of these interventions overlap multiple goals and may impact different populations, implementing them in this manner will help achieve the proposed statewide outcomes.

Descriptions of each of the interventions and how they will address the various needs of the target populations are included below:

### **Differential Response:**

*Expected Short-term Outcomes:*

- 1) Stakeholder and community education and awareness about Differential Response and the importance of safely maintaining children in their own home whenever possible.
- 2) Families receive appropriate supports and services in a timely manner.

*Expected Intermediate Outcomes:*

- 1) Caregivers have increased capacity to meet the needs of and provide a safe and stable environment for their children.
- 2) Families are valued.

*Expected Long-term Outcomes:*

- 1) Communities are engaged and better able to meet the needs of children and families in their communities.
- 2) Families are healthier, experience success, and have less reliance on the child welfare system.
- 3) The number of children entering foster care for short periods of time decreases.

### **Child and Adolescent Needs and Strengths (CANS)**

*Expected Short-term Outcomes:*

- 1) Case plans address the highest priority needs of children and families.
- 2) Families receive appropriate supports and services in a timely manner.
- 3) Gaps in service array regarding evidence-based services are identified.

*Expected Intermediate Outcomes:*

- 1) Caregivers have increased capacity to meet the individual needs of children in their care.
- 2) Family functioning is improved.
- 3) Availability of evidence-based services increases.

*Expected Long-term Outcomes:*

- 1) Caregivers take responsibility for and commit to the changes needed to provide for the safety and stability of their children.
- 2) The number of children entering foster care decreases.
- 3) Permanency is achieved in the shortest amount of time possible.

### **Nurturing Parenting Program**

*Expected Short-term Outcomes:*

- 1) Caregivers have increased knowledge of age-appropriate expectations and positive parenting techniques.
- 2) Caregivers are connected with community supports to assist with meeting the individual needs of their children.

*Expected Intermediate Outcomes:*

- 1) Caregivers demonstrate learned, positive parenting techniques.
- 2) Caregivers have increased parenting capacity.

*Expected Long-term Outcomes:*

- 1) The number of children entering foster care decreases.
- 2) Permanency is achieved earlier for children in foster care.

**Team Decision-Making (TDM)**

*Expected Short-term Outcomes:*

- 1) Families receive appropriate supports and services in a timely manner.
- 2) Families are linked to community-based resources and informal and natural supports that best meet their needs.
- 3) Participants accurately identify steps needed to connect children to lifelong supports.

*Expected Intermediate Outcomes:*

- 1) Caregivers have increased capacity to meet the individualized needs of and provide a safe and stable environment for their children.
- 2) Family functioning is improved.
- 3) Involvement of caregivers in case plan and services increases.

*Expected Long-term Outcomes:*

- 1) The number of children entering foster care decreases.
- 2) Placement stability for children in foster care improves.

**Targeted Recruitment**

*Expected Short-term Outcomes:*

- 1) Increased number of available, quality foster homes.

*Expected Intermediate Outcomes:*

- 1) Children are placed in foster homes equipped to meet their individualized needs.

*Expected Long-term Outcomes:*

- 1) Placement stability of children in care is increased.
- 2) Permanency is achieved earlier for children and youth in foster care.

**Permanency Roundtables (PRT)**

*Expected Short-term Outcomes:*

- 1) Participants accurately identify the permanency status of youth in care.
- 2) Participants accurately identify the steps needed to connect children to life-long supports.
- 3) Participants identify systemic issues preventing timely permanence for individual youth.

*Expected Intermediate Outcomes:*

- 1) More youth make life-long connections.
- 2) The individualized needs of children and youth are met.
- 3) Division resolves reoccurring systemic issues preventing permanency for youth.

*Expected Long-term Outcomes:*

- 1) Practices pertaining to permanency are improved through proactive case management.
- 2) Permanency is achieved earlier for children and youth in foster care.

Overall update of each waiver intervention:

**Differential Response:**

Arkansas began implementing its Differential Response (DR) Program through a phase-in process prior to IDIR approval and successfully implemented DR statewide in August 2013.

The Division added a DR Program staff member to the Central Office DR Unit upon IDIR approval in July. This newly hired employee primarily reviews all DR referrals and confirms they are assigned to the appropriate response pathway (i.e., DR or investigations). This additional support in the DR Unit allows the DR Program Manager to spend more time coaching and educating staff and stakeholders around the state about DR. The DR Program Manager's coaching sessions have been conducted during direct site visits as well as via conference calls with field and supervisory staff at all levels. Generally these sessions involve reviews of the DR policy, clarifications regarding the policy as needed, case scenario exercises, and discussions regarding the findings from the DR Unit's case reviews (see below for more information) including how the counties could improve upon those findings.

With the statewide implementation of this new program in August 2013, the Central Office Differential Response Unit continually reviews Differential Response cases to ensure quality and timeliness of the DR family assessments and referrals for services. As referenced above, the DR Unit staff members in Central Office provide feedback and coaching on the results of the reviews.

Another result of these case reviews at the Central Office level included suggesting and moving forward with needed revisions to the Differential Response policy. The current DR policy mandates the DR Specialist to meet face-to-face with all household members within 72 hours of receipt of the Child Abuse Hotline referral in order to initiate DR. Given that homes often have multiple household members with varying schedules, this requirement has been challenging and has negatively impacted DR initiation rates. The proposed policy revisions allow the DR Specialist to initiate DR by observing and/or speaking with the victim child and at least one parent/caretaker within 72 hours of receipt of the Child Abuse Hotline referral (the DR Specialist will still be required to meet face-to-face with all other household members within five days of the hotline referral). The Division anticipates that this policy change will help to improve initiation rates. The proposed policy is in promulgation and is currently scheduled to become effective in May 2014.

In order to increase accountability as well as improve Differential Response practices, each Area Director also conducts DR case reviews of recently closed DR cases that were not initiated timely. This provides detailed county-by-county information regarding specific challenges as well as best practices that the Area Directors share with their supervisory staff. These case reviews also provide opportunities to celebrate successes when appropriate.

In addition, some Area Directors in the field also developed further processes within their respective areas to not only ensure timely DR initiations, but also in an effort to infuse best practices regarding family engagement and service delivery as they relate to DR. For instance,

some Area Directors have required their DR staff to review closed cases and conduct a self-assessment to determine how they could have improved their performance regarding those particular cases.

The results of these various reviews at both the Central Office and local levels indicate that employees who are assigned to Differential Response while also serving in other roles (e.g., as investigators, foster care case workers, etc.) are struggling with prioritizing the DR cases due to their diverse workloads. This generally results in overdue health and safety assessments and “triaging” practices for DR cases. To address these issues, Arkansas placed ten additional staff in the field to assist with specializing workloads for Differential Response as well as strengthen supervisory oversight to better assess the skills and practices of DR direct services staff.

The multiple reviews also show that Arkansas has also experienced some initial challenges with DR in regards to the practice shift necessary to successfully engage families. In order to address these barriers, the Division is in the process of developing family engagement tools. DCFS also established an agreement with the Kempe Center to provide skill-based activities during the DR Quarterly Staff Meetings which include frontline DR workers as well as their supervisors. Casey Family Programs is supporting this technical assistance provided by the Kempe Center.

The challenges include:

- Assuring that FSWs assigned to DR do not conduct forensic interview to conduct the health and safety assessments
- Assuring that FSWs do not assume strengths and needs without engaging the families and gathering/verifying information
- Assuring that FSWs do not simply conduct the health and safety assessment and then provide a paper listing of community resources without engaging the family
- Assuring that FSWs are not “triaging” DR referrals by treating them as a lower level of priority and responding with less urgency
- Assuring supervisor buy-in in order to strengthen supervision around assessing and coaching DR staff on family engagement strategies and family centered practices
- Assuring the proper distribution of cases in very small counties where the DR referrals do not constitute a full workload.

The Kempe Center provides onsite skill building workshops every quarter. Every other quarter (twice a year), the consultants work with all DR staff and focus on the values and principles of DR and DCFS’ Practice Model, family engagement practices, and education on how to best use the tools for effective family engagement. The alternate quarters are focused on skill building workshops for supervisors of DR FSWs and other DR staff. The consultants, as well as DCFS’ DR Program Manager and other management staff facilitate role plays, provide instruction on family engagement strategies and and utilize case scenarios with coaching activities for supervisors.

The Differential Response Unit in Central Office will continue to complete random DR case reviews to assure quality and remain abreast of what is occurring in DR cases at the local level

including the types of services and supports offered through DR. The services and supports provided through DR in Arkansas include:

- Head lice treatment
- Educational and instructional materials
- Home maker services
- Counseling referrals
- Parenting classes
- Referrals to/contact information regarding local food banks
- Information regarding affordable housing and/or the Public Housing Authority
- Utility assistance referrals
- One-time DCFS payments for pest management
- Clothing
- Transportation
- Coordination with Family in Needs of Services (FINS) officers
- Assistance with inpatient mental health service referrals
- Assistance with applications for other DHS services such as SNAP

The basis for the various levels of review is to ensure that all levels of management and staff understand and are adhering to the fidelity of the model and engaging families in the assessment of need and provision of services to meet their identified needs. It also allows for a consistent continuous quality improvement process. Preliminary data indicates that 53 percent of families involved in DR referrals are being linked to or receiving services versus 18 percent of families in the traditional investigative pathway.

The parenting classes that are provided to DR families are typically those offered through community resources, including schools, pre-natal care clinics, Community Mental Health Centers, churches/faith-based organizations, and other community agencies. There may be times when DCFS provides the parenting utilizing the Active Parenting curriculum. The parenting focus will be based on the strengths and needs of the family as well as the family's preferences with regard to where they would like to receive the parenting services as well as consideration to the availability of the parenting classes in their community.

The Division has developed a resource guide of known parenting curricula offered within counties across Arkansas. Curricula includes: Love and Logic, Active Parenting, STEP Parenting, Parenting the Strong Willed Child, Parenting without Violence, and Building Lives Together. When formal curricula are not available, Active Parenting or another informal parenting curriculum are utilized to provide parenting education.

Once the Nurturing Parenting Program (NPP) is implemented statewide, all families, including those in DR referrals, will have access to the program if parenting is identified as a priority need through the functional assessment (CANS/FAST). If this is not an identified need, but the family indicates a willingness or need for support and parenting groups and/or classes are available, they may also be referred to community-based parenting classes.

Arkansas's Differential Response approach is both family-centered and strength-based so that staff utilize quality family engagement strategies to conduct health and safety assessments and needs assessments with families in DR referrals. With this type of approach, the family assists with assessing the health and safety of their children as well as identifying needs that would help support the family and safely maintain the children in the family home. The intent of DR is not to make a contact and provide them with a list of community resources, but to engage the family in a conversation to learn about their strengths and needs as well as educate them on community services and how those services may provide support. This may include conversations about external supports and assisting the family with identifying the resources available within their own support system. Based upon the family response and the assessed needs, the worker may ask the family if they would like for her/him to assist in reaching out to the community resource, schedule the first appointment, provide transportation or even participate in the first meeting or contact with the community resource. If there are not many needs (or any) identified, or if the family seems to know how to access resources and has the knowledge and skills, the DR FSW may only provide them with the Community Resource list. The family may not have any assessed needs, but they may request services or other supports, and DCFS would provide assistance as needed to ensure the family gets what they need.

An overview of Arkansas Differential Response data for SFY 2014 thus far (July 1, 2013 through February 18, 2014) is as follows:

- 2,439 DR referrals assigned to the field
- 517 DR referrals that had to be redirected to the investigative pathway
- 189 DR referrals screened-out by the Child Abuse Hotline and the DCFS DR Unit 1,309 DR cases reviewed by DCFS DR Unit for quality assurance purposes

Per DCFS Policy, there are certain criteria that prevent a child maltreatment allegation from being assigned to the DR pathway. As the Hotline conducts the initial screening, the DR Program Manager and Specialist conduct a *secondary* screening at the central office level. Many times, due to time constraints, the Hotline staff is not able to conduct the central registry searches to determine if the family has a current open case or maltreatment allegations within the last year. Both of these circumstances would prevent a referral from being assigned to DR. At the secondary level of screening, this search is conducted and often times are how the referral is re-directed to the investigative pathway. It is a rare occurrence that the DR referral is redirected to the Investigative pathway once assigned to the field. If a DR FSW conducts the health and safety assessment and determines that it is not appropriate for DR, there is a protocol that must be followed and the DR Program Manager is a part of this decision. Data indicates that only about 20% of the referrals are re-routed to the investigation pathway after a family contact. This is a data element that is monitored closely by the DR staff.

Prior to and during implementation, Arkansas assessed the capacity of hotline staff to conduct 100% of the central registry and open case searches but, with the current wait time and staff capacity, the decision was made to have the DR staff serve as the secondary review level prior to assigning to the field. The DR Program Manager and the DR Specialist are the secondary screening staff and have very tight timeframes within which to conduct the searches. Staff have

only 72 hours to initiate the health and safety assessment once the referral is accepted by the hotline.

Permanency Round Tables:

Permanency Round Tables (PRT) were previously conducted in each of Arkansas's ten service areas between 2010 and 2011, prior to the demonstration period, for foster children who had been in care for 36 months or longer. Casey Family Programs provided training and instruction surrounding the PRT process and the importance of legal permanence, and consultants from Casey were onsite during the initial roundtables to help facilitate the PRTs and to model the process. The initial PRTs were successful in helping to facilitate permanency for children and reflected the permanency planning practices supported by Arkansas's practice model framework.

DCFS adopted Casey's interactive permanency values training to bolster permanency-related practices, particularly the importance of individualized permanency planning in achieving permanence. DCFS then evaluated its personnel to determine which staff would be appropriate to serve as key players in the PRT process (e.g., master practitioners, permanency consultants and facilitators), while also assessing ways in which to sustain the permanency values training and the roundtables themselves. Management of the PRTs was then assigned to DCFS' Permanency Specialist, who began to coordinate and conduct the permanency values training and the roundtables in early 2013. This proved to be challenging, however, because this staff person was also managing Arkansas's Subsidized Guardianship Program and the board payment process for the foster care unit, not to mention the scarce resources available for the PRTs.

Once the Initial Design and Implementation Report (IDIR) was approved in July 2013, DCFS initiated the hiring process for an additional full-time Permanency Specialist to coordinate and develop Arkansas's permanency round table process and integrate them into the Agency's standard practices, e.g., as a part of concurrent planning. The new Permanency Specialist was selected and hired effective January 21, 2014.

Seven permanency values trainings have been conducted since the approval of the IDIR, during which 162 staff (DCFS and University Partners) has been trained. Furthermore, PRTs have been conducted in Areas 2, 3, 5, 6, 7, 8, 9 and 10 regarding 89 children and youth in foster care during that time. We do not have the follow up data as of yet to determine if the 89 PRTs contributed to improved permanency outcomes for the youth that have had a PRT since July 2013. Anecdotally, we do believe that PRTs have contributed to permanency planning options or activities that likely would not have occurred, specifically related to considering past placements or relatives that were not able to be considered at the time the goal was established or decisions were made to not continue with reunification services.

Roundtables were conducted in Area 1 prior to the approval of the IDIR, but the Area's subsequent round of PRTs scheduled for October 2013 had to be cancelled due to the government shutdown. Area 1's PRTs are currently being rescheduled for March/April 2014. Additionally, the Permanency Specialist is currently consulting with Area 4 to determine which youth need roundtables. That Area's PRTs will be scheduled by April 2014.

Currently, Arkansas is in a "reflecting" phase of implementation due to concerns related to maintaining fidelity to the PRT process model.

Some of the issues and concerns identified include:

- Because of turnover, many staff have not had the initial Permanency Values Training, and the Update is not a sufficient introduction to the process. Lack of interaction within the Update training
- Lack of the skill building training for permanency teams
- Feedback from staff that some permanency team members were not adhering to the model
- Case planning became more of the focus than permanency planning in some Areas
- Follow up to the PRT is not consistent nor always timely
- Confusion over how cases were selected for PRT

Although the evaluation activities are in process, DCFS does not have anything significant to report at this time. The Permanency Specialist has been informally reviewing the Division's processes, feedback from the trainings, and the feedback from the Area Directors after each PRT has been conducted. DCFS had a Permanency Specialist coordinating the PRTs prior to January 2014, but that staff person's other assigned responsibilities interfered with the time available for coordination of the roundtables.

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

- Seven Permanency Values Update trainings (Update) have been conducted in which 162 staff (DCFS and University partners) have been trained
- 99 Permanency Round Tables have been conducted
- Eleven Permanency Consultation Meetings (PRT prep meetings in one service area) have been conducted
- Full-time Permanency Specialist hired

Some barriers/systemic issues identified include:

- Worker retention
- Court rulings preventing extended family searches
- Lack of access to community and/or placement resources
- Placement providers' treatment plans not coinciding with the child's diagnosis
- Increased turnover of mental health workers affected the ability of some children to get the specialized services or treatment they needed
- Medications prescribed to the children were not conducive to the mental or behavioral issue(s)
- Staffing shortages prevented some supervisors from reviewing cases with field staff prior to the PRT, which stalled the process because some cases were not well-researched

In late summer, DCFS will hold Permanency Values Trainings and Skill Building Workshops for the identified teams with Casey Family Programs supporting a consultant to co-facilitate.

Casey Family Programs has assigned a consultant to Arkansas to assist the Permanency Specialist with enhancing the Agency's tools used for administering the PRT process and with developing and sustaining Arkansas's permanency values training, including refresher training

and a skill building training for team members. This consultant will also provide coaching and support to the Permanency Specialist to ensure adherence to best practices and to strengthen the PRT process to improve permanency outcomes for children/youth in foster care. An on-site consultation is scheduled for March 26, 2014 to develop the technical assistance plan with Casey.

CHRIS, Arkansas's SACWIS, now has PRT-specific screens for documentation of PRT-related activities, including action plans and follow-up. DCFS is in the process of developing a plan to input information concerning previous and future PRTs for more efficient evaluation and tracking.

### **Team Decision Making:**

Arkansas continues to move the implementation plan forward for the Annie E. Casey model of Team Decision Making (TDM). The first phase TDM implementation counties are: Washington, Benton, Carroll, Madison, Pulaski, Faulkner, Conway, Saline, Craighead, Lawrence, and Randolph Counties.

Annie E. Casey strongly recommends that Team Decision Making facilitators be hired at a supervisory level. This created challenges for DCFS as the Division has a dearth of supervisory positions available. Fortunately, after several meetings with the DCFS Personnel Unit, the Division secured non-supervisory level positions for the TDM facilitator positions that are, however, one grade higher than the FSW level. These recently identified positions are classified as FSW Specialists. Arkansas secured five FSW Specialist level positions that will be used for the TDM facilitators. These positions are currently going through the required administrative processes that will allow them to be advertised within the next month. Due to the reconsideration of the TDM facilitator minimum qualifications and the resulting time needed to identify a more appropriate grade level for the TDM facilitator positions, DCFS has moved the TDM implementation timeline from March 2014 to May 2014.

DCFS has developed the policy and procedures for Team Decision Making within the Arkansas child welfare system. The policy and procedures have been reviewed by DCFS staff in Central Office as well as in the field. Annie E. Casey representatives have also participated in reviews of the various drafts of the TDM policy for Arkansas. The final version of the TDM policy will be initially filed for promulgation in March with an expected effective date of May 2014.

Arkansas has also initiated meetings with the CHRIS staff to develop the Arkansas SACWIS screens necessary to document the TDM elements required by the Annie E. Casey model. The Division anticipates that these screens will be completed and rolled out in conjunction with the first phase of TDM implementation.

Annie E. Casey conducted site visits with the Team Decision Making Workgroup in October 2013 and January 2014. The first site visit largely provided an overview of Team Decision Making to the group and provided an opportunity for DCFS Central Office and field staff as well as IV-E University Partners to pose questions regarding this model. The second site visit included discussions regarding developing a comprehensive approach to training, communication planning, and preparing for final readiness activities for the first phase TDM

counties referenced above. Annie E. Casey representatives have also provided technical assistance and planning support to the Division via conference calls throughout the fall 2013 and winter 2014.

Consultants from the Annie E Casey Foundation provided a one day overview to internal and external stakeholders prior to implementation. DCFS has designated at least one DCFS Waiver Core Team representative to provide onsite support and information related to Arkansas's specific implementation plans. TDM Facilitators are provided with a three-day training that includes strategies and tools on engaging families, explaining TDM, and facilitation of this type of meeting. DCFS has also adapted several of the TDM tools and handouts that can be utilized to explain the program and intent to families that will be reviewed with staff and the facilitators.

DCFS has implemented strategies to communicate the intent, planning and implementation of the Title IV-E Waiver Demonstration Project. These include, but are not limited to:

- Connections Newsletter (internal and external)
- Advocacy Council (external)
- Director presentations (legislative, foster parents, internal staff)

DCFS will continue to receive technical assistance from AECF throughout statewide implementation while planning for the sustainability of the facilitator training, stakeholder overview, as well as a plan for embedding the practice into our system during the second year of implementation, regardless of whether we are statewide at that time.

#### **Child and Adolescent Needs and Strengths Functional Assessment:**

The first phase implementation counties for the Child and Adolescent Needs and Strengths (CANS) Functional Assessment are: Pulaski, Saline, Lonoke, Miller, Fulton, and Izard Counties.

The Arkansas CANS Workgroup and its subcommittees (i.e., training, communication, and IT/CHRIS) meet regularly. The workgroup has completed the Arkansas CANS for the five and older population, and will finalize the CANS for the zero to five population within the next month. The workgroup will then develop the Family Advocacy Strengths Tool (FAST) which will be the functional assessment tool used for families involved in protective (in-home) services cases. The CHRIS staff has been engaged with the CANS intervention from the beginning and are collaborating with the CANS Workgroup to ready CHRIS for the first CANS roll out. The CHRIS work will be finalized once both CANS tools (zero to five and five and older) and the FAST are completed.

Dr. John Lyons, the developer of CANS, will serve as the consultant for Arkansas. In this role, he will not only assist Arkansas in developing the CANS implementation plan, but will also be the primary CANS trainer for the first year of implementation. For State Fiscal Year 2015, Arkansas will secure a contract with Chapin Hall at the University of Chicago to provide on-site coaching and technical assistance as the Division continues to move forward with the statewide implementation of CANS. The CANS evaluations tools have been submitted to the Children's Bureau and are pending approval.

### **Nurturing Parenting Program:**

The initial counties in which the Nurturing Parenting Program (NPP) will be implemented include: Pulaski, Saline, Lonoke, Miller, Fulton, and Izard Counties. These are the same counties in which CANS will be first implemented, an alignment that is designed to better meet the needs of clients. Currently, most parents involved with the child welfare system in Arkansas are referred to parenting classes, regardless of genuine need. CANS will identify the highest priority needs of families, and parenting classes will not always be the intervention or service needed to address the issue(s). By aligning NPP with CANS, Arkansas intends to shift the “automatic” referral to parenting classes to a more intentional assessment of needs. If parenting education will truly address the need(s) identified by the CANS, then a referral to NPP would be appropriate and an individualized parenting plan will be developed. The selection of the specific implementation counties was also intentional, as they have the capacity to support the program and they represent both urban and rural communities.

Arkansas participated in a peer-to-peer telephone consultation with the Louisiana Department of Children and Family Services in October 2013 to gather information about their experiences from having implemented NPP for Louisiana’s child welfare population. Arkansas had its initial on-site consultation with Dr. Stephen J. Bavolek on November 20, 2013, a meeting that included the NPP workgroup members, DCFS executive team and area directors. During the session, Dr. Bavolek provided the philosophy behind NPP and an overview of the program and intended outcomes.

DCFS is currently finalizing the request for proposals (RFP) for parent educators, which includes the scope of work and performance indicators for providing NPP to children and families in Arkansas. The lead for NPP retired in December 2013, and DCFS is currently working to identify a new principal for this intervention. Arkansas plans to submit its formal response to the Children’s Bureau in March 2014 regarding the feedback from the State’s IDIR concerning NPP. HZA has developed the drafts of the evaluation tools for the intervention that will be submitted to the Children’s Bureau with the follow-up from DCFS.

DCFS has assigned Ed Wallace, Program Coordinator, as the NPP lead for DCFS. He assumed these responsibilities in April 2014. Since that time, he and other program managers have met to coordinate NPP’s implementation, including drafting a scope of work and developing several performance indicators for use in the RFP for contractors. DCFS plans to implement NPP on a statewide basis. The NPP Workgroup members have been identified, and the first workgroup meeting will take place this summer.

### **The primary roles within NPP will include:**

- Parent Educator (contracted provider) – provides the parenting and child development education classes whether group based or home based. Responsibilities will include, but are not limited, to recruiting community providers to reach out to parents; serving as a member of the family-centered team; providing relationship support to families; facilitating and modeling parenting skills; and demonstrating leadership and professionalism.

- Parent Coach (contracted and internal providers) – provides support to parents during in home visits with the family. Responsibilities will include, but are not limited to, encouraging families to attend parenting classes; making referrals for community based resources as needed; modeling appropriate parenting techniques; observing and encouraging positive, appropriate parenting skills utilized by parents; and providing relationship support to families.

By increasing knowledge of age appropriate expectations and positive parenting, DCFS believes that parents will be able to better identify and locate community services and support that they would not have typically accessed. As we implement the functional assessment and NPP, DCFS expects to have some need to develop local community resources to assure that parents have the services and supports at the community level to prevent them from coming to the attention of the child welfare system again. By having the NPP assessing what their individualized parenting needs are, this will provide information to DCFS to better assess the community services and supports and connect parents/families to their community.

The National Resource Center for Community-Based Child Abuse Prevention (CBCAP) has identified six protective factors: 1. Nurturing and Attachment; 2. Parental resilience; 3. Social connections; 4. Knowledge of parenting and child development; 5. Concrete support in time of need; and 6. Social and emotional competence of children. Building knowledge of parenting and child development is a primary focus of NPP. The parenting content in NPP emphasizes the importance of cooperative, empathic relationships with children and “discipline with dignity.” Programs structured around the age of the child allow for the delivery of relevant information on brain development, ages and stages and other child and youth development topics. The goal is to develop appropriate expectations among parents. NPP embraces a wraparound philosophy of services. The Nurturing Skills Competency Scale (NSCS) is used to identify needed concrete supports in six areas. Responses to the NSCS are presented in a parenting profile identifies the concrete services the parents need. It is the intent of the profile to bring awareness to the decision makers as well as the parents that successful parenting education is also providing concrete services to families.

### **Targeted Recruitment:**

Arkansas is continuing to work to more finely hone its targeted recruitment intervention. Since the approval of the IDIR, Arkansas was awarded the Diligent Recruitment of Families for Children in the Foster Care System funding opportunity through the Children’s Bureau (HHS-2013-ACF-ACYF-CO-0593). DCFS is currently implementing Arkansas’s Creating Connections for Children Project (ARCCC), which will augment this intervention and its other recruitment by recruiting and retaining quality resource families to care for youth in the State’s foster care system.

ARCCC is a comprehensive, multi-faceted and community-based diligent recruitment program based on Annie E. Casey Foundation’s Family to Family model. It will combine technology, e.g. geospatial mapping, with evidence-informed practices to recruit and support a pool of qualified resource families in the highest need communities to serve the population most in need. The specialized recruitment efforts will target youth (12 and older) because they remain in foster care longer than other age groups, they suffer from increased instability and they are often separated

from their siblings and communities, all of which lead to trauma. ARCCC will target four high need geographic service areas that comprise 55 percent of the youth in care statewide, including Areas 1, 2, 6 and 8. However, the resources developed and lessons learned through the project will also be used for general and specialized recruitment across the state to ensure that children and youth from all communities benefit from this opportunity.

The targeted recruitment intervention will align with ARCCC and, as such, all recruitment activities will be based in the Family to Family model. To prevent overlap, however, the targeted recruitment intervention will only be implemented in Areas 3, 4, 5, 7, 9 and 10. The specific approaches for each service area are still being ironed out to determine the most effective strategies for the various regions of the state. For example, while ARCCC will utilize four internal Community Engagement Specialists for the recruitment activities in the service areas it's targeting, some or all of the Areas employing the targeted recruitment intervention may utilize performance-based contracting for recruitment efforts. Arkansas plans to submit its final implementation plan no later than June 30, 2014 in order to ensure that it may implement the target recruitment intervention during the second year of the Waiver.

DCFS plans to implement the Family to Family model for the other six service areas with the same implementation plan as the ARCCC Project. The Division will hire Community Engagement Specialists to cover these Areas. All recruitment resources and tool kits developed through ARCCC (aligned with Family to Family) will be used in all service areas. Specific data packages will also be developed for and local community recruitment teams will also be established for Areas 3, 4, 5, 7, 9, and 10. The Geographic Information Systems (GIS) Laboratory at the University of Arkansas at Little Rock (UALR) will provide geospatial mapping capabilities and GIS support to the Areas involved in Targeted Recruitment but through a separate funding stream.

Some of the differences between Targeted Recruitment and ARCCC may include:

- DCFS may not hire one Community Engagement Specialist per Area
- There will be minimal development required for tool kits and recruitment materials because they'll be developed through ARCCC
- DCFS is exploring contracting recruitment and retention activities (expecting the contract provider to utilize the Family to Family model)

In order to assure that grant dollars are spent only for grant activities, the Project Lead, four Community Engagement Specialists, Evaluation, and GIS contract will be implemented very specifically as outlined in the Diligent Recruitment grant work plan. DCFS will hire a Program Manager for Targeted Recruitment that will function similar to the Project Lead for Diligent Recruitment in that they will become experts on the Family to Family model, mastering and training on the recruitment toolkits and supervising the Community Engagement Specialists hired for the other six service areas. DCFS considers ARCCC and Targeted Recruitment on parallel tracks but not overlapping.

DCFS plans to submit the final IDIR for Targeted Recruitment by June 30, 2014.

## ARKANSAS CAPTA PLAN

The Arkansas CAPTA State Plan assures that Arkansas directs funding to the CAPTA allowable and required programmatic areas. A varied collaboration of stakeholders developed this plan throughout the year utilizing multiple strategies. Stakeholders included, but were not limited to: community based providers; court personnel; Division of Children and Family Services (DCFS) field staff; foster parents; youth in foster care; families who receive services; and other child-serving divisions and agencies (e.g., Division of Youth Services, Division of Disabilities Services).

Strategies to elicit feedback and identify needs included: surveys; focus groups; individual meetings; contract monitoring activities; Quality Service Peer Review (QSPR) interviews; and unsolicited letters/correspondences to DCFS.

Steering committees comprised of internal and external stakeholders guided new initiatives from development to implementation to follow up.

Arkansas annually reviews and revises plans to reflect any changes in the State's strategies or programs and so note in the APSR as well as directly notify the Regional Office (RO) for Arkansas.

There were no laws or regulations that would negatively impact CAPTA eligibility. Effective July 27, 2011 there was statues established to allow for development and implementation of:

- Differential Response System (DRS);
- Requirements for referral of services for children diagnosed with Fetal Alcohol Spectrum Disorder (FASD);
- Plan of safe care

The CAPTA State Plan for Arkansas will continue to align with the strategic plan developed and implemented to continually improve child welfare services and child and family outcomes in Arkansas.

Arkansas CAPTA Coordinator (State Liaison Officer) may be contacted at [Lindsay.mccoy@dhs.arkansas.gov](mailto:Lindsay.mccoy@dhs.arkansas.gov) P.O. Box 1437 Slot S563-Little Rock, AR 72203

### CAPTA funding specifically supports

- *Case management including ongoing case monitoring and delivery of services and treatment to children and their families through:*
  - Family Treatment Program contracts which provide parents and caregivers of sexually abused children with treatment services (assessment, diagnostic, interview, psychiatric review, and individual/group psychotherapy);
  - Intensive Family Services (IFS) contracts;
  - Funding for 4 Citizen Review Panels;
  - Statewide Language Interpreter Services contracts for county staff with families who are not proficient in English.

Interpretation and telephone services are provided 24 hours a day, seven days a week. This service also assists staff in document translation. The contract continues to provide translation services for legal documents, as well as some of DCFS publications. There are no planned changes to this service.

- *Developing, strengthening, and facilitating training topics including:*
  - Research based strategies and differential response to promote collaboration with the families;
  - Legal duties/activities of DCFS staff;
- *Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions including:*
  - Social and health services;
  - Financial assistance;
  - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption through an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to “Baby Doe” reports.
- *Developing and delivering information to improve public education relating to the role and responsibility of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect through:*
  - Child abuse prevention materials and promotional items distribution;
  - Prevention website updates;

The following strategy plan for year FY 2014 will incorporate additional requirements into policy and practice

The FASD Task Force continues to meet monthly with leadership of community and state organizations that are committed to improving the lives of children and families who are living with an FASD.

Several Conference speaking opportunities this year for the program staff include: Arkansas Children’s Hospital, Angel One Team FASD Presentation with Dr. Schaefer, Wilber D. Mills Co-Op HIPPPY presentation, NWA PRC AHEC Training in Fayetteville, Saline County Foster Parent Conference, Pulaski Technical College FASD presentation, Foster Parent Conference Jonesboro, PRC Garland County Change Point FASD, Zero to Three Court Team for Safe Babies Medical Luncheon with Dr. Burd and Dr. Schaefer, Zero to the Three Cross Site – FASD Panel Discussion FASD program in Arkansas, PRC NE Arkansas Walnut Ridge FASD, FASD at the Underage Drinking Conference, FASD presentation at the AHSEA conference, Arkansas Children in the Courts Conference.

The FASD program director and a FASD task force member, who worked on the project as a part of the evaluation team, submitted an abstract for an oral or poster presentation to the First International Conference on Prevention of FASD to be held in Alberta Canada in September of 2013. The abstract was accepted as an oral presentation and is titled Screening, Diagnosis and Intervention in the Child Welfare System. Both the FASD program director and the a member of the FASD task force who was active on the evaluation team for the FASD project will attend the conference and give the oral presentation.

The FASD Task Force supported the efforts of one of its members the March of Dimes, who lobbied for the Warning Sign Bill House Bill 2277 which Passed and is now law in Arkansas.

*Goal: Develop and implement a Differential Response Program (DRS) in Arkansas.*

- 1) Identify specific DRS allegation types. (Completed)
- 2) Establish a workgroup to assist in development and review of program. (Completed)

- 3) Develop functional job descriptions for staff working with DCFS DRS. (Completed)
- 4) Outline roles/responsibilities for hotline and providers of DRS. (Completed)
- 5) Develop Request for Proposal (RFP) for potential DRS providers. (Completed)
- 6) Coordinate technical assistance with Casey Family Programs. (Completed)
- 7) Develop DRS policy and procedures. (Completed)
- 8) Develop initial and ongoing DRS training. (Completed)
- 9) Develop an oversight process to evaluate DRS implementation and sustainability of DRS program. DCFS is reinstating the steering committee and assessing to determine if we have the right members that helped shape the DR program. We plan on inviting some of the old members as well as add new ones. Hornby Zeller and Associates are currently conducting a study on the first six months of DR to determine how effective the implementation of the program is, whether staff are referring based on the identified need and to appropriate services, and recidivism of referrals. *(HZA methodology can be accessed on site)*

*Goal: Address McKinney-Vento Homeless Act in DCFS practice.*

- 1) Review DCFS policy to assure it reflects McKinney-Vento Homeless Assistance Act and revise as necessary.
- 2) Create a Question and Answer format to address specific questions from DCFS staff about McKinney-Vento.
- 3) Develop practice guide for field staff on how to best serve the homeless youth population.

There was little progress made on this specific goal. The DCFS Director has made a decision to identify a Grade 120 position to serve as an Educational Liaison. We believe that there is a great need to learn the education system and provide support to field staff when there are educational issues that arise. It will also be very beneficial to have an "expert" on education laws and services to better navigate and facilitate timely services.

Also within the last month, Administrative Office of the Courts, Court Improvement Coordinator, requested TA around educational stability issues and DCFS will be a part of that initiative.

If at any time Arkansas changes policies, procedures, or statutes that impact CAPTA requirements, the Children's Bureau will be notified and the State will make any corresponding changes to the APSR.

### **Specific Activities related to Services & Training utilizing CAPTA & Prevention Support Funding**

- 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. DHS legal department use the language interpreter contract for appeals hearings in maltreatment cases. Translation of documents continue to be used by the policy and legal department. 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.
- Intensive Family Services (IFS) was modified to become more prevention focused. Providers and caseworkers continue to assist families in identifying their own needs. When families are engaged in the identifying their supports and needs staff can expect change and improvement.

Several changes have been made to IFS and Counseling to ensure that the services are more family focused and friendly. DCFS clients receiving services from contract vendors are provided opportunities to fill out a satisfaction survey regarding the service. Based on the results of the client satisfaction surveys, most clients were satisfied with the service.

Clients continue to receive Intensive Family Services. The North Carolina Family Assessment Scale (NCFAS) is completed on families at the opening and closing of Intensive Family Services (IFS) to identify their level of family functioning. IFS providers choose from six measurement levels/options to describe whether the family has an existing strength or problem. According to National Family Preservation, “Adequate/Baseline” is the family functioning level where families have no reason for intervention. A decline in families with an adequate or above functioning level at the start of IFS indicates an increase in appropriate families being referred for services, which are families that function below the adequate level. (See SFY 2011 and SFY 2012)

Although NCFAS data show the functioning of families, it does not describe other elements related to families receiving IFS. Therefore, to have a better understanding of circumstances related to increases and decreases in families referred for IFS (see SFY 2013), DCFS is expanding its annual evaluation of the IFS program to include a cross analysis of NCFAS findings with IFS Intake/Tracking Forms, which capture descriptive variables about families being referred. Additional family variables to be reviewed include: referral source, county, race, gender, age, and family income. The NCFAS does not include these items.

Family functioning levels Adequate or Above Adequate at Intake for SFY 2011 was 44%.

Family functioning levels Adequate or Above Adequate at Intake for SFY 2012 was 39%.

Family functioning levels Adequate or Above Adequate at Intake for SFY 2013 was 56%

Since IFS is intended as a referral for families with functionality concerns, it is desired to see more families at the intake of IFS with a moderate or severe problem. Continued efforts are being made to more adequately identify families with more severe functional level deficits for referral to IFS.

- 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 last fiscal year (FY 2014), the activities for CAPTA are listed below:**

- A prevention website is being used throughout the year to target the reduction and awareness of child abuse and neglect. The prevention website is [www.arstopchildabuse.org](http://www.arstopchildabuse.org). There have been a number of reported cases about children being abused by the parent's significant other. An information sheet was developed on the subject and uploaded to the website. The brochure will also be distributed to single mother organizations as well as other community groups advising them to use caution when selecting a babysitter.
- Each year DCFS conducts a statewide campaign on child abuse prevention awareness. There was a statewide rally held at the capitol on April 23, 2014. Speakers included two foster parents who gave inspirational talks regarding their experiences and identified the importance of the community making meaningful connections to meet the needs of children in foster care. In attendance were community stakeholders, DCFS staff, and family members who were once involved with the child welfare system. The local county offices also held information booths, picnics and distributed information regarding the prevention of child abuse to the general public and identified stakeholders in their community, such as early childhood programs.

DCFS has a contract with the Child Abuse Commission to conduct training on indicators of abuse and mandated reporting.

**Outline of Activities for FY 2015**

- DCFS maintained a prevention website for FY 2014. Prevention unit will continue to research topics and upload to the website those that might be of interest to the public and assist in bringing about awareness regarding the prevention of child maltreatment.
- 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 DCFS staff and community stakeholders to raise the community's knowledge of the need to protect children.
- DCFS Program Assistants will be 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 changes to the Citizens Review Panels during the last state fiscal year.

CAPTA funded 4 Citizens Review Panels (CRP) operating in Carroll, Lonoke, Logan and Ouachita Counties. The CRP in Jefferson County was disbanded due to the coordinator's retirement. Two new CRPs were developed in Pope and Logan Counties.

The panels are active and work diligently to evaluate child protective services. 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.

In SFY 2015, oversight of the CRPs will be moved to Differential Response (DR) Coordinator in Central Office. Differential Response has now been implemented statewide and this change in oversight will enable more coordination and communication at the local level to implement recommendations by CRPs. It is the expectation of the agency that the information and input provided by the panels will be used to improve practice and improve outcomes for the children and families served.

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

### **Update on Implementation of Differential Response:**

The Arkansas Division of Children and Family Services (DCFS) implemented a Differential Response system which allows the Division to respond to low risk neglect cases by conducting an assessment instead of a traditional investigation. During the spring 2011 General Legislative Session, Arkansas statute was amended to give DCFS the ability to triage procedures for accepting and documenting reports of child maltreatment of a child not at risk of imminent harm if an appropriate referral is made to a community organization or voluntary preventive service.

The DR program was implemented statewide on August 12, 2013 after additional trainings were held in July and August. Subsequent trainings were held in March and May of 2014 to prepare the DR Waiver positions as well as FSW and PA's that were changing job duties.

An additional position was added to the DR unit at the central office level in early July 2013. This DR Specialist assists with case assignments and review of closed cases each month. The DR unit has conducted 100% review of closed cases for the months of August, October, and November. The Area Directors reviewed 100% of the closed cases in December and January to determine if there were any deficits in their current staff as well as points of strength for each of their counties. Beginning in February 2014 a 20% random review of all closed cases occurs each month. The DR Unit began shadowing staff in the field in May 2014 and will continue until each DR worker has been observed for two days. The field staff will be given an oral review of their performance and will provide any on site assistance needed. The Area Director and supervisor will receive a form with performance indicators so they are aware of their staff's strengths and weaknesses.

To enhance the quality and effectiveness of the DR Team the CHRIS system underwent programming changes so that all contacts and referrals can be documented within the computer system. The development of CHRIS net reports is an ongoing process as monitoring tools are identified. Chris enhancements will continue throughout the existence of the program to ensure needed updates and policy changes are reflected in the computer screens.

DCFS reinstated the steering committee which convened on two occasions to determine DR policy changes that went into effect May 2014. The steering committee will meet on an as needed basis. Hornby Zeller and Associates (HZA) began a 5 year study on the DR program which began in January 2014. HZA has developed a monthly report which tracks initiation rates by percentage, families that receive services, collaterals contacted, and percentage of cases without a face to face contact. This report has provided insight as to where the program could use improvements and areas in which we are successful.

Casey Family Programs was involved with the following: Organized a trip to shadow DR staff in Rochester, NY in July 2013. The DR Coordinator, an Area Director, and a DR worker were selected to go to New York to learn how their county run DR system operates. The staff went out into the field with the workers and met with families with open DR cases. They provided support for DCFS to send the DR Coordinator and two supervisors to the National DR Conference in Vail, CO in October 2013. The conference allowed the staff to attend seminars on how other states conduct their DR programs including statistical data. Technical assistance is being provided by the Kempe Center at the quarterly DR meetings which began in December 2013. The technical assistance will continue through 2015. The goal for the meetings are to strengthen family engagement and the supervisory practice of every participant.

Next steps: The DR program will continue to be monitored through field shadowing, case reviews, and the HZA long term study. As data becomes available through the first full year of implementation it will become easier to determine the strengths and needs of the program. The coordinator will adjust the focus of the quarterly meetings as the needs become more apparent in the future.

### **Foster Care Services:**

Foster Care Services are represented by several programs and units in DCFS which include: Permanency Specialist who coordinate Permanency Round Tables a Permanency Specialist that coordinates the Subsidized Guardianship Program; Transitional Services Unit which coordinates events and best practices for working with youth; Specialized Placement Unit whom coordinates the Interdivisional staffing and locates and assures specialized placement for youth with special needs as well as the keying and monitoring of contract TFC placements and DDS placement; foster care unit staff who manage the board payments, out of state birth certificates processing, keying and monitoring of safety check for private providers; the eligibility unit; policy unit who assures we have policy and procedures as well as assisting with best practice guides; the adoption unit; and many others. All of these units are critical to the success of the foster care program in DCFS.

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.

The agency continues to review and develop strategies for best practice on how to engage birth families. Some research suggests relational approach is best practiced when centered on child/parent visitation. The agency continues in the belief that engaging birth families directly relate to outcomes for children. In this past year, little progress is noted. The MidSOUTH Academy as well as the IV-E Partnership had workshops that provide information and practices on engaging families. The DCFS Connections Newsletter always includes information on how to

engage birth families with strategies on how to do that engagement. DCFS strongly urges case workers to work with birth families to achieve positive outcomes. Over the next year, 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 DCFS Director has a birth mother as a part of the Advocacy Council with the hope that her participation will influence and provide ideas and suggestions for improving this practice.

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. DCFS received the Diligent Recruitment Grant October 1, 2013. DCFS has proposed to implement the Family to Family model that includes a customer service model. We also plan on accessing the Geo spatial technology through UALR as a way to target the recruitment.

### **Foster Parent Recruitment and Retention Activity Update**

DCFS made a decision this year to de-centralize the supervision of adoption staff and integrate this staff under the supervision of Area Directors. As a result, the Division has conducted joint quarterly Adoption and Resource Worker meetings where we have the opportunity to provide updates, discuss best practices, strategies to increase the number and quality of homes, clarify policies, and build team work.

During this last year, some of the ideas and strategies utilized consistently for increasing and improving foster homes were:

- Improved screening of applicants. Foster Parents may need to be screened out during recruitment because of their unrealistic preferences. Many won't take teenagers. As a result, two Centralized Inquiry positions have been identified to implement centralized inquiry where there is a consistent protocol for intensive screening and sharing of information within 24 hours of the inquiry. This aligns with best practices in regards to responding to inquires as well as assuring consistency in messaging and requirements of foster and adoptive parenting. Also, DCFS is centralizing the background check processes so that this administrative function is not a part of the field responsibilities. Once people who inquire receive the information, are asked a series of questions, receive a packet of information and review carefully, as well as pass all the background checks, they will then be referred to the Resource staff for an In Home Consultation.
- Worked on strengthening communication. Communication is key to have good relationships with foster parents. Leadership has attended foster parent conferences as well as scheduled foster parent meetings in order to address issues, concerns, and discuss and develop strategies to improve communication.

DCFS recognizes that supporting foster parents to increase retention has significant impact on the recruitment of new homes. DCFS continually works with staff in regards to their role in recruiting and supporting foster parents. In addition to the support provided by staff including Resource Workers who monitor the foster homes, DCFS provides the following resources to foster parents:

- After-Hours Medical Resource Line – a telephone number that foster parents may call if they have questions related to the medical needs of the children (through a partnership

with the Division of Medical Services, Arkansas Children's Hospital and the University of Arkansas for Medical Sciences).

- Volunteer State Foster/Adoptive Parent Liaison – provides resources and assistance to resource families in Arkansas, including suggestions for navigating through the system, information and resources for educational issues, active listening for compliments or complaints.
- Foster Parent Groups and Associations – provides a medium through which foster parents may connect with other resource families in their local communities.
- Annual Foster Parent Conferences held at the local level to provide the opportunity for foster parents to receive required training and network with other foster parents.

The foster care unit as well as the specialized placement unit provides services and supports to foster parents. These services and supports include but are not limited to:

- Technical assistance in resolving board payments for foster and adoptive families
- Technical assistance in resolving issues with out of state birth certificates needed for adoptive families
- Responding and routing calls from foster parents to appropriate staff to address the concerns or issues that they have
- Periodic mail outs to foster parents in regards to policy updates and events
- Technical assistance and case consultations on specific behaviors problems and/or prescription medication issues
- Follow up assistance and guidance with educational issues
- Developing and coordinating opportunities for specialized training at the local level
- Website with information and resources listed

Supports in development for the 2013/2014 Year:

- Travel Reimbursement Guide/Support (*In development*)
- Individual meetings at request to discuss and problem solve issues (*In progress*)
- Timely follow up on issues regarding board payments/over payments (*In progress*)
- Access to State Volunteer Foster Parent Liaison (*Completed*)

DCFS was awarded the title IV-E waiver this last year. DCFS has identified targeted recruitment (performance based contracting) as one of the interventions to address through the waiver. In the planning and development phase, DCFS has been analyzing data and establishing workgroups to involve foster parents, staff, and other stakeholders to begin to focus more intently on the need to recruit and retain foster families that can meet the specialized needs of children in foster care and provide temporary care while their families address the issues that brought them to the divisions attention.

The foster care recruitment plan includes strategies for local and central office staff. This primarily focuses on general recruitment. Arkansas recently was approved for waiver and intervention is targeted recruitment. Once that plan is approved, we will include as part of our APSR recruitment plan.

## **Foster Care Recruitment and Retention Plan**

Our recruitment/retention plan is a reflection of a team approach to recruiting and retaining quality resource families to provide care to our children in foster care and supporting those homes currently available to accept our children.

*Timelines associated with these goals will change as information is reviewed.*

Goal: Recruit foster families in sufficient numbers to meet the needs of children in foster care.			
<i>Objective 1</i>		2013 Status	2014 Status
<i>Increase awareness and education of DCFS and DHS staff concerning foster care needs.</i>	1. Utilize reports matching preferences of foster parents to demographics of children.	The permanency team has reviewed and analyzed data reports to determine the characteristics of children in foster care and the characteristics of children accepted by families AR needs to recruit children 0-1 years of age as well as youth older than 12 years of age. AR also is piloting a Foster Care matching system.	
	2. Through meetings with resource workers determine specific /targeted needs such as medically fragile, teenagers, large sibling groups, etc.	Monthly Resource Worker meetings are conducted. We have assessed the recruitment material this past year and gathered the type of recruitment activities that are currently taking place to assess and determine what is needed in regards to strategies over the FFY 2014 year.	These are now quarterly Adoption/Resource staff meetings with plans to establish monthly phone conferences with Resource Supervisors.
	3. Develop necessary recruitment materials to meet the specific needs as defined in steps 1 and 2	Development of recruitment material is pending. We do have general recruitment material and partner with	

		Adoption recruitment in regards to “A Place to Call Home” for special needs.	
	<p>4. Work with local staff and stakeholders to determine best location for recruitment efforts</p> <ul style="list-style-type: none"> <li>a. Venues</li> <li>b. Forums</li> <li>c. Audience to target for best results</li> </ul>	The resource workers continually do this at the local level.	With the award of the Diligent Recruitment Grant, utilizing the Family to Family model, Community Engagement Specialist will focus on community development for recruitment and retention of resource families.
	5. Work with Communications Specialist to develop appropriate messaging for the individual counties needs	AR did have some opportunity this year to have local media interview active foster parents during Foster Care Month.	DCFS does not have a Communication Specialist in 2014.
	6. Determine best location for the most effective use of recruitment informational brochures and recruitment of foster homes	Recruitment material is utilized in many different forums and many different events. During the May 2013 Foster Care Month we placed ribbons on the River Bridge and had material available during River Fest.	During the 2014 Foster Care Month, we distributed a post card of “thanks” to all foster parents and held a balloon release in honor of all 4,000 children in foster care.
	7. Review where inquiry meeting notices are being posted	Pending. Currently posted on web site.	
	8. Work with local staff on best locations for posting meetings and upcoming foster care	Pending.	We have made a concerted effort in 2014 to

	events		announce events in the quarterly Connections Newsletter of the mini-newsletter.
	9. Review current locations for inquiry meetings to ensure they are in a location convenient and conducive to professional meetings	Pending	
	10. Establish a listing of locations to rotate inquiry meetings to garner more community awareness of foster care and the needs of the agency	Pending. Strategy in development to have Inquiries managed from the Central Office with specific protocols for follow up and support.	Began implementation of the Centralized Inquiry Process. We have conducted a cross walk of the policy and procedures as well as developed a protocol for this function.
	11. Review tracking log for barriers to timely opening/approving of foster homes <ul style="list-style-type: none"> <li>a. Training schedules</li> <li>b. Fingerprint checks</li> <li>c. Home studies</li> <li>d. Other barriers</li> </ul>	This is a continual process that the Permanency Team and Executive Team have focused on. We made adjustments last year to streamline the process and have aligned the Criminal Record checks for foster and adoptive families during this legislative session.	The Centralized Inquiry positions will be coordinating all the background checks for resource families at the front end as well as when they are due. The only exception is for provisional families. The foster care unit continues to explore strategies for improved or enhanced training as well

			as timely and quality home studies.
	12. Promote relative placements	Ongoing	In the 2013 legislative session, fictive kin was added to the provisional definition.
	13. Conduct local community meetings to share information regarding foster care, statewide numbers, local demographic information, barriers, successes and needs of the agency and communities can help with these needs.	Ongoing	
<i>Objective 2</i>		2013 Status	2014 Status
<i>Enlist the support of DCFS Foster Parents to assist in recruitment efforts</i>	1. Communicate needs of the foster care system to local stakeholder groups	Ongoing	This is a priority topic for the Advocacy Council.
	2. Communicate needs of the foster care system to local foster parents	Pending. AR is looking at developing a data report that can reflect the needs within school districts and neighborhoods where by partnering with UALR and the GIS program.	This contract is in place and we will begin the sharing of data so that we can develop specific and targeted recruitment plans across the state.
	3. Engage foster parents in local areas about how to generate more interest in fostering, mentoring, etc.	Ongoing	Foster parents are on the Diligent Recruitment workgroups as well as the Advocacy Council.
	4. Invite foster parents to attend inquiry meetings to	Ongoing	

	share their experiences and to answer questions from prospective/interested parties		
	5. Invite foster parents to attend foster/adopt pride training	Ongoing. The work this last year has been to improve consistency with attendance.	
	6. Engage foster parents regarding where the best opportunity for recruitment is in their communities	Ongoing	
	7. Distribute foster recruitment brochures to foster parents for them to hand out	Ongoing. The work here is to have consistency and available material in the local county offices.	
	8. Communicate to current foster families their role in recruitment	Ongoing	Toolkits will be developed in 2015 .
	9. Work with Division to sponsor community foster care awareness activities	AR has had many events for awareness during Child Abuse and Neglect Prevention Month, Foster Care Month, Adoption Awareness Month, and for the first year has sponsored a Reunification Month Event.	
	10. Encourage foster parents to invite interested individuals to inquiry meetings	Pending.	
	11. In areas without foster parent associations, work to develop	Ongoing.	Very little work was completed

			in regards to this in 2014. DCFS has plans to conduct focus groups and work with Resource staff and local foster parents to assure that each area has at least one Foster Parent Association, group, or meeting time where they can be provided DCFS updates, new policies, and/or receive training hours and network.
	12. With current active foster parent associations encourage their participation in recruitment	Ongoing	
	<p>13. Recruitment of volunteer foster parent to serve in role as statewide volunteer liaison</p> <ul style="list-style-type: none"> <li>a. Develop job descriptions</li> <li>b. Outline parameters with in which they work</li> <li>c. Role of the position</li> <li>d. Develop procedures and guideline for position to follow when handling calls</li> <li>e. Development of messaging to foster parents and staff regarding the function of this role <ul style="list-style-type: none"> <li>i. When to call, what to forward to this position, etc.</li> </ul> </li> <li>f. Development of information to reported monthly</li> <li>g. Development of how information will be shared and used to guide systemic change</li> </ul>	Currently have a Volunteer Statewide Foster Parent Liaison and have completed these activities.	

	h. Explore the development and role of statewide foster care advisory board		Foster Parents serve on the Advocacy Council. DCFS plans to utilize the Diligent Recruitment Stakeholder group as well as the local Recruitment Groups for consultation and guidance.
<i>Objective 3</i>		2013 Status	2014 Status
<i>Increase awareness and education of the community concerning foster care needs.</i>	1. Activities under Objective 1 and 2 will address these issues as well		
	2. Encourage local community awareness campaigns <ul style="list-style-type: none"> <li>a. Booths at local functions</li> <li>b. Presence of foster care workers and foster parents at local events</li> <li>c. Church and school functions</li> <li>d. Articles in local newspapers of successes</li> <li>e. Article in local newspapers of needs <ul style="list-style-type: none"> <li>i. Christmas time</li> <li>ii. Beginning of school year</li> </ul> </li> <li>f. Development of local PSA's</li> <li>g. Being involved in local speaking engagements</li> </ul>	Ongoing. See Resource Worker updates.	
	3. Partnering with local community groups/organizations who are interested in helping out the organization (ex. Beki's Kids project)	Ongoing	
	4. Utilizing a Place to Call Home TV segment which promotes foster home recruitment when they introduce the segments featuring our	Ongoing	

	children.		
	5. Keeping foster parent website updated as Channel 11 has added a foster care banner on their website which provides a direct link to foster care information	Ongoing	
<b>Objective 4</b>		<b>2013 Status</b>	<b>2014 Status</b>
<i>Support area and county recruitment plans and efforts</i>	1. Ensure community has local contact information to access information regarding foster parenting, locations and times of inquiry meetings, etc.	Ongoing. DCFS provide recruitment material during the monthly Resource Worker meetings or upon request.	
	2. Encourage county supervisors and area directors to attend local inquiry meetings occasionally to show support	Ongoing	
	3. County staff participate in local recruitment activities	Ongoing	
	4. As part of routine staff meetings, discuss foster home needs, recruitment of specialized homes,	Ongoing	
	5. Encourage timely responsiveness of all staff to foster parents calls and needs	Ongoing	
	6. Ensure foster parents are given contact information of local staff	This is provided during the opening of foster home.	
	7. Share in staff meetings issues staff may have heard in the community regarding foster care and if appropriate develop messaging to counter act any negative comments and share with staff any positive comments received in the community	Ongoing. shared in monthly reports or case by case with AD of Community Services.	
<b>Objective 5</b>		<b>2013Status</b>	<b>2014 Status</b>
<i>Support of current</i>	1. Addition of foster parent liaison position will provide avenue and voice for foster parents	Ongoing	

<i>foster parents</i>			
	<p>2. Send annual surveys to foster parents to obtain feedback</p> <ul style="list-style-type: none"> <li>a. Practice</li> <li>b. Needs</li> <li>c. Suggestions for improvement</li> </ul>	<p>We have utilized the Foster Home study HZA conducted recommendations over the last two years and will not conduct a survey until July 2014. We are revising the closure survey and will implement that survey around January 2014.</p>	<p>DCFS will conduct focus groups during the summer and fall of 2014 to gather feedback and engage with resource families to have them more involved in development of recruitment plans, retention plans, and active members to help support resource families within their communities.</p> <p>Effective July 2014, a new welcome packet will be sent to any resource family that is approved as a DCFS Foster or Adoptive Family. DCFS did implement and has the option of Direct Deposit for board payments for all provides</p>
	<p>3. Promoting local foster parent conferences</p>	<p>Each Area has an annual foster parent conference</p>	<p>Leadership assures that central office is represented at each Foster Parent</p>

			Conference.
	4. Promoting statewide foster parent conference	DCFS did not have a state level conference. There are plans to have some type of state level event for foster parents in SFY 2014.	DCFS did not have the resources to have a State Foster Parent Conference.
	5. Recognition of foster parents – Foster Parent of the Year awards and local recognition for their support and help in events, etc.	These are usually during the Local foster parent conferences.	
	6. Encourage timely responsiveness of all staff to foster parents calls and needs	Ongoing	
	7. Ensure foster parents are given contact information of local staff	Ongoing	
	8. Develop most effective method to communicate information to foster parents	Ongoing	
	9. Ensure foster parents have the most current information regarding DCFS policies and procedures	Available on line and DCFS completed mail outs with any new information involving foster parents.	
	10. Using information collected when calling foster parents who have elected to close their home <ul style="list-style-type: none"> <li>a. Practice issues</li> <li>b. Experience</li> <li>c. Needed supports</li> <li>d. Why they elected to close</li> <li>e. How we could have made their experience better</li> <li>f. Improvements needed in the system</li> <li>g. Things working in the system</li> </ul>	Pending/In Revision	

<i>Objective 6</i>		2013 Status	2014 Status
<i>Coordinate with Adoption recruitment activities</i>	1. Invite Adoption specialists to inquiry meeting	Ongoing	
	2. Promote working as a team on foster/adoptive recruitment	Ongoing	Adoption Supervisor and Specialist are now under the supervision of Area Directors. We are also shifting to Resource Family Homes who will provide either foster or adoptive services or perhaps both.
	3. Coordinate speaking events	Ongoing	The Foster Care Manager and Director speak at several events over the year in regards to the needs of foster families, resources to support as well as recruit. We have data that allows us to know beds available for children as well as the characteristics of the children needing placement.
	4. Joint local community awareness campaigns	Ongoing	
	5. Encourage monthly staff meetings between foster and adoptive staff	Ongoing	

### **Recruitment and Retention Planning for 2014-2015:**

The Division plans to implement the Diligent Recruitment Plan utilizing the Family to Family Model in Area 1, 2, 6, and 8, with the grant dollars that have been awarded. This is the Arkansas Creating Connections for Children Project or ARCCC. Parallel to that implementation, through the Waiver Targeted Recruitment strategy, DCFS plans to implement the Family to Family Model in Area 3,4,5,7,9, and 10.

DCFS has implemented the planning activities for the development and implementation plan for Family to Family. The initiation of project activities was delayed due to the federal government shutdown in October 2013, as Arkansas had to limit work hours and cancel meetings and activities that required extensive travel and/or the need for overtime. DCFS has been unsuccessful in hiring a project lead within the first 6 months of the planning year. The hiring process is quite extensive and, although we were able to obtain a position, advertise, and complete interviews, we have been unable to hire as of yet. The project lead position is in re-advertisement. Arkansas experienced significant delays due to weather during the second quarter as well. The first project stakeholder meeting had to be cancelled and rescheduled in the third quarter.

As the Division has messaged and shared its approved Diligent Recruitment Plan, some of the feedback from one of DCFS' current faith-based partners could present some barriers for implementation. This partner currently recruits in some churches in 26 counties across the state and is concerned about the impact of having Community Engagement Specialists recruiting in the same churches and/or communities. This partner is a member of the ARCCC Workgroup and will be engaged throughout the process. DCFS continues to emphasize the need for partnerships to develop as many engagement activities and strategies as needed to meet the needs of children in foster care.

ARCCC project starts up activities are in progress and/or completed, including:

- Developed the roles and responsibilities for the Project Lead and the Community Engagement Specialists
- Advertisement and interviewing of project staff
  - Interviewed in all four Areas with selections made for three Areas and re-advertisement for Area 1
- Development of contract with UALR GIS Lab
- Identification of relevant internal and external stakeholders for statewide workgroup
- Formation of ARCCC implementation workgroup and initiation of workgroup meetings
- Contracted with Hornby Zeller Associates, Inc. (HZA) for the evaluation
- Initiated policy review of the Family to Family model and Arkansas's development process for foster and adoptive families
- Participated in the quarterly conference call with the project officer, Taffy Campaign
- Developed a Power Point presentation, newsletter article and other communication tools for ARCCC Participated in the DR3 kick off meeting

### *RECRUITMENT IDEAS, STRATEGIES, & TOOLS for 2013-2014*

- Area 1 uses inquiry meetings and The CALL does the rest. They are short staffed so general recruitment is all they can do at this point which makes retention hard.

- Area 2 uses The CALL for most of their recruitment. They would like visual aides to use during information meetings (i.e. power point).
- Area 3 recruits the relatives of children already in care.
  - Area 3 uses presentations that target minority groups and religious groups.
  - We also need more information targeted towards fathers.
- Area 4 uses a free classified add through the ‘American Classified’ publication.
- Area 5 uses Facebook support groups for retention and The CALL for recruiting.
- Area 6 has recruitment events such as health fairs/community days or balloon releases.
  - They have also partnered with Comcast for advertisements and have put flyers on the library doors.
- Area 7 is utilizing the CALL for most recruitment activities.
- Area 8 is using The CALL for most recruitment activities.
- Area 9 uses inquiries and classified ads.
  - They have posters up at different places including booths at church events.
  - They have foster parents to speak at different events.
- Area 10 uses posters up at different places including community events and faith based events.

DCFS utilizes a variety of different ways of data collection to reflect the characteristics of children who enter care. Below are a couple of charts that provide examples. These are reflected in our Annual Report Card. (Link provided in the Services for Children under the Age of Five section.)

Below reflects data based on children entering care

**Ages of All Children who Entered Foster Care During SFY 2014**

Age Range	Count	Percentage (%)
0 to 1 Years	993	25.9
2 to 5 Years	1,056	27.5
6 to 9 Years	734	19.1
10 to 13 Years	555	14.5
14 Years and Older	499	13.0
<i>Total</i>	<i>3,837</i>	<i>100.0</i>

**Gender of All Children who Entered Foster Care During SFY 2014**

Gender	Count	Percentage (%)
Male	1,961	51.1
Female	1,876	48.9
<i>Total</i>	<i>3,837</i>	<i>100.0</i>

**Race/Ethnicity of All Children who Entered Foster Care During SFY 2014**

Race/Ethnicity	Count	Percentage (%)
WHITE	2,603	67.8
BLACK	628	16.4
MULTIPLE	325	8.5
HISPANIC	251	6.5
ASIAN	8	0.2
AIAN	5	0.1
NAPI	1	0.0
UTD	16	0.4
<i>Total</i>	<i>3,837</i>	<i>100.0</i>

**Removal Reasons for All Children who Entered Foster Care During SFY 2014\***

Removal Reason(s)	Count	Percentage (%) of Removals in which Reason was Cited
Neglect	1,843	48.0
Parental Substance Abuse	1,775	46.3
Incarceration of Parent(s)	783	20.4
Physical Abuse	540	14.1
Inadequate Housing	331	8.6
Caretaker Illness	211	5.5
Child's Behavior	209	5.4
Sexual Abuse	198	5.2
Abandonment	100	2.6
Other	25	0.7
*Total Removal Reasons	6,015	N/A
<i>Total Removals</i>	<i>3,837</i>	<i>100.0</i>

\*More than one removal reason can be cited for a given removal

<http://humanservices.arkansas.gov/dcf/dcfDocs/ARC%20SFY%202013%20FINAL.pdf>

## **Permanency Roundtables**

Over the past three 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, or 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).

In February 2010, 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. Arkansas's Permanency Roundtables were completed in May 2011. There were a total of 363 roundtables conducted across the state. The Division of Children and Family Services has continued to implement sustainability practices of the Permanency Roundtables in our system. The Permanency Specialist coordinates our efforts by using the Arkansas practice model as the foundation for developing permanency strategies and activities that could potentially expedite

the permanency process for children lingering in extended foster care. The Permanency Roundtable coordinators across the state continue to submit aggregated data along with summary reports on the cases quarterly.

Arkansas's continued partnership with Casey Family Programs provides us with the technical assistance and in service training opportunities needed to sustain this strategic effort in our system. A statewide protocol and a CFS 340 referral form have been developed to submit new case referrals, along with technical assistance, training, and case consultations. We have a Memorandum of Understanding in place with Eun Koh a Researcher from University of Fayetteville, who is conducted our evaluation of the outcomes and effectiveness of the permanency roundtables. The evaluation did not provide any conclusive evidence on the effectiveness of the roundtables statewide since the current evaluation was based on Area 1 data only.

In March 2012, Casey Family Programs conducted a statewide Values Training to provide the state another learning opportunity to enhance our strategic efforts to improve permanency for children in foster care through the permanency roundtables. In 2013, the Permanency Roundtables are being included as a part of the IV-E Waiver plan. Arkansas will continue its partnership with Casey Family Programs through technical assistance and training to continue efforts to shift practice on how we explore, plan, and create permanency for children and families.

As of April 30, 2013, the statewide aggregated data results confirm out of 363 cases reviewed, 183 children remain in foster care. Of the 363 cases reviewed 12 children achieved legal permanence through reunification, 42 adoption, 18 guardianship, and 101 children were emancipated. About a little over 50% of our children achieved some form of permanency.

The first quarter results from April 2013 indicated about a 5% increase in the number of children who achieved some form of legal permanency. However, the majority of the legal permanency achieved has been through emancipation with a poor to marginal permanency status. In other words, some children have aged out of foster care without making any permanent connections. Despite the marginal successes with emancipation, the division has had some success stories with children reuniting with family and making permanent connections with new families through adoption. There have been strategic planning efforts to reintegrate and sustain the permanency roundtables in our state. The Permanency Specialist Coordinator has been conducting the Values and Orientation of the Permanency Roundtables across the state since February 2013. The statewide implementation of the roundtables is expected to be completed by October 2013. The Division is committed to expedite and achieve permanency for our children through the permanency roundtables efforts in order to transform our child welfare system in Arkansas.

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

- 7 Permanency values training have been conducted since July 2013 in which 162 staff (DCFS and University partners) have been trained
- 99 Permanency Round Tables have been conducted since July 2013 (Waiver implementation)

- 11 Permanency Consultations meetings conducted (preparing for PRT in one specific area)
- Full time Permanency Specialist was hired in January 2014

Some barriers/systemic issues identified:

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

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

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

**Health Care Services:**

**Health Care Oversight-Medical**

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. All foster children age 3 and above are referred within 5 days for a mental health assessment with the local Community Mental Health Center. DCFS has an agreement with Community Mental Health Centers to provide an intake appointment within 5 days of the initial call by DCFS. Within sixty days (60) from the removal of the home, a comprehensive health assessment is completed on

each child. DCFS ensures that all health and mental health services are provided periodically and conducted by qualified providers.

DCFS works with Primary Care Physicians, University of Arkansas Medical Sciences (UAMS) Project for Adolescent and Child Evaluations (PACE) Project and area mental health agencies in meeting the health and well-being of foster children. In addition, DCFS has increased the health staff around the state and re-established the quarterly training for Health Service Workers.

DCFS works with the medical profession, to ensure that all foster children's medical and mental health needs are met:

- 1) Collects sufficient history and medical data from appropriate sources to assess the child and formulate the problem.
- 2) Ensures that a mental health examination and physical examination is conducted as necessary.
- 3) Ensures that a diagnosis is established
- 4) Initiates a treatment plan. Children are referred to the Child and Adolescence Service System Program (CASSP) or System of Care (SOC) for a wraparound plan, 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) Implementation of a daily medication administration and monitoring form for all foster children that are prescribed psychotropic medications. In January 2013, a draft Psychotropic Medication Administration and Monitoring form was presented to the Therapeutic Foster Care providers. This form specifically monitored impact on target symptoms and side effects. After review and comparison with current medication documentation requirements by national accreditation organizations, such as JCAHO and CARF, problems emerged with the foster parents having to duplicate paperwork. DCFS is working with our TFC agencies and the Medicaid Chief Psychiatrist to revise the form, to meet standards from multiple oversight organizations without requiring duplication of efforts for our providers.
- 2) A guide for case workers and foster parents to assist them in asking pertinent questions regarding target symptoms, potential side effects and alternative approaches to address current problematic behavioral health issues. This guide has been distributed in meetings, foster parent newsletter and in response to individual case needs. In the next year, DCFS will explore the best method for making this information available through a website.
- 3) Back up consultation by a child psychiatrist through the Arkansas Division of Behavioral Health Services (DBHS) and the Division of Medical Services (DMS) hired a Chief Psychiatrist, primarily working with the Medicaid pharmacy services. DCFS is working

closely with DMS on psychotropic medications issues, both systemic and child-specific, when issues are identified in medication practices involving a foster child.

This consultation with DBHS and DMS continues to resulted in case specific intervention resulting in obtaining second opinions and decreasing or eliminating psychotropic medication in young children.

In 2009, a policy was implemented requiring assessment by the local community mental health center (CMHC) and consultation with central office administrator on-call prior to referring a child under age ten years to a psychiatric hospital. In 2011, the policy was revised to include all foster children, regardless of age. This practice had continued to result in significant number of diversion from institutionalize psychiatric care. SFY 2012 data indicates that 65.5% of all children assessed by the CMHC's were diverted from hospitalization. This number has dropped from 72% in SFY2011. This small drop in diversions may be associated with the fact that these numbers now include youth up through age 21, who are more likely to need a higher level of care. DCFS will work with the DHS quality assurance unit to determine if the data can be broken out by age to better track trends in service needs.

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.

“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.

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

### **Health Oversight-Behavioral Health**

The DCFS Behavioral Health unit in Central Office includes prevention services, specialized placements, mental health utilization oversight, System of Care (SOC), and all other issues related to behavioral health concerns within the Child Welfare System. As new initiatives are planned within DHS that will impact services for child welfare clients, the mental health specialist represents DCFS to insure that the needs for children in foster care are a priority. A major change is planned for behavioral health transformation that includes a 1915B Medicaid Waiver. The mental health specialist for DCFS is on the foster care subcommittee and a member of the clinical expert panel to evaluate the assessment tool that will be utilized to assign levels and array of behavioral health services available for each Medicaid recipient.

The SOC Director for DCFS continues to provide child welfare expertise in many multi-agency initiatives and committees. The SOC Director is also responsible for obtaining an analysis of outcomes data on specific services such as Intensive Family Services (IFS), special projects and Inter-Divisional Staffings (case-specific outcomes, as well as identification of systemic issues to be addressed). An annual summary of interdivisional meetings was completed for fiscal year 2013. It is available on-site per request.

DCFS continues to receive 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. Based on these reports, in November, 2011, DCFS Behavioral Health Unit staff began sending weekly emails to all caseworkers who have a foster child in an acute or residential facility. This email requires information on the status of each child's plan for discharge placement, DCFS involvement in the treatment process, family involvement, visitation and what the youth is wanting upon discharge. If problems are noted, direction and support is given for field staff. It has been noted that this oversight has resulted in increased quality and quantity of involvement by the assigned case worker, as indicated by provider feedback and documentation in of best practices throughout the foster child's stay in inpatient programs. This oversight will continue with trends being noted in monthly reports.

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

The Community Mental Health Centers (CMHC) agreed to provide assessments for any foster child in their community to determine if psychiatric hospitalization is necessary and to provide services to divert a hospitalization, if possible. This agreement just basically extends the previous agreement from foster children under age 10 to all children based on the revised mental health policy that became effective in November, 2011.

With increased involvement by the by the community mental health system, institutionalized care has been reduced with more appropriate evaluations and crisis stabilization services.

### **Foster Home Services by Community Mental Health Centers (CMHC)**

In 2011, CMHCs were approached by DCFS to increase services to foster children placed in their catchment areas by assigning therapists to foster homes rather than assigning the next available therapist to a foster child referral. While all CMHCs agreed to attempt this approach, several have excelled in the project and have developed mental health services specific to the needs of the child welfare population. Saline County has a full time therapist assigned to each foster family and provides scheduled and crisis services in the home, at the office, school or any other place that best meets the need of the foster child and foster family. In northwest Arkansas, the CMHC developed an entire service unit for child welfare clients and foster families, in conjunction with their Therapeutic Foster Care program. Assessment services are available immediately and initial appointments are available within less than a week and sooner if the need is urgent. Other CMHC's are using this approach in some of the counties within their catchment areas but workforce issues are a constant issue in development of new services. DCFS is involved in ongoing planning process with the CMHC that covers most of Area 3, to replicate the service array and approach that was implemented by the CMHC for Area 1 in northwest Arkansas.

### **Oversight of Psychotropic Medication Utilization by Foster Children:**

Beginning in January 2013, Medicaid began provision of reports containing the following data for the previous 3 month time period:

# foster children on any psychotropic medication

# foster children on antipsychotic medications

# foster children on stimulant medications

# foster children on 5 or more psychotropic medications

# foster children on a combination of Clonidine and Guanfacine

This data will also reflect percentage of foster children on medications specified in each report, as compared the percentage of children on Medicaid who are not in foster care. Each report will be broken out by ages – under age 6, ages 7 to 13 and ages 13 to 18. This data is reviewed quarterly and action plans initiated, as deemed necessary to improve the care of children in foster care. Report content will be revised according to findings and need to monitor other aspects of medication utilization.

Below is a table that summarized current practice within DCFS, strategies for improvement and target dates for each of the identified plan elements. The following plan was developed and submitted June 30, 2012 to the Administration for Children and Families, U.S. Department of Health and Human Services. Progress on plan elements and some target date changes are reflected under the “Target Date” column. Plan elements and target dates for implementation are flexible, and will be revised according to priorities set by the oversight committee that was established in September, 2012.

The PACE evaluation now includes a trauma screening component. Continued monitoring activities will determine when or if the current process and screening tools utilized should be revised or augmented with other trauma assessments. As part of the IV-E Waiver, the Child and Adolescent Needs and Strengths assessment (CANS) will be implemented statewide. The Arkansas version of the CANS contains multiple items specific to trauma which will enable DCFS staff to more quickly determine specific trauma services necessary to meet the needs of our clients. At that time, it will be feasible to match client services needs with therapists who have been certified in Trauma-Focused, Cognitive Behavioral Therapy (TF-CBT). The Psychiatric Research Institute at the University of Arkansas for Medical Sciences has trained and certified more than 200 therapists across the state. DCFS will access those therapists when the CANS functional assessment indicates that trauma services are needed. The target date for implementation of the CANS is October 2014 in the first 6 phase-in counties with statewide implementation occurring over the next 12 months. Medicaid pharmacy reports on psychotropic medication utilization by foster youth are reviewed quarterly for trends or issues that may need intervention for foster youth as a whole or case-specific.

Plan Elements	Current Practice	Practice Improvement Strategies	Target Dates
Comprehensive and coordinated screening , assessment, and treatment planning mechanisms to identify children’s mental health and	Policy requires referral of all foster children ages 3 and above to the local CMHC within 5 days of entering care. If the intake assessment indicates need for continued treatment, the CMHC is required by	Explore feasibility of including a specific trauma screening tool as part of the PACE Evaluation.  Identify trauma	July to Dec. 2012  Completed

<p>trauma-treatment needs (including a psychiatric evaluation, as necessary , to identify needs for psychotropic medication)</p>	<p>Medicaid to have their psychiatrist evaluate that client within 45 days.</p>	<p>screening tool.</p> <p>Plan to access TF-CBT certified therapists in state for those children identified through screen process.</p>	<p>Dec, 2012</p> <p>Completed</p> <p>Trauma screening process within PACE implemented but work continues to implement evidenced-based tool</p> <p>Completed, with ongoing monitoring to determine when or if changes need to be made in the trauma instruments utilized within the PACE..</p> <p>June 2015</p> <p>November 2013</p> <p>This date has been backed up to the targeted date for implementation of the CANS functional assessment.</p> <p>The CANS implementation target date is October 2014 in 6 counties, with statewide implementation, planned over the next 12 months.</p>
<p>Informed and shared</p>	<p>Currently have guidelines</p>	<p>Implement specific form</p>	<p>A pilot of the</p>

<p>decision-making and methods for on-going communication between the prescriber, the child, his/her caregivers, other healthcare providers, child welfare worker</p>	<p>for caseworkers/ foster parents, to assist in asking specific medication-related questions. General Medication Administration Log is required.</p>	<p>for Administration and Monitoring of Psychotropic Medications. The form has already been developed through collaboration with DBHS Medical Director and other Child Psychiatrists.</p>	<p>form was attempted in 2012 but results indicated that the form does not meet all requirements of national accreditation agencies. Therefore, this task will need further investigation to determine when or if this is the most appropriate approach</p>
<p>Effective medication monitoring at client and agency level</p>	<p>Foster parents or other caregivers along with FSW monitor for compliance and outcomes.</p> <p>Medicaid, DBHS and the UAMS Department of Pharmacy currently monitor psychotropic medication utilization. Flags have been set to screen out prescriptions for children that are outside specific, best-practice guidelines. DBHS psychiatrist alert DCFS Mental Health Specialist before overriding the flag to allow the prescription for foster children. Information is available on trends and outcomes for general population but not readily available specifically regarding</p>	<p>Develop strategy to improve consent protocol for psychotropic medications, requiring specific staff training/ knowledge base for classes of medications prescribed.</p> <p>Develop data-sharing process to provide DCFS Executive Management with monthly/quarterly reports on Medicaid medication utilization by foster children.</p> <p>Determine if prescribing trends and medication utilization varies between general population and foster children.</p>	<p>March, 2014</p> <p>Completed, with ongoing monitoring and revision as necessary to adequately address issues or needs for foster youth.</p> <p>Medicaid implemented the requirement of informed consent and metabolic profiles for all Medicaid recipients, including children in foster care for the prior authorization process for antipsychotic medications. This went into effect in June</p>

	foster children.	Develop system and client-specific intervention strategies if any concerning trends or prescribing practices emerge from data review.	<p>2012 for all youth with Medicaid.</p> <p>Reports are reviewed quarterly, indicating that there have not been variances in trends when comparing foster youth and the general Medicaid population. Trends indicate that whenever increased monitoring or justification by physicians are required, then prescribing practices decrease for those medication.</p> <p>Whenever the prior authorization process or concern from DCFS staff or other stakeholders identifies a foster youth as having a questionable medication regimen, a review process has been established. The chief psychiatrist reviews the medication and</p>
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			<p>history, providing recommendations for any action that might be required.</p> <p>January, 2013</p> <p>Ongoing</p> <p>Completed - Process is in place</p> <p>Monitoring will continue on an ongoing basis</p> <p>Medicaid Prescription data reports are reviewed quarterly by the psychotropic medication steering committee. This will be an ongoing strategy.</p>
<p>Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (agency and individual case level)</p>	<p>DBHS Medical Director and Board Certified Child Psychiatrists with the Arkansas State Hospital and DCFS have a strong, collaborative relationship that includes involvement in our DHS Inter-Divisional staffings for Complex Cases, consultation on client-specific medication issues that arise and system-wide planning.</p>	<p>Determine the feasibility of developing a statewide plan for board certified/eligible Child and Adolescent Psychiatrist oversight of medication management for each youth. The workforce issues will impact this plan but telemedicine availability will help tremendously.</p>	<p>July 2015</p> <p>At this time, there has not been a process set up for a child psychiatrist to treat or review each foster child's medications due to workforce and other initiative being implemented to transform</p>

	<p>Medicaid now allows for medication management for the under-age 21 through telemedicine to be billed. This policy change will enable increased numbers of foster children to receive medication management by the most qualified physicians.</p> <p>Agreement was made with the largest CMHC, covering 14 counties, to have all foster children seen by their board-certified child psychiatrist for the past 3 years.</p>		<p>behavioral health in Arkansas. The Medicaid review and monitoring by the mental health specialist is meeting the needs for those children for whom concerns have been identified related psychotropic medication utilization.</p>
<p>Mechanisms for accessing and sharing accurate and up-to-date information and educational materials related to mental health and trauma-related interventions to clinicians, child welfare staff and consumers.</p>	<p>DCFS has worked with UAMS Dept. of Psychiatry and the Partnership to develop and implement training for DCFS staff on trauma informed practices. All Management and supervisory staff have been trained, with FSWs currently being trained.</p>	<p>Explore policies and best practice from other states to help formulate a strategy for sharing data and information across systems.</p> <p>Develop realistic strategy for impacting cross-systems services.</p>	<p>July 2015</p> <p>While progress has been made to implement data sharing between Medicaid and DCFS, additional mechanisms are needed to have a full cross-system strategy for sharing data and utilizing that information to impact service delivery.</p>

**Services for Children under the Age of Five**

**Early Intervention/Well-Being:**

Arkansas has developed and/or accesses an array of services to ensure the well-being needs of the children under the age of 5 years population is being served. We have been working diligently on strengthening the relationship with our Division of Child Care and Early Childhood Education (DCCECE) as well as local community providers who focus on early intervention services for high risk populations. We utilize data reports as well as trending report at the

executive level as well as lower level for identification of needs, services, and monitoring the effectiveness of services provided.

DCFS has been working on various strategies over the past five years to impact the well being needs of populations served. Some of the strategies used are:

- Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families
- Services developed to meet the individualized service needs based on accurate data reports for families within the local community
- Dashboard accessible for data management
- Quality Assurance strategies are aligned with state and federal regulations and Arkansas Practice Model
- Trauma Informed Training

A link to the DCFS Annual Report Card is provided to illustrate the agency's evaluation of the effectiveness of these efforts:

<http://humanservices.arkansas.gov/dcf/dcfDocs/ARC%20SFY%202013%20FINAL.pdf>

Below are some Early Intervention /Well Being strategies and initiatives to improve the lives of Infants and Toddlers in Arkansas Child Welfare System

### ***Zero to Three Project, the Arkansas Pilot Court Team Project***

#### *Initiative between:*

- Division of Child Care/Early Childhood Education (DCC/ECE)
- Division of Children and Family Services
- Zero to Three Project

#### *Purpose:*

- To reduce the occurrence of abuse and neglect
- Increase awareness of the impact of abuse and neglect
- Improve outcomes for vulnerable young children

#### *Criteria for AR Pilot Court Team Project:*

- Children between 0 – 3
- Parents who are incarcerated for less than a year
- Minor mothers
- Drug and alcohol exposed population
- Children with special needs
- Homeless population

### ***Fetal Alcohol Spectrum Disorder:***

- Funded by SAMHSA - contract between DCFS and Northrop Grumman for a period of 4 years 10 months – beginning February, 2008 ending in May, 2012. The FASD program funding was extended one month to allow for final data to be collected and sent to Northrop Grumman – after June of 2012 funded was ended. The Division of Children and Family Services saw the value in continuing efforts to screen children in foster care for FASD and needed to

provide services to children who would be reported through the new CAPTA law amendment which now includes reports to the hotline on children affected by alcohol exposure. DCFS decided to continue the program and offer the services statewide, but with modifications listed below.

- Provide early and timely screening, diagnosis and interventions for children ages 2-7 who are in the states custody – (Foster Care). Screening will be done by project staff on children ages 0-18 in the states custody, or receiving services from DCFS, when a referral is made by DCFS staff to the FASD program director. Referrals will be accepted on children who are symptomatic of an FASD and have documented history of alcohol exposure during pregnancy. The FASD program staff will also handle the CAPTA law referrals from the hotline and offer supportive services to those families.
- Provide and communicate comprehensive, coordinated and timely case planning, case management, and follow-up to insure appropriate care for children with FASD and their families in order to decrease secondary disabilities.
- The Pulaski County FASD project is located within the Division of Children and Family Services in the foster care unit.

*Pilot project looking only at Pulaski County children in foster care between the ages of 2 to 7. See age change above and note that the referrals are accepted statewide not just in Pulaski County.*

*The project staff screens all children who came into foster care in the target age range in Pulaski County. Currently Statewide and not only Pulaski County.*

*If they screened positive, meaning there was some reason for concern, we worked with the UAMS PACE team who perform a comprehensive evaluation on all children in foster care and had them to take a closer look at the children who screen positive for an FASD. Another change is because we do not know when a referral will come in, the PACE may have already taken place, therefore the FASD program staff will refer children who screen positive for an FASD to either ACH genetics clinic, or Dr. Field or Dennis Development Center, both having experience in FASD.*

As a result of the CAPTA (child abuse prevention treatment act) amendment in the 2010 legislative session, Arkansas has the following new law affective July 2011 (Arkansas Law ACA 12-18-310):

- Mandates that all health care providers involved in the delivery or care of infants shall:
  - 1) contact the department of human services regarding an infant born or affected with a Fetal Alcohol Spectrum Disorder;
  - 2) share all pertinent information including health information, with the department regarding an infant born and affected with a fetal alcohol spectrum disorder.
- The department shall accept referrals, calls, and other communications from health care providers involved in the delivery or care of infants born and affected with a fetal alcohol spectrum disorder.

By identifying FASD early in life we can prevent the secondary disabilities that often occur when children are not diagnosed and appropriate interventions do not happen.

*Children in foster care effected by FASD, experience difficulties in infancy and early childhood by exhibiting the following:* poor habituation, irritability in infancy, poor visual focus, sleep difficulties, feeding difficulties, mild developmental delays, distractibility and hyperactivity, difficulty adapting to change, and difficulty following directions.

*Secondary disabilities associated with FASD include:* Mental Health Problems, Disrupted School Experience, Trouble with the Law, Confinement – either inpatient treatment for mental health problems, or incarceration in the jail or prison system, Inappropriate Sexual Behavior, Alcohol/Drug Problems, Dependent Living, and Problems with Employment.

*Protective Factors include:* living in stable and nurturing home, being diagnosed and receiving early intervention service before age 6, not being a victim of violence, and receiving developmental disabilities services.

The goal to serving children between the ages of 0 to 5 with FASD characteristics are:

- Identify children as early as possible to begin the necessary interventions
- Stabilize the home environment as much as possible
- Facilitate permanency planning with their biological family whenever possible or with an adoptive family when reunification is not possible.

Since the implementation of Arkansas Law ACA 12-18-310:

- # of referrals - 6 CAPTA law referrals to date
- Ages of children assessed - newborns
- # of care of safe plan developed – 4 plans of safe care have been developed – 1 family we were unable to locate – 1 child came into care at the time of the report – the hospital made 2 reports one CAPTA report and one Garrett’s law report
- # of open cases as result of assessment of need -2 supportive services cases opened
- # in foster care – 2 foster care cases – one of the cases that was opened up as a supportive case became a foster care case due to the mother’s alcohol abuse which was endangering the children in the home and the plan of safe care could no longer protect the children. Mother needed in-patient treatment.

Arkansas staff are currently providing secondary case work services on the 2 foster care cases that are still open. Other cases have been closed.

### *Project PLAY*

Positive Learning for Arkansas’ Youngest

Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services to facilitate collaboration between early childcare programs and specially trained mental health professionals.

The goals of Project Play are to:

- Promote positive social and emotional development of children through changes in the early learning environment; and
- Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.

## **Key Goals for Project PLAY**

*Ensure that foster children have access to high quality, stable child care.*

- Outreach to Better Beginnings approved child care centers in targeted areas to identify high quality centers that are currently serving foster children or may be appropriate for future placements for foster children.
- Work to increase quality in centers at the lower levels of Better Beginnings that are currently serving foster children.
- Use Project PLAY staff to educate biological parents, foster parents, DCFS workers, and other on the importance of a high quality child care environment that remains consistent for the child regardless of changes at home or custodial changes.
- Ensure that child care professionals have the support they need to maintain foster children in quality care settings.
- Educate the childcare professionals about what to expect when working with children who may have experience trauma, and the importance of their role as a stable figure in the life of the child.
- Provide support for the caregivers regarding ways to manage difficult behavior and support healthy social and emotional development.
- Promote communication and consistency between home and school.
- Provide one-on-one education to biological and foster parents about the importance of continuity of child care when the child is transitioning between homes, or if a change in child care cannot be avoided, assist with the transition.

### ***Child Care & Child Welfare Partnership Toolkit:***

- This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible.
- Included in the toolkit:
  - A brief article about the impacts of trauma on young children and what caregivers can do to help.
  - An Information Exchange guide designed to ‘jump-start’ the sharing of information between the child care provider and the family service worker. You may choose to use this communication guide as is, or incorporate pieces of it into your normal paperwork. The important thing is to share information for the good of the child.
  - A Child Progress Update form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child’s case plan and in reporting to the court.
  - Information about how to obtain Immunization records when needed.
  - “Saying Goodbye” – Suggestions for creating a smooth transition when it is time for the child to leave the center.

- A Developmental Milestones handout with information on typical behavior for children of different ages and suggestions for teachers/caregivers/parents to promote healthy development in young children.

### ***Natural Wonders/Home Visiting Services***

- Dept. of Health received \$1.2 M Maternal, Infant and Early Childhood Grant
- Infant Mortality/Support for infant death review and investigation
- Injury Prevention/Safety Baby Showers

### ***Strengthening Families & TIPS***

- Strengthening Families promotes priority placement for infants and toddlers in quality Early Head Start/Quality Child Care programs. It builds upon five protective factors:
  - Parental resilience
  - Social connections
  - Knowledge of parenting and child development
  - Concrete support in times of need
  - Social and emotional competence of children
- TIPS
  - Is a parenting education toolkit for professionals working with families of young children
  - Translates, recent research into brief, family-friendly messages
  - Trains professionals to engage parents, respond to parents' concerns, and tailor parenting information to individual families
  - Is available to all parents without attending parenting classes
  - Is based on the Brief Parenting Intervention Model

### ***DCFS has the following initiatives in place to educate and shift practice:***

- Trauma Informed Care Training
- Values Training – Judges and staff
- Diversion Program for Inpatient Placements
- Structured Decision Making
- SAFE Home Studies
- Subsidized Guardianship
- Differential Response
- Ages and Stages Questionnaire (ASQ)

### **Other Early Childhood and Child Welfare Initiatives**

Our project is officially called the AR Collaboration for Maltreated Children's Care. This project is a response to the Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement grant opportunity. This project seeks to improve access to high-quality child care for foster children by two strategies.

- First, it brings together leaders from the early child care and child welfare systems along with other experts on children's well-being to review existing policies of both agencies.

Funded project staff has/will also conduct(ed) qualitative interviews with stakeholders such as infant and child mental health providers, Part C early interventionists, court officers, child welfare workers, early child care providers, and other collateral professionals. These interviews will address the status of the current systems as well as the stakeholders' knowledge of child development and the impact child maltreatment has on child development. From these data sources, the project team is evaluating options for change, developing proposed changes, and supporting representatives from child welfare and early child care in implementing policy (or potentially other systemic) changes.

- Second, training across the state will be proposed to raise the quality of care provided by as many center- or home-based early child caregivers as possible. This project aims to leverage the Arkansas Better Beginnings initiative to raise the number of credentialed providers and increase statewide access to early child care for foster children (the project priority) and all children in Arkansas (a valuable side benefit).

### **Adoptions**

The adoption program offers critical services and supports to Arkansas families and children. Offering a full range of services, from finding families interested in adopting children to providing services to birth parents and adopted children seeking to find biological parents. The adoption program is essential to achieving permanency for many children. The adoption unit's mission is to introduce waiting children to prospective adoptive families and to introduce the concept of adopting older children, sibling groups or children with special needs. The primary goal for the Arkansas Adoption Program is to find a family for every child.

Executive leaders felt the division needed to strengthen the infrastructure necessary to support permanency for children. As a result, the supervision of direct adoption services is transitioning to Area Directors and is no longer a Centralized function.

This change has allowed the division to begin to strengthen its ability to establish integrated teams, accountable to each other versus focusing on roles and responsibilities defined within a specific program structure.

This transition was initiated by the Assistant Director of Community Services who discussed adoptions policy and procedures with Area Directors and Adoption Managers, and clarified expectations for staff affected by this change. The Assistant Director also helped the Area Directors assess staffing capacity and used division data to help them identify additional needs they may have to adequately support the change.

Even though the direct supervision of adoptions staff has shifted to the Area Directors, several program components remain centralized. These include:

- Program Development
- Statewide Recruitment
- Review/Approval of Adoption Subsidies
- Management of the Heart Gallery
- Management of the Voluntary Registry
- Management of Active Subsidies
- Guidance on Best Practices
- Technical Assistance

### **Inter-Country Adoptions**

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

#### **Adoption Incentive Money:**

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

CFDA#93.557 - Adoption Incentive Payment Program

Grant Award #- 1201ARIPP - Amount- \$ 2,316,000.00

Grant Period- 10/01/2013 – 9/30/2014

These funds must be obligated no later than 09/30/2015 and liquidated no later than 12/30/2015.

During the first three quarters of FFY 2014, adoptions were finalized for 523 children. Fourth quarter finalizations will be available in mid-July and we will update this during the revision period.

The Adoption Incentive money was spent on a variety of services that include post-adoption, home studies and foster parent recruitment activities.

Arkansas Adoption Program will continue to invest resources in 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 include information on fostering, mentoring teens transitioning out of care, and other areas of need. We are planning a segment featuring Youth Advisory Board members discussing the importance of sibling connections.
- 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.
- Contracted Reactive Attachment Disorder 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.
- Recruitment includes annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate.

The Adoption Manager has developed a plan to assess the targeted recruitment strategy for the children that have been waiting the longest for adoption. Strategy plan below:

**Statewide Plan for Permanency for Waiting Children**  
*The Goal is to Place/Review the top 100 Children who have been waiting for Adoption*

<u>Strategy/Action</u>	<u>Source</u>	<u>Next Steps</u>	<u>Data/TA needed</u>	<u>Dates</u>	<u>Challenges</u>
1. Request Report	Chris Price	Review Report	Report on goals of children in Foster Care	5/1/12-5/5/12	N/A Completed
2. Compose list by Name, county, area, Adoption Specialist & Adoption Supervisor	Adoption Staff	Distribute to staff, review by A.S. and Supervisors	N/A	5/3/12-5/15/12	N/A Completed
3. Schedule Permanency Roundtables	All persons involved with Child – A.S., FSW, AAL, CASA, Supervisors, OCC, Facilitator and child for part of the review if appropriate	Mine cases to determine if there are any relatives, fictive kin, or others who may be a viable placement. May require court’s permission in some cases.	N/A	6/1/12-9/30/12 In Progress	Involvement by all needed participants and agreement on assignments and plans
4. Intensive Child Specific Recruitment	Adoption Specialists and others	Review goal	N/A	N/A In Progress	Finding an appropriate permanent placement

**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.

**Ages of All Children with Goal of Adoption at End of SFY 2014**

Age Range	Count	Percentage (%)
0 to 1 Years	88	9.9
2 to 5 Years	210	23.6
6 to 9 Years	219	24.7
10 to 13 Years	218	24.5
14 Years and Older	153	17.2
<i>Total</i>	<i>888</i>	<i>100.0</i>

**Gender of All Children with Goal of Adoption at End of SFY 2014**

Gender	Count	Percentage (%)
Male	510	57.4
Female	378	42.6
<i>Total</i>	<i>888</i>	<i>100.0</i>

**Race/Ethnicity of All Children with Goal of Adoption at End of SFY 2014**

Race/Ethnicity	Count	Percentage (%)
WHITE	533	60.0
BLACK	180	20.3
MULTIPLE	127	14.3
HISPANIC	44	5.0
ASIAN	2	0.2
AIAN	1	0.1
UTD	1	0.1
<i>Total</i>	<i>888</i>	<i>100.0</i>

**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, and Channel 11.
- Contact with local civic and professional groups, churches and organizations- Maintaining communication with Project Zero, formerly the Pulaski County Adoption Coalition, The CALL, CASA, 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 to include Annual Disney Extravaganza, The Conway Rotary Picnic, and the Annual Picnic in North Arkansas now picnics in the Sebastian County area sponsored by Ft. Smith Rotary and the River Valley Adoption Coalition.

- 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.
- To offer quality support, education, timely response and information on available resources to adoptive families needing assistance or support
- Display the Heart gallery and information on becoming an adoptive parent or foster parent in local churches, media, Riverfest.

**Recruitment of families of Minority:**

- Develop a relationship with local and area churches for minorities , asking to speak at their congregations and identifying 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, media events, and River fest.
- 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.
- Continue to refer children to AdoptUsKids and Adoption.com.
- 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.

**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 attached. 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 Area Director is contact by the Community Services Assistant Director requesting information on clients, foster parents, adoptive parents, facilities, client and staff in the area that may have been affected by the disaster.
    - Community Services central office unit completed a CHRIS search on foster parents, adoptive parents, placement facilities, client or staff in the affected area.
    - The local staff makes contacts by phone or by face to face visit to each foster home, adoptive home, facility, client and staff in the area affected. All updates are given daily to the Community Services Assistant Director until all known clients, foster home, adoptive homes, facility and staff in the affected area is accounted for and needs of those affected are identified.
    - Local and state staff work to address any needs identified.
    - All information for available services and assistance is sent to the Area Director and local staff.
    - All information is reported back to Community Services Assistant Director. The Community Services Assistant Director reports the information to the Planning Manager and the DCFS Director. The information is also reporters to any other program manager as needed.
  - 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

**Status Update:** During the month of March, April, and May of 2014, AR experienced several storms which resulted in tornadoes and flooding. The local staff kept central office appraised of any impact on staff and/or clients. We did have clients, staff, and foster parents that were impacted. DCFS staff and the local community continue to support these families.

*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.

**Status Update:** The emergency contact form will be a part of the packet that is sent to all new foster parents that are opened within the last month. The foster care unit will send this welcome packet to new foster parents beginning October 1, 2014. The foster parents will submit the emergency contact form back to the foster care unit for maintenance.

**Workforce Demographics**

<i>Information on Child Protective Service Workforce as of June 2014</i>					
<i>For child protective service personnel responsible for intake screening, assessment, and investigation of child abuse neglect reports, we have the following data available:</i>					
<i>DCFS averages:</i>		<i>CACD averages:</i>		<i>Hotline Operator averages:</i>	
Female	89.4%	Female	73%	Female	84%
Male	10.5%	Male	27%	Male	16%
<i>Race:</i>		<i>Race:</i>		<i>Race:</i>	
Caucasian	53.5%	Caucasian	91%	Caucasian	65%
African American	45.4%	African American	9%	African American	34%
Either American Indian or Hispanic	With less than 1%	Native American	0%	Other	1%
<i>Ages:</i>		<i>Ages:</i>			
20-30	27%	20-30	10%		
31-40	30%	31-40	39%		
41-50	25%	41-50	26%		
51-60	14%	51-60	12%		
61-70	4%	61-70	13%		
<i>Educational Level:</i>		<i>Educational Level:</i>		<i>Educational Level:</i>	
BSW	65%	BSW	80%	Related degree	96%

Related Degree	4%	Related Degree	0%	BS/Master's Degree related field	3%
MSW	8%	MSW	5%		
Associate	5%	Associate	14%		
No Degree	18%	No Degree	1%		

FSW turnover rate is 21%. It is lower than in previous years. It has been as high as 28% in the past 7 years.

Supervisor to Worker ratio is 1 to 4-6. This average is impacted due to turnover of workers.

**DCFS Family Service Worker qualifications:**

The formal education equivalent of a bachelor's degree in social work, sociology, psychology, or a related field; plus successful completion of a six month training class within agency core training period. Additional requirements determined by the agency for recruiting purposes require review and approval by the Office of Personnel Management. OTHER JOB RELATED EDUCATION AND/OR EXPERIENCE MAY BE SUBSTITUTED FOR ALL OR PART OF THESE BASIC REQUIREMENTS, EXCEPT FOR CERTIFICATION OR LICENSURE REQUIREMENTS, UPON APPROVAL OF THE QUALIFICATIONS REVIEW COMMITTEE.

**Training Required:**

5 modules (5 days) 10 weeks, new worker competency based training model including Structured OJT activities

**The pay scale is as follows:**

*Family Service Workers* - \$30,713 to \$52,167 for those with 15 years or less

- For FSWs with 16 years or more the max pay rate is \$56,340

*Family Service Worker Supervisor* - \$37,332 to \$62,616 for those with 15 years or less

- For FSW Supervisors with 16 years or more the max pay rate is \$67,626

*Area Directors* - \$57,914 to \$86,072 for those with 15 years or less

- For Area Directors with 16 years or more the max pay rate is \$92,958

**Explanation of pay scale:**

The Arkansas State employee pay plan does not allow entry into the system at higher than the entry-level pay rate unless the agency makes a special request to bring them on at the exceptionally well qualified level.

The approval for this does not rest with the individual state agencies, and must be presented and approved to the state Office of Personnel Management.

In the case of the higher grade state employees, a request to hire at the exceptionally well qualified level may have to be presented to the legislative committee on personnel and budget.

Workload/Caseload averages:

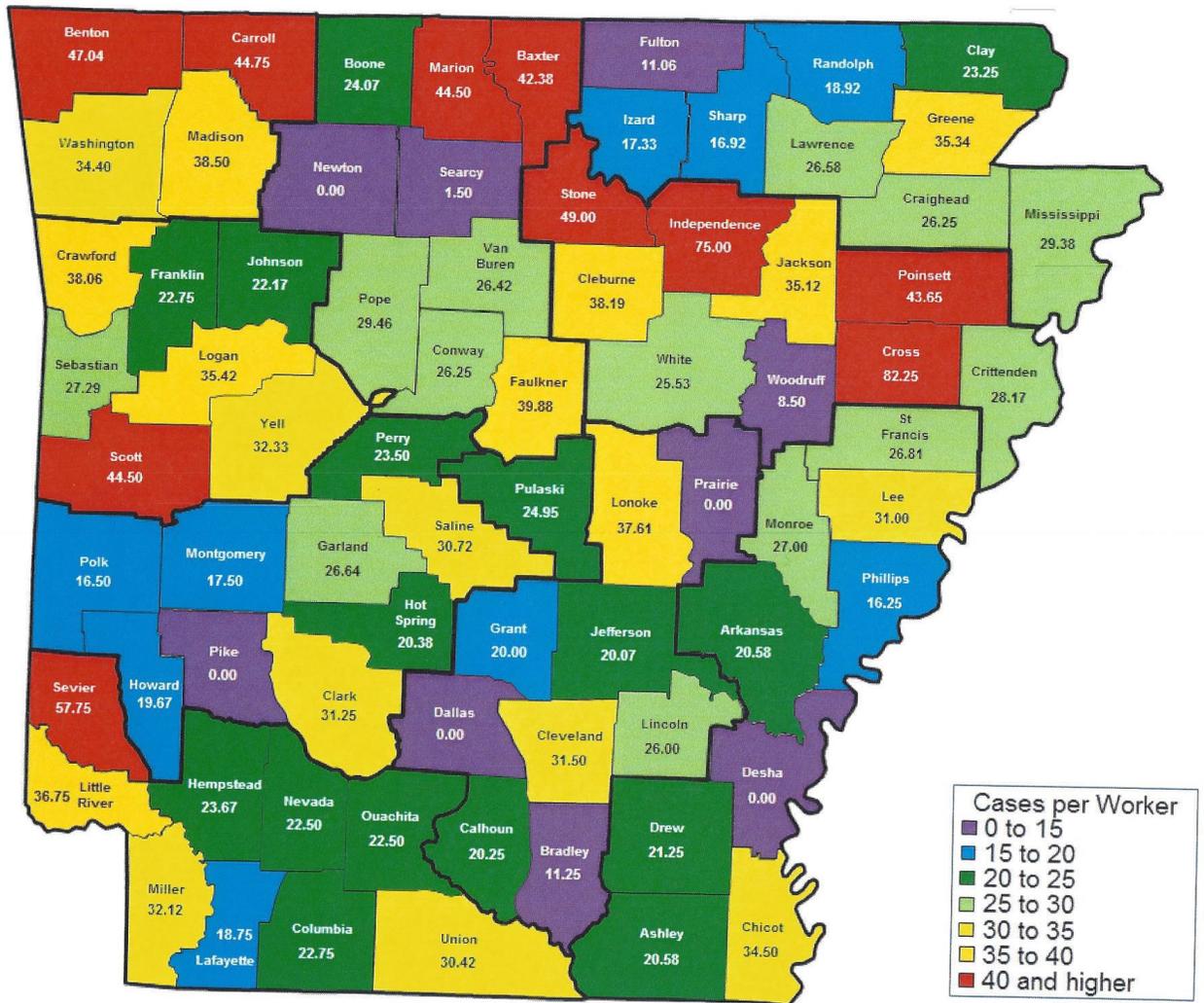
Below please find a brief summary of how we calculate workloads. Our workload report is broken down into multiple categories.

<p><b>Investigation - Primary</b></p>	<p>DCFS receives <u>1</u> credit for every investigation that is open as of the end of the reporting month and for which it serves as primary. The DCFS primary worker and his/her Area and County also receive 1 credit.</p>
<p><b>Investigation - Secondary</b></p>	<p>DCFS receives <u>0.5</u> credit when it serves as secondary for a CACD investigation open as of the end of the reporting month. If multiple DCFS workers serve as secondary workers for the same CACD investigation, 0.5 is divided among the DCFS secondary workers, but the state as a whole receives a maximum of 0.5 credit.</p> <p>The DCFS secondary worker and his/her Area and County also receive 0.5 credit (or less depending on the number of secondary workers).</p>
<p><b>Foster Care Cases</b></p>	<p>DCFS receives <u>1</u> credit for every child in foster care as of the end of the reporting month. Foster children whose cases are assigned to an adoption specialist or those in ICPC placements are excluded from this measure.</p> <p>If a foster child is placed in a county which is different from the county of its primary worker, the 1 credit is divided between the primary county/worker and the county of placement.</p>
<p><b>In-home Protective Services Cases</b></p>	<p>DCFS receives <u>1</u> credit for every Child Protective Services case that is open as of the end of the reporting month in which no child is in foster care (children reside at home). The case as a whole receives 1 credit regardless of the number of children in the home.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>
<p><b>Supportive Services Cases</b></p>	<p>DCFS receives <u>1</u> credit for every Supportive Services case that is open as of the end of the reporting month. The case as a whole receives 1 credit regardless of the number of children in the home.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>

<b>ICPC</b>	<p>DCFS receives <u>0.25</u> credit for every child involved in an ICPC case open as of the end of the reporting month. This pertains to children who are placed in Arkansas from out of state as well as children placed out of state from Arkansas.</p> <p>The DCFS primary worker and his/her Area and County also receive 0.25 credit for every child.</p>
<b>Differential Response (DR)</b>	<p>DCFS worker receives <u>1</u> credit for every DR referral that is open as of the end of the reporting month.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>
<b>Calculation:</b>	<p>All of the credits listed above are added and the sum is divided by the number of workers responsible for these cases.</p>

We have also added a “new method” of counting workload to our calculation that is shown side-by-side with the method above. The new method does not give any credit if an investigation has been open for more than 60 days or if an in-home protective services case or a foster child has not had a face-to-face visit from a caseworker in the past three months. As mentioned previously, the new method is shown side-by-side with method calculated above in our workload reports.

Below is a map that represents the averages by county:



## **Juvenile Justice Transfers**

HZA provides the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system:

- 38 distinct foster children placed in Division of Youth Services (DYS).
- 6 distinct foster children exited foster care for ‘Custody Transfer to Another Agency’ defined as: The State of Arkansas released custody of the children to the custody of CPS in another state.

DCFS has children that are in Foster Care that at times are adjudicated and enter the Juvenile Justice System which we reference as Division of Youth Services (DYS). Although they are considered in the custody of DHS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding with DHS so that we can ensure smooth transfer of custody upon entering and discharging from the DHS system. The discharge process could mean a transfer back to DCFS custody and authority, reunification with parent/relative, or the youth ages out on their own. Our goal would be in the aging out circumstance that they would have a support system established upon discharge. DCFS has an identified liaison that works closely with DHS on youth and the custody.

## FY 2014 Training Strategy CFSP 2009-2014 Close out Report

The Division's cultural alignment efforts with the Practice Model Goals and Principles include creating an integrated competency based training model designed to address skill development at all levels in our Child Welfare System.

### Lessons Learned

- Current competency based training model is limited to new staff training (first year of employment) for FSW, FSW Supervisor, and Program Assistant positions.
- Defined/structured statewide training programs (beyond the first year of employment) addressing intermediate and advanced skill development for FSW and FSW Supervisors do not yet exist-even though intermediate and advanced level competencies do.
- Feedback from a variety of sources indicates supervisors and managers often do not know the competency based training model and do not consistently support the training model with new staff. Indicators of this include but is not limited to:
  - Assign heavy caseloads while an employee is still in new worker training.
  - Do not provide a thorough orientation to the office and community resources.
  - Neglect to provide sufficient supervision supporting the application of best practices taught in new worker training.
  - Inform the worker what s/he learned in the classroom does not apply "in the real world."
- The current training system lacks defined competencies for the following positions:
  - Area Director (Central Office)
  - Program Managers (Central Office)
  - Program Administrators (Central Office)
  - Executive Staff (Central Office)
  - Resource Workers (Field Staff)
  - Program Assistants (Field Staff)
  - Transitional Services Coordinators (Field Staff).

### New Staff Training for FSWs: Next Steps (As Reported in FY 13)

- *Discuss Area Director feedback regarding NST for FSWs at the June 10th TSDT meeting.*
- Identify impact of IV-E Waiver on NST for FSWs (2015-2020 CFSP)
- *Identify associated action items and next steps, including defined measures to evaluate outcomes.*

### **FY14 Update**

An implementation plan to address the requested changes to the NST for FSWs was developed in the fall of 2013. This plan consists of a short term training format revision goal and a long term training modification goal.

1. Short Term Goal: Using current training content, implement a 5 day classroom; 5 day OJT training format by January 2014.

This format is commonly referred to as the 5 day “On,” 5 day “Off” training.

2. Long Term Goal: Using stakeholder feedback, review and modify NST training content for new FSWs by January 2018. (2015-2020 CFSP)

The short term goal was accomplished in February 2014. Steps taken to reach this goal included:

- Development of implementation tools to help support fidelity to the modified training format and processes. This toolkit included a FSW Mentor Characteristics Selection Tool; OJT Communication tools for FSW Mentor and New Worker; Supervisor Speaking Points; PowerPoint Presentation covering reasons for the change and components of the modified training format; and Roles and Responsibility summaries. These tools were added to the online Supervisory Handbook-Chapter 10.
- Development of an implementation plan. Using the provided toolkit resources at Area Supervisor Meetings held in November 2013 through January 2014, Area Directors shared information about and outlined expectations for supervisors to initiate support structures in their offices to support this change. Central Office Exec staff supported these efforts by attending these meetings. In one Area, the Area 2 Director supported another Area Director in preparing supervisors.

County supervisors were expected to use the FSW Mentor Characteristics Selection tool to recommend FSW Mentor selections to Area Directors and to prepare the FSW Mentor for his/her supportive role to new workers joining a county office. The Field Trainers were available to support the county supervisor’s efforts, much like the support provided by Central Office Exec staff to the Area Directors.

- Concurrent preparation activities within the Academic Partnership.
- Reformat of curriculum materials changing the 3 Day Training Curriculum into a 5 Day Training Curriculum. This effort was led by the Communications Director at MidSouth.

Short Term Goal: New Staff Training For FSWs Post Implementation Efforts

Some Areas have adapted more quickly to the modified training format than other Areas. In some cases, noted challenges can be attributed to staffing ratios and workload, while other challenges appear to be related to expected challenges when initiating statewide changes.

In general, the pairing of new workers with assigned FSW Mentors prior to attending NST and staff missing sections of training were the two most common concerns in the early months of implementation.

Using the Training Skills and Development Team (TSDT) meeting forum as well as email and phone calls, the Academic Partners have developed reporting processes with the Division to engage County Supervisors and Area Directors in problem solving strategies related to the above issues. MidSouth agreed to add FSW Mentor pairings on the weekly Module Summary report they provide to the PDU. The Assistant Director of Community Services also receives this summary and/or is contacted directly by MidSouth to discuss ongoing concerns. The Assistant Director assists in resolving concerns when she feels her intervention is necessary.

In the June 2014 TSDT meeting, the MidSouth Training Director reported some fluctuation continues to occur related to the assignment of FSW Mentors, but he also reports this is improving. More staff are now being assigned mentors-while not always before the beginning of training the pairings are happening by the conclusion of week one or week two of classroom training.

The Assistant Director has also told the Academic Partners absences during training should not be occurring and has asked to be contacted, along with the Area Director, if this occurs. The MidSouth Training Director has noted significant improvement in this area.

From February to Mid-June 2014, the MidSouth Academies have offered concurrent training sessions using the modified training format. At one time during this cycle, 66 new workers were in class across the state.

Post implementation efforts will continue to be monitored as a part of routine quality assurance efforts within the training system structure.

Additional development activities related to mentoring new staff and/or stipend/non-stipend interns will continue in the 2015-2020 CFSP.

### **Long Term Goal: Review and Update of Training Program**

Efforts related to the long term goal for updating NST have begun. An initial planning workgroup met on June 20, 2014. Workgroup membership includes DCFS Field Staff (FSW and FSW supervisor) DCFS Community Services (Assistant Director and Program Administrator) the PDU Manager and Academic Partner representatives. Charged with the task to create recommendations (which will be presented to TSDT in the fall of 2014) for conducting the training review, the following recommendations have been developed to date:

- Establish Area FSW competency review teams.
- Determine the representative roles for membership on the Area review teams (next workgroup meeting on July 25<sup>th</sup>).
- Create a review structure for each Area Review Team to follow.
- Research (formally and informally) training program structures in other states. Formal review assignments to be determined by TSDT.

Informal review includes interviewing FSWs and/or supervisors who have worked in child welfare in other states within the last 5 years. A workgroup member will contact Area Directors and county supervisors to identify staff that fit the above criteria and report back at July meeting.

- Create feedback questions for informal and formal reviews.
- Conduct poll of DCFS supervisors to determine what they want staff to be able to do following the completion of New Staff Training. Workgroup exploring appropriate forums to accomplish this. One possibility is to conduct focus groups at a Quarterly Supervisor meeting.

### **Supervisor OJT Program: Next Steps (As Reported in FY 13)**

- Determine implementation details, including Division outcome measure statements.
- Define Field Trainer skill sets necessary to support desired outcomes. (2015-2020 CFSP)
- (2015-2020 CFSP) Define evaluation methods to be used within the Academic Partnership and the Division. Evaluation methods need to answer (at a minimum) these questions:
  1. How will Area Directors and/or County Supervisors evaluate the application of learned skills for participating staff? Should a parallel process be considered? If so, what does that look like?
  2. How will the Academic Partnership evaluate the quality of field training support provided to participating staff in the OJT program? How does the evaluation method address Field Trainer skill development/supervision?

### **FY 2014 Update**

The New Supervisor OJT Trainer Guide and Participant materials were finalized in June 2013. An overview of the program was presented to attending Academic Partners during the July 2013 annual training and meeting. IVE Coordinators were asked to assess the skill sets of the Field Trainers they supervise and to identify the trainers most appropriate to work with New DCFS Supervisors participating in the program.

Because of the concurrent work on the development of a Field Trainer Competency Model within the Academic Partnership, all of the Coordinators used careful consideration in their initial selections. Included in this process was discussion with the Field Trainers related to previous supervisory experience, child welfare and field training experiences as well as the field trainer's comfort level providing direct training support to supervisory staff.

Work to address field trainer skill development related to supporting supervisors began in the Partnership trainings in July and August of 2013 and continues in ongoing development efforts. More information related to this found in next section.

The OJT program was implemented in September of 2013.

As of June 18, 2014, 33 New Supervisors have completed, partially completed or are still participating in the OJT program.

- 19 New Supervisors currently participating
- 12 New Supervisors completed program

- 2 New Supervisors did not complete program-1 participant resigned from the Division and another requested a change in job classification.

Current program evaluation tools include pre and post assessments for each OJT section (Safety, Permanency and Well Being) completed by the participating supervisor, followed by discussion with the Field Trainer-including identifying additional training needs. Along with the pre and post assessment, participating supervisors complete a program evaluation.

Feedback gathered from Field Trainers assigned to work with supervisors in this program will also be used to help further define preferred skill sets for working with supervisors.

OJT Participant Materials have been posted to Knowledge Net, the online Knowledge Management website reported in FY13 Division updates.

Work related to improving the evaluation methodologies to assess transfer of learning into supervisory practices (led by DCFS Supervisors and Area Directors) along with the effectiveness of the program structure (led by Academic Partners) will continue into the 2015-2020 CSFP.

Using a panel of Academic Partners and DCFS staff-including a new supervisor who has completed the program, an overview of the OJT program was presented at the IVE Roundtable held in Galveston in May 2014.

#### **Field Trainer Skills: Next Steps (As Reported in FY 13)**

1. Review the Supervisory Practice Model and compare to proposed field trainer competency domains.
2. Send (IV-E Coordinators) field trainer job descriptions to the Academic Partnership Designer.
3. Identify knowledge, attitudes, skills, and values of a field trainer.
4. Post an online survey to gather other comments about competency domains.
5. Research self-efficacy aspects of developing field trainer competencies.
6. Identify field trainer skill assessment methodologies.
7. Determine if current field training assignments align with current skill levels.
8. Determine skill development methodologies.

## **FY 14 Update**

Work related to Field Trainer Competency development (items 1-5) was finalized and added to the Field Trainer Manual-Chapter 10 in February 2014. These competencies are organized into three (3) primary domains:

- Professional Standards and Development
- Platform Training Skills
- Field Training Skills

A Field Trainer Job Description Sample and New Field Trainer Orientation Checklist have also been added to the Field Trainer Manual-Chapter 10.

Ongoing program development efforts include:

- Convening a workgroup (composed of Academic Partners) to identify issues/concerns related to conducting strength and needs assessments of Field Trainers. This workgroup has had one meeting and another meeting is scheduled for July 2014. (Items 6-8)
- Exploring non-traditional Partner collaboration to address Division training/professional development needs. For example, development of Field Trainer teams with skill sets best suited to a particular Division need and/or matching Areas with University Partners not formally assigned to support that Area. (Items 6-7)
- Development and use of online content management processes. Current development work includes creating a Field Training Taxonomy to link IVE Allowable training topics to established FSW and FSW Supervisor competencies. (2015-2020 CFSP).
- Development of a field trainer training focused around Advanced Practice Education (APE) requests for FSWs and Supervisors with one or more year of employment with the Division. The general goal for this training is to help Field Trainers work with supervisors and FSWs to determine appropriate training objectives, including transfer of learning collaborative process planning.

This training will be provided to Field Trainers and available Academy trainers in July 2014. To help ensure practice improvement related to APE requests, a modified version of this training will be developed and provided to DCFS supervisory staff in FY 15. (Item 8)

## **FY14 Update: Training System Outcome Measures (2015-2020 CFSP)**

The Division has communicated the need to formally review and update the current evaluative processes within the Academic Partnership. The Training Skills and Development Team (TSDT) is responsible for leading this effort. To help support this, a Hornzby Zeller Quality Manager has been added to the TSDT.

Discussion related to evaluation and outcome measures began at the April 2014 TSDT meeting. Discussion topics included:

- Review of current assessment and/or survey tools used within the training system.
- Acknowledged some redundancy between MidSouth assessment and Academic Partnership assessment tools.

- Identified areas for future exploration:
  - Creating stronger links of classroom skill ratings with OJT activities and supervisory review processes.
  - Defining additional structure to Phase II of Field Training for New Staff (after new worker training and OJT is completed). The Individual Training Plans developed after New Staff Training is currently the starting point for this phase of field training.
  - Exploring Skill Labs on data relevant issues such as Substance Abuse, Domestic Violence. Topics dependent upon recommended changes to NST for FSWs.
  - Considering joint skill assessment through a collaborative process between the supervisor classroom trainer and field trainer. For example, the supervisor observes and rates the new worker's practice (could be a staffing, a home visit, court testimony, all three) and the trainers also observe and rate the new worker's practice in same areas, parties meet and discuss training needs (APE training for supervisors may be a starting point for this as well as the Individual Training Plan development.
  - Ensuring we include measures for transfer of SDM, TDM, CANS and other relevant practices, including OJT exercises.
  - Looking at/research methodologies for gathering data to improve efficiencies in system.

The PDU Administrator and Manager have also established a monthly meeting with the Assistant Director to discuss training system development and functions.

*Continuing Education*-Area Directors and supervisors initiate training requests with MidSouth trainers, Field Trainers, Office of Policy and Legal Services, Organizational Development and Training (ODT), and/or community partners in their area/county.

Each Area Director is encouraged to use a variety of factors when determining training needs in his/her area:

- Area improvement plans.
- QSPR and other analysis findings.
- CHRIS data reports and/or case reviews.
- Direct observations of staff interactions with families and/or community partners.
- Case consultations with staff.
- Feedback from community partners such as judges, System of Care partners, mental health providers, etc.
- Requests from staff.
- Individual training needs assessments (ITNA) with Academy and Field Trainers.

## **FY 14 Update**

The Division and Academic Partnership continue to collaborate with UAMS to provide Trauma Informed training to field staff. The FY 14 efforts included combining a web based presentation with facilitated group discussion led by Academic Partners. The introduction of a web based presentation allowed Dr. Kramer with UAMS to provide training from Little Rock to several remote locations while Field Trainers managed the classroom dynamics. A recording of the presentation was also completed to help manage resources and provide make up sessions when needed.

330 field staff completed this training in FY 14.

This blended format (online and small group discussions) will be used again in the trauma informed training (CFSP 2015-2020) for FY 15. The FY15 training highlights using knowledge of trauma throughout assessment processes.

Updates to the Managing Difficult Encounters annual training have also been initiated by the Academic Partnership.

MidSouth continues to provide quarterly continuing education classes open to Division staff and resource families. The scheduled trainings are focused on topics of interest identified from feedback on participant evaluations and survey responses. Several Area Directors, in collaboration with Academic Partners, have also established quarterly trainings for field staff.

The following highlights some of the collaborative training efforts implemented by the Academic Partners and Area Directors/supervisors in FY 14:

- Areas 1 and 2 “Cultivating the Seeds of Engagement” Conference- led by the Fayetteville MidSouth Academy, UAF and a local DCFS conference planning committee.
- Areas 2 and 5 Supervisory Conferences-led by ATU, focused on solution focused supervision and ensuring quality home visits with families.
- Area 5 Transfer of Learning Knowledge Café format-led by ATU and Area 5 DCFS staff, table discussions focused on how staff has been able to incorporate information into practice from FY 14 ATU quarterly trainings.
- (2015-2020 CFSP) Working with LGBT resource families-Initiated by the Area 6 Director to help address the value conflicts staff are/may be feeling when working with this population. This sensitivity training was developed in partnership with MidSouth and UALR faculty members, Dr. Catherine Crisp MSW, PhD and Dr Tara DeJohn LCSW, PhD.

An evaluative process to measure attitudinal change as a result of the training is also a part of the design.

Area 8 has expressed interest in sponsoring this training in FY 15.

- In May 2014, MidSouth led (at the request of the Area 7 Director) a facilitated Learning Café to help increase quality of home visits, establish clear expectations for documenting the quality aspects of the home visit and ultimately reflecting these practices in court testimony.

The Area Director agreed to randomly review home visit documentation following the implementation of the Learning Café and to work with supervisors on monitoring the transfer of learning into practice.

Currently the Area Director is working with MidSouth on a Learning Café for designed for supervisors to help support the transfer of learning for staff.

- In April 2014, the Area 10 Director requested staff attend training on medically fragile children and training that explores ethical dilemmas in practice. Both requests were based on a desire to increase the quality of staff assessment and engagement practices with families.
- In June 2014 ATU sponsored training with a national speaker, Derek Clark, for Areas 1 and 2 staff, youth, resource families and Central Office staff. Initial feedback about this training is highly positive. Many Family Service Workers reported they gained several ideas for working with youth on their caseloads.

### **FY14 Best Practice and Program [Development] Related Training**

Best practice and program development related training included but was not limited to:

- Structured Decision Making (SDM) (In-Home and Foster Care Cases)  
A total of 104 DCFS staff completed Structured Decision Making for Caseworker training.  
A total of 23 DCFS and CACD staff completed Structured Decision Making for Investigators training.  
A total of 34 DCFS and CACD supervisors completed Structured Decision Making for Supervisors training.
- SAFE (Structured Analysis Family Evaluation) Supervisor Training (Foster Care & Adoptions)  
A total of 14 DCFS supervisors, CALL volunteers and contract providers have completed this training.
- SAFE Training  
A total of 29 DCFS staff, CALL volunteers and contract providers completed this training.
- Team Decision Making Orientation Training  
A total of 227 DCFS staff have completed the TDM Orientation trainings provided for initial implementation counties in Areas 3, 4, 5, 6 and 8.  
A total of 34 community stakeholders from these Areas have also completed an orientation to the TDM process.

**2015-2019 CFSP: Mid/Upper Management Training** - The Division has yet to define competencies for Mid/Upper Management positions, although many Organizational Development and Training (ODT) workshops can be directly linked to professional development topics relevant to child welfare leadership.

*Mid/Upper Management Competency Training Model Development*-A Central Office workgroup, inactive in FY 14, was established in previous reporting periods to develop competencies for mid/upper level management positions.

This workgroup identified 10 common duty areas from a review of functional job descriptions before becoming inactive. The Supervisory Practice Model also provides additional information from which to build recommendations for Mid/Upper Management training.

These work efforts will resume in the 2015-2020 CFSP.

### **Supervisory Professional Development: FY 14 Update**

While the development of a formal training model for Mid/Upper Management positions has been delayed, much work continues to focus on the development of supervisory practices in the field.

As previously mentioned, several Area Directors continue to coordinate local training events for supervisors with Academic Partners and ODT.

In addition to collaborative efforts on the training for working with LGBT resource families, MidSouth has developed a supervisor continuing education training titled *Managing Across Generations*. This training has been offered through the formal MidSouth Continuing Education schedule and has also been provided to Areas 3 and 4 by special request from the Area 3 and 4 Directors.

At the request of the Director and Assistant Director, MidSouth is currently developing a supervisor training which targets supervisory practices related to the parent education activities Program Assistants provide to families across the state.

Additional training topics being considered for supervisors in the 2015-2020 CFSP include but are not limited to:

- Working with staff on the engagement of families while completing home visits (precedent exists as previously reported).
- Working with Academic Partners on Advance Education Requests (APE).
- Expansion/application of New Supervisor OJT activities for experienced Supervisors.
- Coaching Skills for Supervisors and FSW Mentors

The Protective Services Manager and DCFS Administrative staff continues to provide training related to the transfer of Structured Decision Making practices in the development and use of Protection Plans.

Data management consultations for each Area continue. Administrative Managers and designated Academic Partners meet with area supervisors to review and discuss the meaning of specific data reports in the daily management of Area/County performance. The QSPR, Meta-Analysis, CPS and Quarterly Performance Reports are examples of reports reviewed in these consultations.

### **Intermediate Level FSW Training (As Reported in FY 13)**

- Prepare proposed training outline/learning objectives for intermediate skill training.
- Write (DCFS approved) intermediate skill training materials.

- Pilot intermediate skill training

### **Intermediate Level Training for FSWs**

The Division initiated an assessment based QSPR results related to case management practices on a statewide level.

Currently representatives from MidSOUTH and DCFS Exec Staff, including the QSPR Manager, have met to discuss what the components of an intermediate level training program should look like.

Activities include:

- Reviewed training content in a previous intermediate level training (referred to as “call back” training).
- Discussed the barriers encountered in implementing the previous model. The primary barrier was identified as the lack of DCFS staff participation/support. The subject of DCFS supervisors supporting an intermediate level training by sending staff as defined in the training program remains a concern.
- Reviewed and discussed practice issues noted in QSPR reviews during the last 3 years.
- Tentatively agreed family engagement is a component in all intermediate level training topics. In addition, substance abuse and domestic violence can be incorporated no matter what the training topic may be.
- Agreed to review and compare 200-300 FSW competencies series and to map those competencies to practice issues. A review template has been created to do this; however, the activity is yet not completed.

**The Quality Assurance Manager created a Practice Trends summary for workgroup members.** This data was taken from QSPR reviews and related coaching sessions:

1. Substance Abuse
2. Family Engagement
3. Individualizing Services
4. Time Management/Prioritization
5. Caseworker Visitation

Substance abuse is a significant factor in a number of cases, and FSWs seem to find it challenging to address issues surrounding substance abuse. As a result, there appears to be a lot of “automatic decision-making” (e.g., parents tested positive for drugs, so they can’t visit their children; drugs are involved so remove the children). From this description alone, engagement is a missing factor.

The Division Director has also noted the presence of substance use in many cases and has expressed an interest in seeing more case management related training on this topic for Division staff.

MidSOUTH has a purchased program from CWLA including training on case management skills specific to substance use as well as other mental health issues. This program can be easily (and

fairly quickly) adapted to address Division needs. It also emphasizes engagement with the intended purpose of identifying protective factors and needs based on family input.

In addition to a prevalence of substance use in many cases, the Division and Assistant Director have noted the presence of domestic violence in many cases - specifically in child death reviews. A workgroup, facilitated by the Protective Services Program Manager, developed a Domestic Violence Screening Tool for FSWs.

The planning and development workgroup agreed the assessment tool, along with additional training related to domestic violence and child safety, is highly relevant to an intermediate level training program.

As already noted, family engagement seems to be the underlying theme when assessing practice trends highlighted in the case review process.

While FSWs do receive training related to family engagement in the New Staff Training series, the workgroup agreed this particular skill is best transferred into practice when a FSW has had the opportunity to gain additional work experience. The FSW is then “called back” after practicing in the field for 12 – 18 months to receive further training on interviewing skills intended to engage a family in a discussion versus simply telling a family what the process will be.

All FSWs, regardless of primary assignment areas, can benefit from additional training in effective interviewing strategies to promote engagement.

### **Competencies**

The practice trends related to substance abuse and domestic violence are tied to 300 series competencies. Practice trends related to interviewing and engagement are tied to 200 series competencies.

### **Workgroup Recommendations**

The following recommendations were approved by the Division Director and Assistant Director in April 2013.

- Approve identified Intermediate Level Training Topics-Substance Abuse, Domestic Violence and Interviewing Skills (engagement is a theme in all three topic areas).
- Secure Executive Staff approval of the proposed training program concept and Division commitment to implement and utilize the program for all FSW functions.
- Continue development (based on approval) of implementation strategies and training material development.
- Begin with Substance Abuse training materials as it requires less development time and is a CWLA program.
- Submit training materials and implementation strategy to Division for final approval.
- Implement program.

## **FY 14 Update**

Efforts related to the development of a formal Intermediate Level training program for FSWs have been suspended so that the Division and Academic Partners can continue the work (reported in previous sections) associated with managing the implementation of the 5 Day On/5 Day Off training format for new FSWs (short term goal) while completing the extensive work necessary to update/revise the New Staff Training program for FSWs (long term goal)

The Division will use the above information and information gained during the review/update process to the New Staff Training program for FSWs to assess intermediate level training needs and strategies that need to be incorporated in either the 2015-2020 CFSP and/or the 2021-2026 CFSP.

In addition to the above foundational work, the Training Skills and Development Team (TSDT) has initiated the development of a Casework Practice Profile tool(s) Development of a Casework Practice Profile (CFSP 2015-2020) tool is intended to help supervisors/managers, as well as staff, recognize practices at different behavioral levels and to serve as a guide for ongoing skill development within the Division.

An initial workgroup has been established to review the Ohio Differential Response Practice Profile and provide the following adaptation recommendations to TSDT:

- How do we link this back to the AR Practice Model principles?
- What needs to come out (simply can't do based on AR law and/or policy)?
- What needs to be added?
- What are recommended processes and/or considerations for creating and implementing this in Arkansas?

## **New FSW Supervisor Training: AR CIRCLES: Next Steps (As Reported in FY 13)**

- Presentation of workgroup products to Area Directors and Executive on June 19, 2013.
- Presentation of workgroup products to all state supervisors at the July 19, 2013 Quarterly Supervisors meeting.
- Presentation of workgroup products to Academic Partners at the July 26<sup>th</sup> Quarterly Partnership meeting.
- Implement workgroup products (exception of NOW workgroup) August 2013
- Finalize timeline plan for year 2 project goals (initiated May 22, 2013).
- Finalize sustainability plan for Learning Circle implementation.

## **FY 14 Update**

The formal MPCWIC Project (AR CIRCLES) concluded in September 2013, resulting in several supervisory tools/process-all in alignment with the AR Practice Model

As a part of the project close out process, a sustainability plan for continued Learning Circles and supervisory strategic plan implementation was developed.

A Learning Circle facilitation training was conducted on 09/26-27/14, completing Phase 3 of LC Implementation. Counties have been identified for the remaining two implementation phases. Phase 4 is expected to roll out in the Fall of 2014 and Phase 4 will roll out in the Spring of 2015.

Two additional Supervisory Strategic Plan Implementation workgroups have been initiated since the formal end of the MPCWIC Project-these workgroups are the Caseload Management Workgroup and the Supervisory Review Tool Workgroup.

Both workgroups have draft products, which are expected to be finalized within the next 6 months.

The NOW Workgroup, while currently suspended, is expected to resume work within the upcoming fiscal year. Focus for this workgroup continues to be providing an online resource for community providers.

**2015-2020 CFSR**-Continue to monitor use of AR CIRCLES supervisory tools and processes; Identify and utilize applicable supervisory tools/processes in the IVE Waiver implementation efforts.

**2015-2020 CFSR**-Create Implementation and Sustainability Plans for appropriate IVE Waiver Initiatives

The IV-E Waiver includes anticipated staff training for these new tools/practices:

1. CANS and FAST Assessment Tools and Best Practices
2. Team Decision Making
3. Parent Education and Support (changes the role of some Program Assistants to that of Parent Coach)
4. Permanency Round Tables
5. Resource Family Homes (Pre and Post Service Training Program Development)

### **Training System Overview**

DCFS currently has nine (9) contracts with a number of universities known as the Academic Partnership For Public Child Welfare. This group conducts the majority of DCFS professional development training.

The Academic Partnership also provides a system of educational support through “Field Trainers” who work directly in DCFS field offices on a variety of issues. As DCFS continues its review of the State’s training system, the Field Trainers will continue providing support to new and experienced workers.

1. Maintaining the exchange of information between the Division and our training partners. Representatives from our training partnership are now engaged in a number of planning meetings and/or discussions in which they did not previously have the opportunity to participate. This includes participation in:
  - a. Routine meetings with Executive Staff and CHRIS representatives.
  - b. Conference calls and meetings with key Executive Staff members related to new initiatives and contract renewal issues.

- c. Central Office Area Director meetings - when appropriate.
- d. Quality assurance information exchanges related to COR and other reporting mechanisms.
- e. Presentations related to new tools the Division may be considering.
- f. Conference calls and meetings with other training professionals who are developing training programs outside of the partnership. This helps us ensure congruency of practice messages.
- g. Central Office participation in staff training events developed by training partners and other professional training entities.
- h. PDU participation in local training development meetings with the Area Director and university training coordinator.

The Division knows it wants field and classroom trainers to support the development of supervisory leadership skills in new and innovative ways. DCFS believes front line supervisors are the key to our success in changing practice behaviors across the state.

Currently front line supervisory practices (from a system perspective) remain a challenge to successfully implementing change in the system. While training alone does not address this issue in its entirety, it certainly supports the change effort.

#### **Additional Academic Partnership FY 14 Update**

- The FY 15 contract has been updated to continue to reflect the work the Division expects of the Academic Partnership and includes budget increases for stipend students, a part time position for a UAF Field Trainer and references to upcoming IV-E Waiver activities and training.
- As previously noted (UAF) continues to build a responsive web management system in support of Learning Circles, Communities of Support, future training initiatives, information exchange, custom reporting, and knowledge management processes.
- TSDT initiated the development of an orientation to DCFS for newly hired Field Trainers. A draft PowerPoint Presentation has been completed and is currently under review by the PDU Manager.

<b>Current In-Service Training</b>
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New staff training (and related on-the-job activities) for family service workers and family service worker supervisors has been approved by the DCFS Executive Staff and is provided by UALR MidSOUTH Training Academy (classroom) and the IV-E Partners (on-the-job activities).

The curriculum is based on worker and supervisor competencies developed by the Institute for Human Services (IHS).

New Staff Training for Program Assistants (PAs) is currently based on a modified version of the Family Service Worker in-service training and does not have an on-the-job component.

When a new employee is hired, s/he is scheduled for training within the first two weeks of employment. Classes are held at one of five sites throughout the state, allowing the new worker closer access to both office and home.

New DCFS supervisors are expected to complete the Departmental (DHS) Supervisor training prior to attending additional training provided by MidSOUTH.

The DHS Leadership Series includes:

- DHS 4-Day Supervisor Training (with update training every 5 years) includes PPES, Administrative Policy, and EEO Laws. Hiring Procedures and Grievances, Cultural Diversity, and Interpersonal Communications.
- DHS Leadership in a High Performance Culture.

New Staff Training (provided by MidSOUTH) for DCFS supervisors maintains a focus on leadership skills within the context of child welfare and the administrative, educational, and supportive roles a supervisor plays which makes this program uniquely different than the DHS series.

### **Additional FY 2014 Updates**

- 135 New DCFS Family Services Workers have completed New Staff training,
- 46 New DCFS Family Service Workers are currently participating in New Staff training.
- 20 Program Assistants have completed New Staff Training for Program Assistants.
- 27 New Supervisors have completed New Child Welfare Supervisor Training.

<b>New Staff Training Attendance/Exemption Procedures</b>
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DCFS Family Service Workers or Family Service Worker Supervisors returning to field work after a one (1) year break in service are required to attend New Staff Training unless an exemption request is approved.

DCFS Family Service Workers or Family Service Worker Supervisors returning to the field within one (1) year of previous employment with the Division (in the same or similar job classification) are considered exempt from New Staff Training.

For staff considered exempt from training, the hiring supervisor will develop a training plan with the field trainer to address any knowledge/skill areas s/he would like addressed with the returning employee.

Exemption requests (approved by Area Directors) for returning staff with one year or more break in service are submitted to the Professional Development Unit for additional review and final approval.

The request will include the following information:

1. Details of the previous DCFS trainings and/or other child welfare related trainings.
2. Date and time of the previous training and the relevance to current job duties.
3. Description of existing knowledge and skills related to job duties, including previous performance evaluations.

4. Copies of the training certificates or letter of attendance.

After review of this information, the Assistant Director of Community Services will notify the Professional Development Unit (PDU) of the decision.

The Professional Development Unit will notify the Area Director and MidSOUTH of the exemption disposition.

Actual credit hours will not be awarded to an employee who is exempted from a mandated training topic.

If, after granting an exemption for a class, the employee's skills are viewed as unacceptable, the employee will be required to attend the class for which exemption was awarded. Credit hours would then be awarded for completion of the attended training event.

DCFS Family Service Workers returning to field work in Family Service Extra Help positions will not be expected to attend the full New Staff Training series. The hiring DCFS Supervisor will assess the skills of the former Family Service Worker and will base his/her duty assignments on that person's assessed strengths.

2012 Updates: The above section has been edited for clarity and to better reflect the actual practices currently in place for training exemption requests.

The Division has also updated the above exemption section to address potential training needs of FSWs hired into "Extra Help" positions. Extra Help positions are temporary and can only be used for a period of six months. Typically the Division avoids hiring FSW personnel into these positions but this hiring practice does sometimes occur.

As DCFS implements the AR CIRCLES strategic plan, the Division may establish an orientation process requiring supervisors to provide updates to staff returning after a break in service.

### **New Worker Initial Caseload Assignments**

Due to the intensity of the NST, on-the-job training requirements and local office workload capacity issues, caseload assignment decisions will be based on an incremental model.

This model supports skill development in such a way the worker is more prepared to accept full caseload responsibilities at the completion of NST.

Supervisors will make caseload assignment decisions by considering the following factors:

1. Type of family case.
2. Complexities surrounding the family issues (Example: Sexual Abuse, Chronic Neglect, and Failure to Thrive).
3. Current number of completed training modules.
4. Experience and skill at time of hire.
5. Local plan of support for the new worker, including IV-E partner contact and supervisory support.

## Continuing Education Requirements

Employees of DCFS are mandated to attend a minimum number of job-related training each year.

### **Next Steps 2013/2014 As Reported in FY 13**

- Re-design a training program approved to meet the annual Grief and Loss one (1) hour training mandate. The Division would like this program to include multiple topic options that relate directly to service issues encountered by the field.
- This program may have on line training options available to staff in the future.

### **FY 14 Update**

See previous updates on Trauma Informed Training.

The following identifies the number of required continuing education hours based on the job function.

- Program staff (field staff with direct client contact and caseloads), Family Service Worker (FSW) classification, Area Managers - Twenty-four (24) annual hours required.

The mandated annual trainings *Managing Difficult Encounters with Families and Trauma Informed Workforce* are applied to the above hours.

- Program Support staff (direct client contact with secondary case assignments or no caseload), Nurses, Health Service Workers, Health Service Specialists, Program Assistant, Transitional Youth Services Coordinator - Fifteen (15) annual hours required.

The mandated annual trainings *Managing Difficult Encounters with Families and Trauma Informed Workforce* are applied to the above hours.

- Non-program staff (administrative support, office personnel, administration having no direct client contact [DCFS Central Office] including DCFS Executive Staff - Fifteen (15) annual hours required.
- Volunteers serving in a foster or adoptive care capacity for DCFS - Thirty (30) hours pre-approval and fifteen (15) annual hours required after the first year of approval.

The above training hour requirement for adoptive homes stops upon completion of the adoptive process.

- Volunteers not serving in a foster or adoptive capacity, such as community volunteers or interns, are required to attend five (5) hours per year.
- All DCFS child welfare program field staff who have or may have contact with clients are required to maintain certification in first aid and CPR (infant, child and adult) provided at DCFS' expense through either the American Red Cross, American Heart Association, and the National Safety Council.

The time frame used to determine if the above requirements have been met is based on the calendar year.

### **Current Foster Parent Pre-Service Training**

The state uses the Foster/Adopt PRIDE (Parents' Resource for Information, Development, and Education) training curriculum as the Foster Parent pre-service training program.

This curriculum was developed by the Child Welfare League of America.

#### **FY 2014 Update**

The Division continues to meet regularly with Permanency Planning team. While considerations are still being given to changing the pre-service training program for resource families no final decisions have been made.

803 prospective foster/adoptive parents have completed PRIDE pre-service training in FY 14. Of this total, 287 participants are listed as kinship or other.

2015-2020 CSFP: Monitor PRIDE Pre-Service Trainings provided by MidSouth and CALL volunteers.

Selecting random trainings, DCFS staff will begin to attend various PRIDE sessions with the intent of:

- Helping the Division increase understanding of participant needs
- Assessing Division representation and messaging at training sessions
- Gaining a stronger understanding of the consistency of training provided across the state by multiple training resources.

Foster Care and PDU Manager attended an April PRIDE training sponsored by MidSouth as a part of the above efforts.

### **A. Foster Parent CPR Certification**

All foster and adoptive parents are also required to be certified in First Aid and CPR. In addition, all homes are required to complete and maintain certification in First Aid, but only foster family (non-relative) homes are required to attend and maintain full certification covering infant-child-adult CPR.

Other homes, if only accepting fostering of relatives, are required to complete and maintain certification in the (categories listed below) for the ages of the children they accept.

1. Infant (birth through one (1) year of age).
2. Child (one (1) year through eight (8) years of age).
3. Adult (age eight (8) years of age through adulthood).

Acceptable national training providers include the following: American Red Cross (First Aid and CPR); American Heart Association (First Aid and CPR), and the National Safety Council (First Aid and CPR).

The Division allows for foster or adoptive family members to receive certification using online training programs established by the above providers. This approval is based on the condition that the certification process includes in person demonstration of the learned skill in front of a certified instructor.

The foster parent must adhere to and be responsible for maintaining his/her certification requirements since various certification time frames occur with the acceptable CPR provider group (1 or 2 years),

*Note: Foster parents must maintain certification in CPR and First Aid to remain opened as a DCFS foster home, but these training hours are not used to meet the continuing education requirements outlined previously.*

DCFS is responsible for scheduling First Aid and CPR training for these homes. Foster/adoptive homes will be reimbursed for successful completion of classes scheduled through DCFS using in-house or approved training providers.

### **Central Office Staff Training**

Each hiring supervisor reviews a new employee's skills and experiences to determine necessary training related to job functions. Both incumbent and new employees are evaluated through the annual PPES (Performance and Evaluation) process. Training issues may be addressed through development of individual training plans that target specific skill development.

DCFS Central Office employees are permitted to attend training found applicable to their job performance. Supervisors may use formal training events, as well as media such as videotape, CD, DVD, printed material or through interview/shadowing of a topic expert.

#### **Additional FY 14 Update**

Central Office Program Managers participated in a Casey supported workgroup planning session related to the development of the 2015-2020 CFSP. Central Office staff are also invited to participate in quarterly mini trainings. Topics covered at these mini trainings include but are not limited to:

- Realistic Job Preview Video: Uses in the hiring process and stakeholder meetings
- Structured Decision Making: Extended Safety Factors and SDM Practices in the development of Protection Plans
- IVE Waiver Updates
- Transitional Youth Program Development
- Differential Response Program Overview
- Diligent Recruitment Grant Overview

## **Additional Training Opportunities**

Additional training opportunities for DCFS employees and resource families include attendance in training events offered by other state and local community providers.

Regular training conferences include:

- Arkansas Human Services Employees Conference (AHSEA)
- Annual State Foster Parent Conference (DCFS)
- MidSOUTH Summer School (MSSS)
- Annual Child Abuse and Neglect Conference (MidSOUTH)
- DCFS Area Training Meetings
- Academic Partnership Regional Training Conferences
- Mental Health Institute
- Court Appointed Special Advocates (CASA) Annual Conference
- Juvenile Justice and Delinquency Prevention Conference (Division of Youth Services)

*Several of the larger state conferences provide a limited number of scholarships for DCFS staff and foster parents.*

DCFS currently serves on many of the planning committees for the above events. Our future plans include expanding our involvement to include speaking at these events and/or offering workshops related to shared child welfare/practice issues.

The Division believes this type of direct involvement will strengthen our collaborative relationships with these community providers.

These providers include:

- Administrative Office of the Courts
- Child Care and Early Childhood Education & Child Care
- Local Provider Associations
- Juvenile Justice
- System of Care
- Other relevant providers

## **Training Records and Attendance Documentation**

- All participation by DCFS staff and volunteers in Academic Partnership-sponsored training events are recorded in a training database maintained by the sponsoring institution.
- UAF is responsible for gathering attendance information from their seven sub-contracted university training partners and for maintaining a centralized training records database.

- 2015-2020 CFSP: All MidSouth training records are uploaded weekly to CHRIS via an interface file. UAF and CHRIS capacity issues have slowed the progress on updating the interface file format. This is now expected to be completed at the end of FY 15.
- DCFS staff with a “supervisor” level of security may view and print employee training records from the CHRIS system.
- Central Office supervisory staff and Area Directors (or designees) will initiate and maintain a CFS-381 Employee Training Record for all employees. Supervisors will enter all attended training on the form and include copies of attendance verification within the folder.
- Area Directors (or designee) will enter all non-Partnership training attendance into CHRIS through the Training Toolbar function. Central Office supervisors (or designee) will likewise enter their employee’s non-Partnership training into the CHRIS training database.
- Both MidSOUTH and the Academic Partnership will provide documentation of training attendance to participants in the form of a certificate, copy of the sign-in sheet or a letter of attendance.

**Employee Career Advancement**

The State personnel system no longer includes a career ladder incentive program (CLIP). This means employees wishing to advance into higher salaried positions must do so by following the established hiring process.

This process includes but is not limited to:

1. Submission of a formal employment application.
2. Met minimum qualifications for a position.
3. Met benchmarking standards (if applicable).
4. Interview
5. Selection

**Stipend Program (BSW & Other Related Degrees)**

The purpose of the DCFS Child Welfare Student Stipend Program is to hire more employees with degrees in social work and/or social work-related degrees.

DCFS Policy XI-C establishes guidelines for administering the DCFS Child Welfare Student Stipend Program.

University student stipend applicants first interview with the University IV-E Coordinator to determine if the student is a good candidate for the program. Applications and other related paperwork are submitted to the DCFS Professional Development Unit for review and processing.

Upon receipt of all record background checks and forms, the application packet is forwarded to the Division Director for approval.

If approved, students are awarded a two semester stipend (in most cases) in the applicant's senior year. Upon graduation, the student is hired by the Division in an IV-E allowable position and must remain (as a condition of the stipend agreement) employed for a minimum of one (1) year.

2012 Updates: The Division has clarified its messaging with prospective stipend students to help them better understand where they might expect to be placed upon graduation.

Even though the stipend application and agreement clearly state the student is agreeing to a placement based on the Division's current needs anywhere in the state, many graduating stipends have been upset to discover they are being asked to work in counties they prefer not to work.

The new message to interested students now clarifies that in all likelihood, placement decisions will be based on three (3) high turnover areas; Area 2, Area 1 and Area 8.

The Training Coordinator and PDU Manager also attended four (4) stipend interviews to observe the selection process. These interviews were conducted in Area 8, Area 6 and Area 5.

Acceptable degrees for stipend applicants are identical to the minimum qualifications for employment as a DCFS Family Service Worker, which are the equivalent of a bachelor's degree in social work, sociology, psychology or a related field. Related fields are identified as:

- ✓ Child and Family Development
- ✓ Child Development
- ✓ Counseling (any field of Counseling)
- ✓ Family Development
- ✓ Family Services
- ✓ Human Development and Family Studies
- ✓ Human Services
- ✓ Rehabilitation Science
- ✓ Social Welfare
- ✓ Behavior Science
- ✓ Criminal Justice
- ✓ Education (Early Childhood, Elementary, Middle Level, Secondary, and Special Education)
- ✓ Home Economics/Family and Consumer Science

### **FY 14 Updates**

The PDU Training Coordinator has been conducting annual exit interviews with stipend and non-stipend interns in Fiscal Years 12 and 13. The purpose of these interviews is to assess the quality of the interns' experiences and to help develop a DCFS Intern Program Management guide.

The Division Director agreed to increase the number of FY 15 stipend allotments for each Academic Partner University. Along with this increase, the Division has also committed to place a stipend in his/her first county preference of employment upon graduation.

This commitment is restricted to FY 15 in an effort to determine if retention of stipends beyond the first year of employment can be connected to being placed in the county he/she selects to work versus being placed in a county the Division identifies for the stipend.

Using feedback gathered in previous exit interviews and factoring in the implementation of the DCFS Hiring Guide for new FSWs, PDU has prepared and implemented the first version of a DCFS Intern [Stipend/non-Stipend] Management Guide.

Essential elements related to the initial implementation efforts include but are not limited to:

- Developing and distributing the first version of the DCFS Intern Management Guide.
- Discussing essential program elements with Area Directors and Academic Partners needed for the selection of FY 15 stipends. *Note: The majority of FY 15 stipend intern selections needed to be completed in April – June 2014.*

Program elements highlighted in these discussions included:

- Incorporating the use of the Realistic Job Preview in the recruitment efforts led by Academic Partners on campus.
- Highlighting the alignment of the DCFS Hiring Guidelines in the selection and approval of stipend applicants.
- Conducting formal interviews and ratings of stipend applicants consistently across the state.
- Talking with Area Directors about the importance of assessing county offices to identify which counties in their Areas can appropriately support stipend/non-stipend interns.
- Highlighting the roles and responsibilities of DCFS staff when a stipend/non-stipend is placed in a county office.
- Participating in 14 FY15 stipend applicant interviews (April – June) to observe the stipend selection process and answer questions related to new guidelines.
- Conducting in 22 FY14 exit interviews with stipend/non-stipend interns.

The PDU Training Coordinator is currently preparing a report to summarize the feedback received during exit interviews and general observations during the FY 15 stipend selection process.

This report will then be used to determine recommended updates to the DCFS Intern Program Guide.

## **Master of Social Work (MSW) Educational Leave Program**

The DCFS MSW Educational Leave Program helps the Division employ an increased number of persons who possess an MSW degree working in programs throughout the state.

DCFS Policy XI-B establishes guidelines for administering the DCFS MSW Educational Leave Program and addresses both full and part-time agreements.

Candidates must first gain acceptance from the University with an MSW Graduate Program before DCFS considers an application for this program.

In addition, an applicant must be a current employee with two (2) years of continuous service immediately prior to applying. Policy and the agreement mandate a work payback of two (2) months for every one (1) month spent in school.

In December 2009, DCFS had a first meeting with several employees who obtained an MSW degree through this program. This meeting helped begin the process of gathering feedback as the Division continues to look for ways to improve the effectiveness of this program.

The MSW program is currently under review by the Division. DCFS does not expect to seek applications for this program in FY 2012.

2012 Updates: The MSW program is currently under review by the Division. DCFS does not expect to seek applications for this program in FY 2013.

### **FY 2014 Update**

The MSW stipend program remains suspended. The Division is, however, accepting MSW non-stipend intern placements where it can be supported by county staff.

**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>
9/1/11-9/30/13	Enhancing Supervision	Mountains and Plains Implementation Center (MPCWIC)	Yes
7/1/13-6/30/15	Differential Response	Casey Family Programs	Yes
7/1/13-6/30/15	Permanency Round Tables	Casey Family Programs 4/1/14-Ginger Pryor	Yes
7/1/13-6/30/15	CANS	Casey Family Programs	Yes
7/1/13-6/30/15	CANS	Dr. John Lyons	Yes
7/1/13-6/30/15	Nurturing Parent	Dr. Stephen Bavelok	Yes
7/1/13-6/30/15	Team Decision Making	Annie E Casey	Yes
10/1/13-10/1/15	DR3 Grant/Targeted Recruitment	NRC Diligent Recruitment-Linda McNall	Yes
11/1/13-6/30/15	Differential Response	Kempe Center via Casey Family Programs support	Yes
1/1/14-6/30/15	Advocacy Council Facilitation	Casey Family Programs-Gregory Davis	Yes
8/1/13-/9/30/14	Implementation Science	CQI Academy	Yes
5/1/13-6/30/15	Implementation Science	Casey Family Programs (strategic planning team)	Yes

## **Evaluation and Technical Assistance – SFY 2014**

DCFS utilizes several strategies to assess the effectiveness of its staff, services, and programs as well as to ensure that they lead to improved outcomes for children and families. DCFS develops a number of reports, evaluations and other mechanisms to measure the quality of its workforce and services. In particular, the Division makes concerted efforts to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement. The development of any new reports or other quality assurance projects are in line with CFSR benchmarks and the goals outlined in the Division’s Program Improvement Plan (PIP).

The Division’s reports are largely built around the three core goals of child welfare—child safety, permanency and well-being—while also considering and accounting for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.

DCFS expects to continue utilizing data in its efforts to connect its evaluations to performance and best case practice. The following list of reports and projects (and accompanying descriptions) accounts for the major quality assurance activities undertaken in Arkansas during SFY 2014:

**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 a required quarterly review of all open cases in their respective counties, and supervisors must review 100 percent of their cases. The review provides supervisors with a one-on-one training tool for staff, providing an opportunity to discuss both individual cases and overall 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 generated that offer case review information by county, area and statewide. Over the past year, DCFS supervisors completed nearly 97 percent of their required reviews.

Though the supervisory review tool has proven useful in its current format, DCFS has formed a committee whose aim is to revise the tool, with the ultimate goal of condensing the questions while making it more action-oriented (e.g., “What does DCFS need to do to move the case forward?”).

**Family Preservation Services Evaluation** – DCFS conducts this evaluation on an annual basis, in accordance with state law. The goal of family preservation services (FPS) is to keep families intact (prevent the removal of children from home) or achieve reunification expeditiously (if children are in foster care). This evaluation indicated that all children who enter foster care with a goal of returning to their families needed these services, and approximately four-fifths of the families who are involved with DCFS through an in-home case needed these services in order to stabilize the family unit and prevent children’s removal. Whether or not these children and families received these services was not a clear predictor of their success (at either remaining intact or, if in foster care, achieving permanency) or future involvement with the agency. It is possible that the children and families who ultimately received services had a higher degree of severe issues and needs than those who did not; and in turn, their increased risk levels necessitated additional involvement with DCFS.

**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.

**Workload Reports** –DCFS tracks the responsibilities of its workforce on a monthly basis. The workload reports allow the agency to not only know how many total cases each worker, county, or Area is working, but also the types of each case being worked (e.g., foster care, in-home protective services, support services, adoption, investigation). The report has been recently enhanced to more accurately reflect the “real work” being done by excluding cases that the worker is not actively working.

**Differential Response Reports** – On a monthly basis, DCFS closely examines data regarding its differential response (DR) program. The agency relies on these reports to steer decisions regarding this recently developed/implemented program.

**Adoption Reports** – On a monthly basis, DCFS closely examines the children whose adoptions have been finalized. This report offered detailed information on all finalized adoptions for the reporting month, which the agency utilizes to help improve its processes regarding this permanency option.

**Program & Contract Monitoring** – Since SFY 2010 DCFS has been conducting program reviews and monitoring the contracts of many of its partners and service providers. These reviews have been part of the Division’s comprehensive effort to improve the quality of its service delivery system as well as the outcomes it achieves for children and families. During previous years, DCFS has reviewed the performance of its residential treatment facilities, therapeutic foster homes, outpatient counseling agencies, intensive family service providers, psychological evaluation providers, and the differential response program. DCFS also closely examined the performance of the state’s Child Abuse Hotline. During SFY 2014, DCFS completed (1) a review of the Crimes Against Children Division (CACD) Investigations Unit within the Arkansas State Police, which conducts certain types of severe child maltreatment investigations (with DCFS investigating less severe types of maltreatment), (2) a cross-state comparison of its therapeutic foster care program, examining the program in relation to those operated by other states, and (3) a review of the state’s contracted sexual offender rehabilitation programs.

For its review of CACD’s Investigations Unit, DCFS found that that CACD investigators generally performed better than DCFS at conducting the various activities required of investigators by law and policy. The quality of CACD’s investigations (i.e., the quality of interviews, appropriateness of the dispositions rendered, and thoroughness of the documentation recorded) was also better than those completed by DCFS. At the same time, CACD investigators have drastically lower caseloads than do DCFS investigators (carrying a workload that is approximately one-third of those carried by DCFS investigators). CACD-led investigations also cost more than those completed by DCFS.

For the review of its therapeutic foster care (TFC) program, DCFS compared it to those operated by other states. These efforts led to the discovery that most states completely outsource their TFC programs by contracting with a network of private providers to recruit, train, and provide support to these families. Arkansas was the only state reviewed in which TFC providers did not allow caseworkers to visit the children placed in TFC homes unannounced. Arkansas pays its

TFC providers a flat rate that falls in-between those paid out by other states, and Arkansas was one of only a few states reviewed that did not establish a minimum amount that its contracted providers had to reimburse the families. Arkansas does not incorporate a pay-for-performance element (e.g., not refusing a child's admission, length of time in program, etc.) in its contracts with its TFC providers, although some of the other states reviewed did.

DCFS also elected to review its sexual offender rehabilitation programs for SFY 2014. As is the case with its other provider and program reviews, DCFS wants to ensure that these contractors are complying with standards and policy while delivering quality services to the target population. The findings of this review are pending.

**Quarterly Performance Report (QPR)** – The Quarterly Performance Report (QPR) is a statistical report created for legislative committees dealing with the youth and children who are involved with DCFS. The report's structure was completely overhauled during SFY 2014, making it more consistent with CFSR benchmarks and the goals outlined in DCFS' PIP. At the same time, the revamp made the report more concise and reader-friendly.

**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 for each state fiscal year and is structured similar to the QPR. The report also documents any observable 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; but it also places an 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 over the most three recently completed calendar years. For SFY 2014, the Meta-Analysis reports continued to place a strong emphasis on performance at the county level for many of its measures. Focusing on local performance allows the Division to better identify and understand where casework is excelling and where improvement is needed.

**Review of Jefferson County Child Welfare Practices** – DCFS conducted a comprehensive review of the child welfare practices in Jefferson County, largely due its concerns with local staff's declining ability to satisfy policy standards and escalating tension between them and the court there. To isolate the issues specific to Jefferson County and provide a yardstick for measurement, Crittenden 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. This study led to a series of recommended changes (addressing the need for improved supervisory practices, a more defined scope of staff's responsibilities and roles, and a more collaborative effort between the agency and the court) designed to stabilize the situation there.

**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 from SFY 2010 through SFY 2013. DCFS uses this report to monitor the number of Garrett's Law referrals received annually; the types of drugs cited in these referrals; how it responds to Garrett's Law referrals; and whether the parents involved in these referrals later receive any type of treatment.

**Adoption Matching Tool** – During SFY 2014, DCFS made enhancements to the recently developed adoption matching tool. This web-based tool helps agency staff to more readily identify available pre-adoptive homes whose child preferences match those of children who are available for and have a goal of adoption. When staff input the characteristics of a given child into the tool, it cross references it with the preferences of pre-adoptive families. Adoptions staff are provided with ongoing training and support on how to use the tool.

**Foster Parent Matching Tool** – During SFY 2014, DCFS continued development of its foster parent matching tool. This web-based tool helps agency staff to efficiently identify available foster homes whose child preferences match those of the child characteristics entered in by the user. The goal of this website is not only to find a foster family willing to accept a given child, but also to find a foster home in close proximity of the child's home county to ensure that the child can preserve his or her connections to the local community, school, neighborhood, family and friends. In other words, it filters matches by identifying foster homes within a certain search radius of the foster child's county of origin. Although this matching tool is still in development, it has been tested and enhancements are being made based on the results.

#### **Tribal Coordination/Consultation:**

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.

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. OCC attorneys regularly consult with the Tribal representative on all open ICWA cases. These same OCC attorneys provide notices as required by ICWA and has ongoing communications with the Tribal representative as the case progresses. Generally, when notified, the Tribal 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. At the present time Arkansas does not have any IV-E agreements with any Tribal Nations.

Currently, CHRIS reflects 79 children who are identified as American Indian and Alaskan Native (AIAN). Of this number, 41 children enter care between July 1, 2013-June 30, 2014. Some of the

Tribes represented in the number of children entering care were: Cherokee Nation of Oklahoma, Cherokee (Eastern Band) and Choctaw Nation of Oklahoma.

Since OCC currently takes the lead on notifications they try to have annual update training on ICWA. We have the PowerPoint and training manual available for review on-site.

1. ICWA training with new attorneys, August 2013
2. ICWA training for all attorneys, January 2014 (focused on US Supreme Court decision)
3. ICWA training for all new attorneys, April 2014.

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

DCFS provides services and supports to Native American children as they do with all other child populations that DCFS serves. When the child enters foster care, the ethnicity of the child is addressed at the initial court order especially if there is a question in regards to being a member of a Tribe. The attorneys for the Department take the lead in notifying the Tribal Nation and assisting with coordination of steps to verify the membership of the child with a specific Tribe including verifying maternity and paternity. During this process as well as after the verification, DCFS FSW and Supervisors begin to include the Tribal liaison in the case management activities which include but are not limited to: inviting to staff meetings, involved in the development of the case plan, schedule phone conferences as needed for case updates, notification of placement moves, consideration of other relatives or connections for placement, notification to court hearings, and many other activities.

There are only 2-3 Areas that have children on their workload that would need to meet the requirements of ICWA.

The Division's policy and procedures are applicable to all child population and we include the Tribal liaison on children that are identified as Native American.

Below are examples of general case management practices that have identified a child with Native American heritage:

In order to identify children with Native American Heritage, staff question parents at the time of custody and/or during probable cause and adjudication hearings. Once information is provided by the parent or caregiver that the child is of Native American heritage, our legal department is notified. When the child is identified as a member of a tribe, the tribal nation liaison will either intervene in the case or attend court to observe.

In Northwest Arkansas almost all foster children involved with ICWA cases are identified as part of the Cherokee Nation, so generally staff would work with one particular liaison that represents that tribe.

Examples of case management activities would be:

- providing updates and/or notifications on placement moves
- providing incident reports involving the child
- notifying notifications to court hearings of case plan staff meetings, mediations
- providing a schedule of parent/child visits
- coordinating contact between the tribal nation liaison and the child

The liaison case activities may include:

- attending court hearings
- ensuring that legal language is in court orders
- recommending services/placements specifically for Native American children
- observing court
- transporting parents to court
- providing parents various contact information
- advocating for the child to be adopted by a tribal member

Northwest Arkansas has several ICPC cases that involve children with Native American Heritage. The ICPC FSW communicates one-to-one with the tribal nation liaison. It appears to be a good working relationship as any differences of opinions are generally resolved.

In Area 4, they have been coordinating and communicating with the Ho Chunk Nation in regards to children placed in foster care. Over the last couple of years, they have been very involved and ensure their cultural values are not compromised in regards to the children placement in foster care. This has created some tension between the Tribe and DCFS as it relates to permanency planning. Currently the children are placed with relatives, but reunification is not going to be possible and the Tribe does not believe in termination of parental rights. The options are limited for one set of relatives as they have temporary custody of two siblings and the only financial assistance including health benefits that could be provided is with an adoption subsidy. AR does not have any other option for children not in foster care. The other sibling placed with a different relative may have subsidized guardianship as an option if the child meets all the criteria. Regardless, the staff keep the Tribal liaison updated and informed in regards to all actions and recommendations while the children are placed in AR. The Tribe has at times indicated that if we consider or pursue termination of parental rights, then they would have no choice but to consider taking jurisdiction which could lead to the disruption of the current placement of the children. Currently, we are exploring other options and clarifying federal and state law.

In FY 2014 the DCFS director contacted each of the tribes' directors that are represented within the foster care population and began the conversation to develop a more intentional partnership with these tribes. This initial conversation gathered information from them on how they could provide consultation and coordination to Arkansas in regards for the Native American population. The tribal leads that our policy was shared with were:

- Linda Woodward-Cherokee Nation of Oklahoma
- Lari Ann Brister-Choctaw Nation of Oklahoma
- Kelli Weaver-Eastern Shawnee Tribe of Oklahoma
- Tonya Barnett-Modoc Tribe of Oklahoma
- Doug Journeycake-Peoria Tribe of Indians of Oklahoma
- Dee Killion-Quapaw Tribe of Oklahoma
- Darold Wofford-Seneca-Cayuga Nation of Oklahoma
- Kate Randall-Wyandotte Nation

## **Tribal Communications**

The Division Director made contact with the leaders of all tribes that AR has the potential to have affiliations with regarding placements of children. The Director spoke personally to the majority of them, however there were a few that messages were left and an email was sent to them. A sample of the information shared with them is below along with the feedback that really represents the response from all of them:

*From: Lari Ann Northcutt [Sent: Wednesday, August 07, 2013 5:25 PM]  
To: Cecile Blucker  
Subject: Re: Arkansas's relationship with tribal affiliations*

*I will review the information and get back to you by the end of the week.*

*----- Reply message -----*

*From: "Cecile Blucker" To: "Lari Ann Northcutt"  
Subject: Arkansas's relationship with tribal affiliations  
Date: Wed, Aug 7, 2013 2:31 pm*

*Hi Lari Ann*

*I left you a message this am. Sorry I missed you. I wanted to introduce myself to you and provide you with a contact in AR should any issues arise in the care of a child in our state. We are in the process of drafting our policy regarding tribal affiliations. I was wondering if you would be willing to review our policy and provide us with your feedback.*

*Enclosed in this email please find the policy AR has drafted regarding our relationship with the tribes and provides our staff guidance when a child of Native American heritage enters our system. As you will see, the language added meets the basic IV-E regulation by stating that if a child of Native American descent is transferred from DCFS custody to a Tribal IV-E agency or an Indian Tribe with a title IV-E agreement, then DCFS will work in close consultation with the applicable tribe to ensure the transfer of custody does not affect a child's eligibility for title IV-E or Medicaid, receipt of services, or payment under title IV-E or Medicaid. We recognize that, while Arkansas does not have any registered tribes in the state, additional guidance is needed to help staff when a child of Native American heritage enters the system. We hope that the very basic information provided in the attached policy will serve as a starting place for us to begin the additional development that is needed regarding ICWA cases. We will also attempt to access technical assistance that may be available from our federal partners and/or national resource centers regarding how the Supreme Court's decision in *Adoptive Couple v. Baby Girl* and subsequent decisions in the South Carolina courts may affect daily practice with ICWA cases.*

*Attached is the draft policy – the parts underlined are the changes/additions to our policy. I really appreciate your willingness to review our policy and provide us with feedback and if you have information on your side you would consider beneficial for us, please feel free to share.*

*POLICY I-B: CHILD WELFARE DELIVERY SYSTEM  
10/2013*

*The Division of Children and Family Services 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) may also be available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, SNAP (Supplemental Nutrition Assistance Program), Social Services Block Grant, and other federal entitlement programs.*

*The services are authorized and funded in conjunction with various state and federal laws which govern the operation of the Division. The major federal laws governing service delivery, as amended, are:*

- *Civil Rights Act: Titles 6, 7, 9*
- *Rehabilitation Act: Sections 503, 504*
- *Americans With Disabilities Act: Title II*
- *Social Security Act titles:*
  - o *IV-A—Block Grants to States for Temporary Assistance for Needy Families (TANF)*
  - o *IV-B—Child and Family Services*
  - o *IV-E—Federal Payments for Foster Care and Adoption Assistance*
  - o *XIX—Grants to States for Medical Assistance Programs*
  - o *XX—Block Grants to States for Social Services*
- *Public Laws:*
  - o *93-207—Child Abuse and Neglect*
  - o *94-142—Handicapped Children Act*
  - o *96-272—Adoption Assistance and Child Welfare Act of 1980*
  - o *105-89—Adoption and Safe Families Act of 1997*

#### *COMPLIANCE WITH CIVIL RIGHTS ACT*

*The Division complies with 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 is the designated state agency to administer and supervise all Child and Family Services (titles IV-B and IV-E of the Social Security Act).*

#### *COMPLIANCE WITH INDIAN CHILD WELFARE ACT*

*The Division of Children and Family Services is respectful of the varying cultures and heritages of the families it serves. To that end, DCFS complies with all mandates of the federal Indian Child Welfare Act (ICWA). ICWA is a federal law regulating placement proceedings involving children of Native American descent. ICWA mandates preventive services before removal to protect the best interest of Native American children and to promote the stability and security of Native American families and tribes. This includes preventing the unnecessary and arbitrary removal of Native American children from their families and tribes and placing a Native American child who must be removed in an available and safe home that reflects the unique values of the Native American culture.*

*If a child of Native American descent is transferred from the custody of DCFS to a Tribal IV-E agency or an Indian Tribe with a title IV-E agreement, DCFS will work in close consultation*

with the applicable Native American Tribe, to ensure the transfer of custody does not affect a child's eligibility for title IV-E or medical assistance under title XIX (Medicaid), receipt of services, or payment under title IV-E or Medicaid. The Division will determine, if the eligibility determination is not already completed, the child's IV-E eligibility at the time of the transfer of placement and responsibility of care of a child to a Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement.

The Division will provide essential documents and information necessary to continue a child's eligibility under title IV-E and Medicaid programs under title XIX to the Tribal title IV-E agency, including, but not limited to providing:

- A. All judicial determinations to the effect that continuation in the home from which the child was removed would be contrary to the welfare of the child and that reasonable efforts to prevent removal have been made.
- B. Other documentation the Division has that relates to the child's title IV-E eligibility.
- C. Information and documentation available to the Division regarding the child's eligibility or potential eligibility for other Federal benefits.
- D. The case plan, including health and education records of the child; and,
- E. Information and documentation of the child's placement settings, including a copy of the most recent provider's license or approval.

#### COMPLIANCE WITH MULTIETHNIC PLACEMENT ACT

The Division also complies with the Multiethnic Placement Act (MEPA) in making foster care and adoptive placements. The act provides for assessment of individual liability to staff for knowingly violating MEPA requirements.

The Multiethnic Placement Act prohibits delaying or denying the placement of a child for adoption or foster care on the basis of race, color, or national origin of the adoptive or foster parent or the child involved; and prohibits denying any individual the opportunity to become a foster or adoptive parent on the basis of the prospective parent's or the child's race, color, or national origin.

MEPA also requires that to remain eligible for federal assistance for their child welfare programs states must diligently recruit foster and adoptive parents who reflect the racial and ethnic diversity of the children in the state who need foster and adoptive homes.

Consideration of race, color, or national origin is permissible only when an individual determination is made that the facts and circumstances of a particular case require the consideration of race, color, or national origin in order to advance the best interests of the child in need of placement. The Division's compliance with the Indian Child Welfare Act of 1978 (P.L. 95-608) does not violate MEPA.

There were no negative responses or suggestions to the policy by any member spoken to. The Director will make contact with the tribal leaders on an annual basis to promote an avenue to express any issues/concerns/ideas on an ongoing basis.

## *Child Maltreatment Deaths*

Arkansas receives information on child maltreatment fatalities through the referral of the child abuse hotline. Most of these referrals are from mandated reporters such as law enforcement, medical examiners, members of child death review teams, and physicians. Referrals involving fatalities are documented in the National Child Abuse and Neglect Data System (NCANDS)

### Arkansas Child Death Review Panel

During the 85<sup>th</sup> General Assembly Regular Session, 2005, an act to create the Arkansas Child Death Review Panel was approved. The Panel was designed to identify the cause of death of children under eighteen (18) years of age; and to reduce the incidence of injury and death to children by requiring a death review to be performed in all cases of unexpected deaths of children under eighteen (18) years of age. The Arkansas Child Death Review Panel supports the Arkansas Child Death Review Program and local child death review teams. They provide guidance, expertise, and consultation in analyzing and understanding the cause, trends, and system response to child fatalities. The panel is also responsible for making recommendations in law, policy, and practice to prevent child deaths in Arkansas.

The data for review of child deaths in the State of Arkansas are provided by Arkansas Department of Health's vital statistic department. One of the functions of the child death review panel is to advise the governor, legislature, state agencies and the public on changes in law, policy, and practice to prevent deaths to children. The ultimate goal is to improve the overall health and safety of Arkansas children. The panel members review child mortality data, child death review program reports, and local child death review team reports. Their objective is to identify the causes of unexpected child deaths of Arkansas.

In 2011, the Arkansas Infant and Child Death Review Program was created within the Arkansas Department of Health. The Health Department currently funds a Program Director Coordinator. The Arkansas Child Death Panel has standard operating procedures and an Standard Operating Procedure (SOP) manual. There are currently five established teams covering 22 counties which equal approximately 57% of the potentially reviewable pediatric deaths for 2010, 2011 and 2012. The counties covered local child death review teams include: Benton, Washington, Crawford, Sebastian, Franklin, Johnson, Logan, Scott, Yell, Pope, Conway, Perry, Faulkner, Clay, Van Buren, Pulaski, Randolph, Lawrence, Greene, Craighead, Mississippi and Poinsett. The local review teams meet quarterly.

The State Review Panel and the local child death review teams consist of the representatives listed below:

- The Arkansas Medical Examiner's Office.
- A coroner who is registered with the National Board of Medico legal Death investigators.
- The Center for Health Statistics of the Department of Arkansas State Police.
- The Division of Children and Family Services of the Department of Human Services.
- The Crimes against Children Division of the Department of Arkansas State Police.
- The Arkansas Child Abuse/Rape/Domestic Violence Commission.
- A physician who specializes in child abuse.
- The College of Public Health at the University of Arkansas for Medical Services.
- The Office of the Prosecutor Coordinator.

### **DCFS Internal Child Death Review Committee**

The Arkansas Division of Children and Family Services (DCFS) reviews reports on all death from all causes of children with whom the agency has been involved in an way during the twelve months prior to the child's death. The review population is not limited to children who died from abuse or neglect. However, the majority of the deaths received are called in to the hotline by professionals who are mandated by law to make a report if they suspect a child has been abused or neglected or has died as a result of child maltreatment.

The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The Director reviews all recommendations from the Internal Child Death Review Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director, or her designee, reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect the changes. External Child Death Review Once the local child death review teams teams (local teams) are beingare implemented statewide., Aall child fatalities meeting the external statewide panel's team criteria for review will be input entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review panels teams will be submitted to DCFS Internal Child Death Review Committee the appropriate committee members for follow up and implementation.

As a result of the internal child death review process, additional training has been provided to investigators and supervisors to improve the quality of the investigations and to ensure timely documentation and disposition.

Due to the dysfunction of the previous DCFS external child death review committee, the Director made a decision to discontinue this committee. The previous committee did not focus on prevention of child deaths, did not summarize the child deaths for the state, and did not truly review and address systemic and public health issues. The focus was entirely on the case practice of Division of Children and Family Service staff (DCFS) and Crimes against Children's Division (CACD) staff. Another factor used in making the decision to discontinue the group was the use of resources. Staff were traveling from across the state to attend the internal child death review and then were coming back to meet with the external child death review committee. It was not deemed a valuable use of staff resources when so much direct care needed to be done in the field.

Upon further reflection regarding how an effective external child review committee should be structured along with the connection and impact it has on strengthening families, prevention of maltreatment and preventing child fatalities or near fatalities, the Director researched how other states external child death review committees are structured. The Director also met with a number of members of the previous external child death review committee and discussed what they liked, disliked, how it could be formed differently and then shared her vision of how an external child death review committee could work.

Based on the comments from the previous members coupled with the Director's vision a new group was formed to address systemic issues and what is needed to prevent child deaths. The first meeting was held on May 5, 2014. The membership included CACD, Statewide Child Fatality Director, Commission on Child Abuse, Rape and Domestic Violence, Children's Hospital, DHS legal staff, Coroner along with key DCFS executive staff.

The purpose of the meeting was to identify their role, their purpose, review SFY 2009 – SFY 2014 statistics regarding child deaths, review the current internal child death process, what data is shared with the Statewide Child Fatality Review panel, frequency of meetings, what information would be reviewed, messaging needed based on reviews, etc. Meetings will be held every other month and additional stakeholders will be invited to attend based on trends being seen, etc. There will be a report out of information to various stakeholder groups as to what we are seeing and what efforts from the external child death review committee have been made to reduce child deaths.

**Greatest Risk Population:**

Per the review of the data in Arkansas, we have identified areas/populations in which children are at a greater risk for maltreatment or represent a population that are at risk of negative outcomes in well-being and permanency.

Arkansas continues to see an increase in cases in which substance abuse is a factor. The 2005 Regular Session of the 85<sup>th</sup> General Assembly of the Arkansas Legislature expanded the legal definition of child neglect in the State of Arkansas. Under the provisions of Act 1176, the term neglect was expanded to include “the causing of a newborn child to be born with:

- 1) an illegal substance present in the newborn's bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the newborn, or
- 2) a health problem as a result of the pregnant mother's use before birth of an illegal substance.”

Garrett's Law, which was named after a newborn child who was born under such circumstances, was modified by Act 284 of the 2007 Legislative Session. The “health problem” criterion was eliminated but was replaced by the criterion of “the presence of an illegal substance in the mother's bodily fluids or bodily substances.” As a result of this change (which went into effect on July 1, 2007), the presence of an illegal substance, which includes the abuse of prescription drugs, in either the newborn or the mother is now sufficient to substantiate an allegation of neglect under Garrett's Law. Another significant change made by Act 284 was that even if a Garrett's Law referral was substantiated, the mother would not be listed in the state's Child Maltreatment Registry. This change was made in response to concerns that being listed in the Maltreatment Registry might have negative consequences for the employment prospects of mothers involved in substantiated referrals.

Summary of that report furthers our concerns with substance abuse usage and the impact on the population we serve and will potentially serve if the numbers of referrals continue to increase as they have in previous years along with the service availability concerns. Seven-hundred and

forty-nine (749) Garrett’s Law (GL) referrals were received by the state’s Child Abuse Hotline during SFY 2013. This represents a 13 percent increase over the 662 referrals received during SFY 2012 and a 34 percent increase over the 557 referrals received during SFY 2011. Six-hundred and two (602) GL referrals were received during SFY 2010. Although there are some year-to-year fluctuations in the age distribution of mothers involved in GL referrals, mothers are generally less than 30 years old at the time of the child’s birth. For SFY 2013, approximately 38 percent of the mothers who were involved in GL referrals were between the ages of 20 and 24, similar to previous years.

**Ages of Mothers in Garrett's Law Referrals,  
State Fiscal Years 2010-2013**

Mother's Age	Percentage (%) Distributions for:			
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
<20 years	8.3	7.4	9.7	7.5
20-24 years	38.7	39.5	36.9	37.5
25-29 years	31.1	30.3	27.8	32.4
30-34 years	13.8	14.7	16.2	14.4
35-39 years	5.8	5.4	6.5	5.6
40 years or older	2.0	1.8	2.3	1.3
Unknown	0.3	0.9	0.8	1.2
Total	100.0	100.0	100.0	100.0
Number of Referrals	602	557	662	749

The following table shows the types of drugs involved in GL referrals during the past four fiscal years. First and foremost, marijuana (including THC and cannabis) represents by far the most commonly mentioned drug across all four years. For SFY 2013, it was cited in nearly two-thirds (64 percent) of the GL referrals.

**Types of Drugs Involved in Garrett's Law Referrals,  
State Fiscal Years 2010-2013**

Type of Drug	Percentage (%) of Referrals in which Drug was Cited:			
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Marijuana	57.8	63.7	64.4	64.4
Amphetamines	19.3	20.1	18.7	24.8
Opiates	20.4	20.3	21.1	19.9
Benzodiazepines	10.6	10.4	10.3	10.8

Cocaine	14.6	10.8	11.3	6.9
Barbiturates	4.3	3.1	2.6	2.0
Prescriptions	2.0	0.2	0.0	1.6
Hallucinogens	1.5	2.3	0.5	1.1
<hr/>				
Number of Drugs Cited	786	732	853	985
Number of Referrals	602	557	662	749

Amphetamines (including methamphetamines) were the second most commonly mentioned drug, identified in a quarter (25 percent) of the GL referrals received during SFY 2013. Amphetamines were cited far more frequently than was the case in prior years.

Opiates were cited in approximately 20 percent of GL referrals in each of the past four years. Meanwhile, benzodiazepines (e.g., prescription drugs such as Xanax and Valium) were identified in 11 percent of GL referrals during SFY 2013, similar to previous years. And finally, cocaine (including crack cocaine) was mentioned in just seven percent of the referrals during the year, below the frequency at which it was cited in prior years.

As shown in the information below, the overwhelming majority of GL referrals were substantiated. Nearly 87 percent of all incoming GL referrals were found to be true between SFYs 2010 and 2013, with the substantiation rate gradually increasing each year. For SFY 2013, 92 percent of the GL referrals received statewide were substantiated.

**Substantiation Rates for GL Referrals by Area,  
State Fiscal Years 2010-2013**

**Percentage (%) of GL Referrals that were  
Substantiated:**

Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013
1	76.1	70.3	76.6	89.3
2	74.1	73.8	89.2	91.3
3	81.1	87.0	83.5	94.3
4	73.9	88.9	89.5	87.0
5	78.9	92.5	92.4	89.0
6	89.1	93.8	92.2	95.3
7	95.3	81.5	92.6	94.9
8	74.7	90.3	90.5	91.0
9	85.5	80.0	87.5	96.7
10	86.5	88.6	80.6	86.1
State	81.6	84.7	87.9	91.8

As a result of the substantiation rates, the rate at which DCFS caseworkers opened a child protective services case in response to a true finding of a GL referral stood at 95 percent, as noted below, for SFY 2013, up several percentage points from the rates at which cases had opened during the previous three years.

Whether or not caseworkers respond to a substantiated GL referral by opening a child protective services case was largely consistent among most DCFS Service Areas. Staff in eight of the ten areas opened cases for at least 95 percent of their true GL referrals. The lowest rate of case openings in response to a true report was observed in Area 1.

**Child Protective Services Case Opening for Substantiated  
GL Referrals by Area, State Fiscal Years 2010-2013**

**Percentage (%) of Substantiated GL Referrals  
for which a PS Case was Opened**

Area	SFY 2010	SFY 2011	SFY 2012	SFY 2013
1	77.8	62.3	82.0	83.6
2	86.7	80.8	95.4	96.5
3	67.6	47.8	69.1	95.6
4	88.9	97.0	100.0	95.7
5	93.5	94.4	96.8	95.1
6	93.2	89.1	92.5	97.1
7	97.6	100.0	96.6	94.9
8	94.0	94.7	95.9	97.8
9	96.6	95.5	100.0	96.4
10	93.8	100.0	100.0	91.2
State	88.5	82.9	92.0	95.0

The statewide rate at which the newborns were removed from their mothers has hovered between 20 and 25 percent over the past four years, with significant variation in removal rates across the DCFS Service Areas. For SFY 2013, Areas 8 and 10 were less likely to remove children from their homes in response to a true GL referral. Meanwhile, the highest proportion of children who were removed from their homes after a true GL report occurred in Area 7 (43 percent). Area 7 was also among the most likely areas to open a child protective services case in response to a true report.

**Child Removals in Substantiated GL Referrals by Area,  
State Fiscal Years 2010-2013**

Area	Percentage (%) of Substantiated GL Referrals in which a Child was Removed			
	SFY 2010	SFY 2011	SFY 2012	SFY 2013
1	11.4	20.0	8.2	22.0
2	30.2	29.2	27.3	25.0
3	13.7	14.9	16.7	24.4
4	29.4	31.3	33.3	29.8
5	23.3	18.9	18.0	18.5
6	26.8	22.2	15.9	26.5
7	31.7	31.8	28.0	43.2
8	32.3	19.6	13.2	14.8
9	30.5	25.0	26.8	36.2
10	15.6	32.3	24.0	12.9
State	24.8	23.1	19.9	24.7

In review of the instances in which there was a true finding however no case was opened, we found the following information:

- 16 Grandparent Custody, Non Relative Custody, Private Adoption
- 10 No safety concerns were noted
- 8 Reasons other than listed above

Mothers involved in GL referrals may subsequently be referred to specialized substance abuse treatment programs at one of the various sites scattered throughout the state. These treatment resources consist of both outpatient and inpatient programs. As Arkansas’s authorized licensing agent for substance abuse treatment providers, the Office of Alcohol and Drug Abuse Prevention (OADAP) of the Division of Behavioral Health Services maintains a comprehensive listing of licensed treatment facilities throughout the state.

As part of the conditions of licensure, these treatment facilities supply OADAP with monthly listings of the treatment services they have provided and the clients they have served. These listings include identifying information of the individuals who received those services, which

permits matching of the mothers identified in GL referrals to the information housed at OADAP to see if any of these mothers received treatment through a licensed program.

Overall, just over 20 percent of the mothers cited in true GL referrals over the past four years received some type of treatment service from an OADAP-licensed program. The percentage of mothers who have received such treatment has seemingly decreased since SFY 2010. Almost 30 percent of the mothers cited in GL referrals from SFY 2010 had received services, but just 11 percent of mothers cited in such referrals for SFY 2013 had participated in such treatment; however, sufficient time has not passed to fully identify all of those who will eventually receive treatment (this is especially true for those whose investigations occurred during SFY 2013). Among those who received specialized substance abuse treatment, the proportion of mothers who received treatment within six months of their involvement in a true GL referral has slowly increased over the past four years, from just over half (53 percent) for SFY 2010 to well over two-thirds (69 percent) for SFY 2012. These numbers suggest that mothers who receive treatment are beginning to participate in such treatment programs sooner than was the case previously.

**Proportion of Mothers Cited in GL Referrals  
who Receive Treatment**

SFY	<b>Percentage (%) of Mothers who Received Treatment:</b>	
	Within Six Months	Overall
2010	15.8	29.6
2011	16.0	26.6
2012	12.5	18.1
2013	8.9	10.5
Total	13.0	20.4

The type(s) of treatment received by the mothers involved in true GL referrals is also recorded by OADAP. The five basic types are detoxification, outpatient treatment, partial day treatment, prison-based treatment, and residential treatment. As shown in Table 9, residential treatment was the most common service received by these mothers, with 38 percent receiving the service for some length of time. Outpatient treatment was also very popular, with 35 percent of mothers participating in the service.

**Types of Treatment Services Received by**

### Mothers in True GL Referrals, SFY 2010-2013

Type of Service	Percentage (%) Receiving Service
Residential Treatment	38.1
Outpatient Treatment	35.3
Detoxification	20.8
Partial Day Treatment	3.2
Prison-Based Treatment	2.6

In general, Arkansas is seeing an increase in removals where substance use is cited as one of the reasons for removal. In 2008, substance use was listed in 18% of the cases as a reason for removal but, as of the end of SFY 2013, it was noted as one of the reasons for removal in 48% of the cases. As of 3<sup>rd</sup> quarter 2014, the percentage has increased to 53%. Substance abuse is usually not a sole reason for removal; however, it is often listed in conjunction with environmental neglect, inadequate supervision, parent incarceration and educational neglect.

Beginning in SFY 2015, DCFS plans to handle the procurement for substance abuse treatment, whereas it is currently managed by the Division of Behavioral Health. Through the management of the services, DCFS will be better able to track the number of parents receiving substance abuse treatment, the type and duration of treatment, the quality of the treatment and the outcomes for the clients who were served. This information will be critical to us as we move forward in program/service development and quality improvement efforts.

Another greatest risk population are children 5 and under. In review of the child fatality data there is a major concern regarding the deaths of children under the age of 5. Child Fatality data indicates the following:

	% 5 and Under	Maltreatment Involved
2010	76%	75%
2011	74%	100%
2012	83%	100%
2013	64%	20%
2014	81%	25%

Another concern noted in the data, a large percentage of these children were involved in an open protective service case or had been involved in a prior protective service case. Data indicates that of the deaths between 2010 and 2014, 44%, 83%, 57%, 32% and 32% of the deaths, respectively, had either an open or a previous protective services case with the agency. Data also indicates a high rate of substance abuse amongst the caregivers in the cases involving child fatalities. Currently, approximately 49% of these caregivers test positive for illegal/controlled substances, although that is down from 56% in 2010.

The data conclusion is inescapable. Very young children are at much greater risk of death overall, but especially abuse, neglect, and health issues. This argues strongly for more stringent

investigation and casework protocols, and a higher level of caseworker involvement for cases involving infants and toddlers. Other data involving this age range indicates for 2012 – 2014:

	<b>5 &amp; under True Finding</b>	<b>5 &amp; under with a true finding who Enter Care</b>
2012	36%	50%
2013	36%	52%
2014	45%	43%

During SFY 2015 and SFY 2016, the agency plans to adjust staffing levels to focus on protective service cases in order to assure efficient casework practice with these families. We will also be working to develop messaging for staff regarding the higher risk to younger children and the need to properly assess the situations involving this population.

In addition, the agency will establish more stringent investigation and casework protocols for cases involving infants and toddlers. At a minimum, the core training for new caseworkers will cover the extreme vulnerability of these young children and more comprehensive supervision of these cases will occur. Structured decision making and the assessment involved should help with identifying the safety factors and determining if there is a safety factor or a risk factor and then ensuring the families, especially those where the children remain in the home, have access and receive the services that address all of their identified needs, not only those that led to DCFS involvement.

In reviewing the Absence of Recurrence for Maltreatment within 6 months by age, it is noted we have a number of counties in which the absence of recurrence is lower than the national standard. The areas with the greatest concern due to their percentages of recurrence of maltreatment are:

<u>Area</u>	<u>Childrens' Age Range</u>	<u>Absence of Recurrence of Maltreatment</u>
Area 5	2 to 5 years old	89.5%
	6 to 9 years old	86.8%
Area 7	6 to 9 years old	89.4%
Area 8	6 to 9 years old	89.9%
Area 9	6 to 9 years old	88.9%
	10 to 13 years old	84.7%

A more in depth review of the particular counties within these areas will be completed and, based on the information obtained through the review, corrective measures will be put in place. The next grouping of areas to be looked at will be:

<u>Area</u>	<u>Childrens' Age Range</u>	<u>Absence of Recurrence of Maltreatment</u>
Area 1	14 years and older	91.5%
Area 2	2 to 5 years old	92.1%
	6 to 9 years old	92.7%
	10 to 13 years old	90.8%

Area 3	6 to 9 years old	91.9%
Area 4	2 to 5 years old	92.9%
	10 to 13 years old	91.9%
Area 5	10 to 13 years old	91.9%
	14 years and older	93.6%
Area 7	2 to 5 years old	93.3%
	10 to 13 years old	93.2%
Area 8	2 to 5 years old	92.4%
	10 to 13 years old	93.2%
	14 years and older	90.7%
Area 9	14 years and older	92.2%
Area 10	0 to 1 year old	92.9%
	6 to 9 years old	92.3%
	14 years and older	91.3%

Once again, a more in depth review will be completed to determine the issues with these rates and to put in place measures that are aimed at reducing the recurrence of maltreatment for these populations.

Another greatest risk population is our youth population including those youth that have been in the system for 36 months or longer and those children from disrupted/dissolution adoptions. Our data indicates that 15% of the children in foster care have been in the system for 36 months or more, and 51% of these youth have been in care 3 to 5 years; 43% in care 5 to 10 years; 5% in care 10 to 15 years and 1% in care longer than 15 years. These youth are at a greater risk due to instability in placements as our data indicates the longer in care the more moves a youth encounters. Of those children who are in care 24 months or longer, 18% have 1 – 2 placements; 37% have 3 – 6 placements; 17% have 7 – 9 placements and 28% have 10 or more placements. The placement instability not only affects their educational stability but also impacts the overall well-being – how that child feels about themselves. In addition, these children’s behavior begins to escalate with age and with placement instability. As a part of the IV-E demonstration waiver DCFS has implemented Permanency Roundtables as a strategy to impact the length of time that children remain in care.

Regarding those children who reenter the system due to an adoption disruption or dissolution, a retrospective analysis of the data indicates that on average 40 children reenter the system annually for these reasons. In further review of these children’s placements within the first 60 days of care, 45% are placed in foster homes; 27% in emergency shelters; 13% in acute; 12 % in residential treatment and 3% are incarcerated. The agency is looking at how we can better message post adoptive services to families after an adoption is finalized so we can possibly keep the placement whole. Per the recent study by the Dave Thomas Foundation, through age 12, adoptions were more stable than youth who were reunified or still in care, but then stability began to decline. Adopted youth had superior outcomes as young children (stability, behavior, home environment) when compared to those reunified or remaining in care but, by age 14, adopted youth were being rated as having significantly more behavior problems. Furthermore, there is a diminished chance for permanency which is even more devastating to the youth as they

have now lost two sets of parents and the chances for another placement is lessened. The overall damaging impact to a youth's emotional well-being is tremendous.

The groups referenced above are some of the greatest risk populations served in Arkansas's child welfare system. These do not cover the entire populations that could be discussed, but they represent the largest majority. If DCFS can impact these groups through case practice, shifts in service capacity, resource development and availability, then the outcomes for these populations will improve and, as a result, the positive impacts will have a ripple effect throughout the child welfare system in Arkansas.

### **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 procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

In 2013, the Federal Bureau of Investigation (FBI) conducted an audit of the Arkansas Crime Information Center (ACIC) regarding how ACIC conducts background checks and disseminates that information and, in turn, how other state agencies who run background checks through ACIC on staff, clients, etc. maintain confidentiality of those background check results.

The audit had several findings that will require the Division of Children and Family Services (DCFS) to improve its practices in terms of handling background check results. It is extremely important that you read and implement the following instructions (*these instructions are summarized in the attached chart*). These instructions will not only protect private citizens' rights, but also ensure DCFS does not incur financial penalties, and that DCFS employees are not charged with a crime.

- FBI and state criminal background check results CANNOT be shown or emailed to anyone except other DCFS staff and Office of Policy and Legal Services (OPLS) attorneys and only when "SENSITIVE" is typed in the subject line of the email.
- This means FBI and state criminal background check results CANNOT be shown or emailed, to AALs, parent counsel, CASA, Prosecuting Attorney, CACD, Office of Child Support Enforcement, Division of Developmental Disabilities Services (DDS) employees, Division of Child Care/Early Childhood Education (DCC/ECE) employees, Division of Youth Services (DYS) employees, home study contract providers/volunteers, university partners, child welfare agencies in other states for ICPC purposes, or even the subject of the background checks themselves (e.g., We run an FBI background check on John Smith who wants to become a foster parent. *We cannot email the results to John Smith*).
- If requested, we may *show* the paper copy results of FBI and state criminal background check results to the subject of the check and the subject's attorney. However, we cannot give the subject or the subject's attorney the results, or copies of the results, to take with them. The subject and/or subject's attorney would have to come to the DHS County

Office, look at the paper results, and leave those results with DCFS staff at the DHS County Office.

- If AALs, parent counsel, CASA, Prosecuting Attorney, CACD, Office of Child Support Enforcement, DDS employees, DCC/ECE employees, DYS employees, home study contract providers/volunteers, university partners, or child welfare agencies in other states for ICPC purposes inquire about FBI and/or state criminal background check results, the only information that DCFS can share with those entities is that the subject of the background checks is either eligible or ineligible based on the results. No specific information about hits on the background check, or lack thereof, may be shared with these entities.
- DCFS may share the specifics of FBI and state criminal background checks with the Child Welfare Agency Review Board (CWARB, the “licensing board” but please note this does NOT include PRLU employees), but only via paper copies during the board meeting. All paper copies must be collected and shredded at the end of the meeting.
- DCFS may include paper results of the FBI and state criminal background checks in the adoption packets that go to court; however, AALs cannot see the specifics of the results or receive their own paper copies of the results.

DCFS is in the process of establishing a protocol for centralized processing and maintenance of all background checks.

### **Transitional Youth Services:**

#### *Chaffee Foster Care Independence Program (CFCIP) and ETV*

The Division of Children and Family Services (DCFS) 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 managed by the Transitional Youth Services (TYS) unit. Specific program components and descriptions are listed below:

#### *Foster Care*

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*Serves transition aged youth beginning at age 14 until their 18<sup>th</sup> birthday*

- Self-Sufficiency Training (aka Life Skills Classes)
- Local Youth Advisory Board (YAB) meetings
- Tutoring
- Life Skills Assessment/Development of Transitional Plan
- Assistance with the college application process
- Assistance completing the FAFSA
- Assistance with processing the ETV application
- Laptop/ other Educational Supports
- Prepare youth to for Independent Living

### *Extended Foster Care*

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*Serves transition aged young adults beginning at age 18 until their 21<sup>st</sup> birthday*

- Self-Sufficiency Training (aka Life Skills Classes)
- Local Youth Advisory Board (YAB) meetings
- Tutoring
- Life Skills Assessment/Development of Transitional Plan
- Continued assistance with the college application process
- Continued assistance completing the FAFSA
- Continued assistance with processing the ETV application
- Laptop/ other Educational Supports
- Work with youth to find appropriate Independent Living Arrangement
- Assist youth with purchasing Dorm/Apartment Start-ups

*\* Note: Youth receiving the Education & Training Voucher (ETV) are eligible to receive the grant until the age of 23 if participating successfully in post-secondary training or educational programs – they cannot be on probationary status at age 21 to continue to receive ETV funding through the age of 23.*

### *Adoption or Guardianship Subsidy Care*

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*Youth are eligible for this subsidy if they were in the foster care system and were adopted or Guardianship attained after the age of 16*

- Self-Sufficiency Training (aka Life Skills Classes)
- Local Youth Advisory Board (YAB) meetings
- Tutoring
- Life Skills Assessment/Development of Transitional Plan
- Assistance with the college application process
- Assistance completing the FAFSA
- Assistance with processing the ETV application
- Laptop/ other Educational Supports

### *After-Care*

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*This funding is available for transition aged young adults that left DCFS custody after the age of 18 but prior to the age of 21, youth must have been in-care at least 90 days prior to requesting after-care funding.*

- Provides up to \$2,000 in funding for youth that choose to emancipate from care.
- Funds can be requested in \$500 increments and are paid directly to the vendor (i.e. landlord, insurance company, utility company etc.)

### **TYS PROGRAM OBJECTIVES**

The primary objectives of TYS programming are to ensure that “normalcy” exists for transition aged youth while adhering to safety and focusing on the importance of permanency. The TYS unit continued to focus on client specific/youth driven services that enable youth to play an active role in their successful transition to adulthood.

The TYS unit continues to believe that engaging youth in the following topic areas will provide transition aged youth served with an opportunity to become self-sufficient, productive and healthy individuals:

### Educational/Job Preparedness

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Education and job preparedness must prepare youth for their emancipation. Authentic youth engagement is essential to identifying the appropriate programmatic options for transition aged youth. Once identified (through the Casey Life Skills assessment) TYS staff will work with youth to accomplish their goals. All youth are encouraged to complete their high school diploma or receive their GED. Post-Secondary, Service programs and employment options were continued to be discussed during the youth's transitional team meetings.

#### Secondary Education

- Worked with youth served by the foster care system to ensure receipt of a High School Diploma or GED
  - Focused on their proficiency in Math & Writing
  - Completed a Post-Secondary Education/ Vocational Training Plan

#### Post-Secondary Education

- Worked with youth served by the foster care system to complete a Post-Secondary Degree program at a:
  - 4-Year Institution of Higher Education
  - 2-Year Institution of Higher Education

#### Service Oriented Programs

- Worked with youth served by the foster care system to complete a Service Oriented Program at:
  - City Year
  - AmeriCorps
  - AmeriCorps NCCC
  - Job Corps

#### Completion of a Vocational degree program/Certification

- Worked with youth to identify and complete a Vocational of Certification Program
  - Certified Nursing Assistant (CNA)
  - Medical Billing & Coding Tech
  - Dental Assistant

#### Completion of a Technical degree program

- Worked with youth to identify and complete a Technical degree Program
  - Computer engineering
  - Aerospace engineering
  - Hospitality Services Management

## *Permanency*

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We continued to assert the importance of youth forming positive connections with members of the community other than DCFS Staff. The message of permanent life-long connections must be continually communicated to agency staff as well as the youth served by the foster care system. The TYS unit shared the following themes to share with our youth.

- Explained what permanency is and discuss its importance
- Provided youth with opportunities to connect with positive adults in their communities
- Assisted youth with developing permanent family-like relationships
- Provided youth with knowledge of their Biological Family

## *Health & Wellness*

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Prior to youth emancipating it is imperative that they have access to a Comprehensive Health Insurance plan including Dental & Vision coverage. Transitional Youth Services will continue to explore various plans. Youth should also know who their Primary Care Physician (PCP) is. Additionally, youth should have a good understanding of how to schedule an appointment at their doctor's office, how to refill a prescription and other basic functions. The following topics should be discussed with youth as needed.

- Mental Health Provider (as necessary)
- 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.
- Public Guardian (Youth has to have mental incapacity to qualify)
- Additional supports should be identified for Parenting Teens that will allow them to address the infant's healthcare needs as well as their own. This message to youth was delivered, but will change in the next submission. The new Affordable Care Act provision allowing former foster youth to continue to receive Medicaid until the age of 26 will be communicated to youth in the future. TYS Staff will explain to youth how they can access these benefits.

## *Housing*

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Safe, affordable housing has to be in place for transition aged youth. TYS has continued to work with community stakeholders to develop additional "transitional housing" options specifically for youth 18. Prior to emancipating from care, staff should ensure youth have access to affordable, safe appropriate Housing or Living Arrangements.

- Dorm
- Transitional Housing Options
  - Scattered-Site Apartments
  - Shared Homes
  - Single Room Occupancy

### *Self-Sufficiency Skills*

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Self-Sufficiency skills are the tools necessary for transition aged youth to make a successful transition out of the foster care system. TYS will continue to work with community stakeholders to prepare youth for living independently. The following areas are addressed during life-skills training classes offered by the DCFS.

- Cooking
- Personal Hygiene
- Banking/Financial Literacy/Money Management
- Consumer Decision Making
- Problem Solving
- Health & Wellness
- Job/Career Preparedness
- Resume Creation
- Interviewing Skill set
- Social Skill Development
- Attitude/Personal Responsibility

### *Community, Culture & Social Life*

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A connection to positive youth and other adults in the community is of great importance for transition aged youth. Youth need to connect with others and should have a good understanding of the benefits of having a social life and participating in cultural activities. The TYS unit will continue to discuss the importance of community connections with our youth.

- Spiritual support/Church (if interested)
- Connected to a peer circle/group
- Registered to Vote (Civic Engagement)
- Member of a community organization, fraternal organization, social group, political or service group/organization

### *State & Local Youth Advisory Boards*

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The TYS unit works in partnership with the Arkansas Youth Advisory Board (YAB) to accomplish our youth engagement efforts. The state YAB meets once monthly on the 3<sup>rd</sup> Saturday of each month and provides DCFS with the youth perspective, share concerns of other youth in care and address any other business as set forth by the YAB President. Local YAB boards meet monthly (day varies by county or area) this meeting is facilitated by the state YAB member from that area and the Transitional Youth Services Coordinator.

The YAB met with the DCFS' Executive Staff to discuss areas of concern communicated by youth during the annual YAB State conference. The YAB and Executive Staff will meet at least annually moving forward to address youth concerns.

The state YAB has into a full-fledged board! The board has adopted Roberts Rules of Order when meeting and has finalized a constitution along with a mission statement to guide the efforts and focus their attention on their role with the agency.

The YAB identified 3 activities that they are involved with on behalf of transition aged youth. The YAB:

1. Provides Peer to Peer Support for other youth in care
2. Develops Training/Workshops/Conferences for transition aged youth
3. Provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs and normalcy.

### Description of TYS Activities & Programs

The TYS unit worked in a coordinated manner to incorporate principles of “Authentic Youth Engagement” as we worked to strengthen the relationship with the youth served by the foster care system. Authentic Youth Engagement consists of, creating an atmosphere and culture that allows youth to openly express their concerns and opinions to DCFS staff. The atmosphere must be conducive to the free flow of ideas and thoughts for our youth. Additionally, youth must feel that their voice has value and must be empowered to be actively engaged in the development of their transitional plan. In order to create programmatic options that will benefit our youth, we must continue to authentically engage our youth. The overall goal of this initiative is to impact the decision making of DCFS staff as it relates to transition aged youth. This level of engagement will benefit both the youth and agency and will continue.

### Transitional Plan Development

The development of the Transitional Life plan may be the most important of all TYS activities. TYS will continue to communicate the importance of these plans being individual in nature; all plans contain similar items (i.e. housing, education, health, etc.) that are required by law as of 2009. This enabling legislation allows Juvenile Courts to retain jurisdiction after age 18 unless the youth refuses services. Currently, Transitional 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 Life 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 provided for to the youth. These meetings are one of the most important activities the TYS unit is involved with. These plans provide a true opportunity for youth engagement. The TYS unit will continue to monitor staff engagement during the development of the transitional plan.

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

### *ETV*

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Youth in care, emancipated youth or youth that have entered Adoption or Guardianship may apply for assistance through the Educational Training Voucher (ETV) grant program. Arkansas canceled the contract with Orphans Foundation of America and currently manages this grant program. Youth, who apply and are deemed eligible for participation in the program, receive—up to \$5000 annually. These funds are treated much like a “scholarship” and dispersed in \$2,500 increments each Fall & Spring semester. Any remaining balance is returned to the youth. ETV can be utilized to pay for Summer school as long as the \$5,000 limit is not exceeded in any calendar year. .

### 2013- 2014 TYS Activities

#### *Annual Teen Leadership Conference “YAB State”*

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Members of the YAB along with the DCFS hosted the annual “Teen Leadership” conference for transition age youth in foster care. The 2013 conference was held at the Arlington Hotel & Resort, in Hot Springs, Arkansas; about 200 youth were in attendance. The YAB DCFS along with a host of other speakers provided all of the workshops Conference-participants navigated, employment, housing, education, financial literacy and other “obstacles” during Independent City. Youth participated in 2 days of professional workshops and general sessions designed to have them better prepared to emancipate from foster care. The following workshops were identified from the youth/adult partnership (planning committee) as beneficial for conference participants.

The following topics were presented by the YAB & Other key Stakeholders:

- Why Me!
- Independent City
- Aging Out at 18—Why Not 21?
- Keys to Success: High School Edition!
- Keys to Success: College Edition!
- Money Is A Major Issue! (MIAMI)
- Spirituality

### *Winter Ball*

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The state YAB enjoyed the 2013 “Winter Ball” hosted by the 1<sup>st</sup> Lady of Arkansas, Ginger Beebe at the Governor’s Mansion. This was a celebration of the State YAB accomplishments over the past couple years. Over 40 youth attended and mingled with stakeholders and members of the DCFS’ Executive Staff. Arkansas Hall of Famer Lawrence Hamilton performed for the

guest. This event provides a tremendous opportunity to enhance “normalcy” and “well-being” for transition aged youth. Plans are being made to continue this event in the future.

#### PROGRAM COMPONENTS

##### *ETV*

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Youth in care, youth that have aged out of care or that have entered Adoption or Guardianship may apply for educational assistance through the Educational Training Voucher (ETV) Grant program. If the youth, applies and is deemed eligible for participation in the program, they receive up to \$5,000 annually. These funds are dispersed in \$2,500 increments each Fall & Spring semester. Any remaining balance is returned to the youth. ETV can be utilized to pay for Summer school as long as the \$5,000 limit is not exceeded in any calendar year.

The TYS unit has continued to manage this grant and process this grant on behalf of the transition aged youth served by this unit. We have continued our efforts to address higher education retention and graduation rates by encouraging TYS Coordinators to engage college youth as much as possible. Multiple community stakeholders have approached the TYS unit about mentoring our youth. Additional efforts have been made to connect our youth with “Student Support Services” on campus. The State Coordinator for the TYS unit attends the Texas Reach conference—an initiative to bring Higher Education and Child Welfare together to discuss strategies to support transition aged youth and will continue to do so in the future.

##### *NYTD*

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DCFS has continued to participate in the National Youth in Transition Database (NYTD) collection efforts for the purposes of determining the impact of the programs, services and supports offered to transition aged youth by DCFS and its stakeholders. The Division is pondered and discussed discontinuing our participation in NYTD. Unfortunately, this is not an option. The financial penalty associated with noncompliance has been a major factor for the agency to consider. Many youth that emancipate simply do not want to be contacted—as a result the agency faces a financial penalty for a survey that youth are not mandated or required to participate in. We still contend that it may be more advantageous for the state to focus on our own internal processes for gleaning information about this population and simply deal with the financial penalty; as opposed to utilizing scarce resources in an effort to “search” for youth that do not want to be contacted by the agency.

In 2012 DCFS representatives including the YAB President, SACWIS Administrator and the State Coordinator for TYS to the annual NYTD conference held in Washington DC. These conferences have been discontinued.

##### *NYTD Tech Support Group*

- 1) Identify all Transition aged youth
- 2) Capture essential contact information
- 3) Track the independent living services (including educational aids) that are provided to youth.
- 4) 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. Our belief that the more difficult aspects of keeping contact with emancipated youth remains true and continues to present challenges. DCFS has added incentives to encourage youth participation. 3 Amazon gift cards with \$50 value were purchased—a drawing was held from the list of NYTD participants. It is unclear whether this incentive increased participation rates in NYTD. The agency is currently working to incorporate a “Youth Consultant” to assist with reaching out to emancipated youth. We are exploring strategies to increase youth engagement in an effort to avoid additional financial penalties.

### *Transitional Housing*

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The TYS unit has continued to work with external stakeholders to address the needs of transition aged youth. These stakeholders include; Real Estate Agents, Housing Authorities, members of the Faith-Based community, Rehabilitative Services and other service agencies that have not traditionally been involved with Child Welfare in the past. Community members play a major role in the successful transition out of care for our youth. Housing other supports and case-management services for youth up to age 21 have to be addressed—community stakeholders play a vital role in providing these services. YAP Inc. an organization designed to assist with case coordination has been considered to address these issues. YAP provides community based supports.

DCFS has finalized our list of approved transitional housing options in an effort to begin receiving IV-E funds for this population. The 2010 Fostering Connections legislation will assist us with providing adequate housing options for transition aged youth throughout the state.

The State Coordinator for Transitional Youth Services is also served on the Licensing & Regulations—Sub-Committee on Independent Living. This group created the regulations and determined what Independent Living should look like in Arkansas.

DCFS is in the process of adopting or developing best and promising practices to ensure that the youth served by DCFS receive appropriate, consistent services that assist them gaining self-sufficiency.

We currently collect information or identify gaps in services and address them by utilizing the following programmatic components:

- Monthly YAB/ TYS Coordinator meetings
  - Meeting day was changed to Saturday in 2011
- Monthly TYS Coordinator Reports that include:
  - The number of youth on their caseloads
  - Services requested on behalf of their 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
  - The number of youth on run status

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 on the local level.

## *Other Initiatives*

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The System of Care in AR has included many transition aged youth for referral for Wrap-Around Services to assist with their transitional needs.

Transitional Youth Services is working to become an integrated part of the overall service delivery system – delivered directly or through collaborative efforts is critical to our programs success and our client’s likely outcomes. TYS is excited about the participation in the Permanency Round Tables and Reunification efforts when feasible and plans to continue to participate in these meetings. These initiatives have the potential to make meaningful changes in the lives of transition aged young people—especially when working with youth whose parents rights have been terminated.

Strategies and programs that bring services and resources together from federal, state, and local governments as well as private sources assist greatly with promoting 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. Unfortunately, this continues to be the case, the agency will have to work with the YAB and other stakeholders to develop strategies that will prepare youth for their emancipation from the foster care system.

Adoptions, Prevention Services, Child Protection Services along with the Foster Care unit will need to focus additional attention on this population. All DHS staff and external stakeholders are valued partners in engaging and empowering transition aged youth.

The TYS unit will continue to identify existing community resources that will support transition aged youth as they prepare for supportive independent living arrangements.

Community resources must support the individual needs of all transition aged youth including:

- Intellectually Disabled- Non DDS Waivers
- Teen Mothers
- LGBTQ
- Sexual Offenders
- Dual Custody (DYS)
- Homeless/Runaways

Further, modifications to existing TYS programs are required to strengthen the comprehensive nature of the necessary youth supports required to promote self-sufficiency and lead to a successful transition to independence. As with any youth served by the foster care system, involvement of the Primary Family Service Worker is essential. The transition planning process begins with the development of the youth’s Transitional Life Plan; this plan is intended to be client focused /youth-driven. Youth must be actively engaged with the development of their Transitional Life Plan. TYS will continue to focus on active youth engagement by the Primary Family Service Worker during the transitional planning process. Clearly defined roles and responsibilities for those working with transition aged youth and participating in the transitional planning process will continue to be messaged throughout the state. All stakeholders including,

Foster Parents, Group Home Staff, Family Service Workers, TYS Coordinators, and Teachers play a vital role in the development of the transitional plan.

Expanded expectations include specific activities by the custodian and staff with the youth detailed in a proposed youth's Transitional Life Plan. This plan is developed by the youth and all stakeholders identified by the youth, this Transitional 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 should be included in the Transitional Life Plan.

Transitional Life Plans address specific actions needed to assure the following needs are met:

- Future or current housing needs are met
- Educational or Training goals
- Employment (pre-employment training, job exploration, addressing barriers, etc.)
- Health Plans (including planning for insurance availability) for each youth is contained in their Transitional Life Plan.
- Life Connections or how the team plans to promote relationships or interactions with adults is a critical part of this Transitional 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

The Transitional Life Plan as developed by the team of people identified by the youth including but not limited to the Primary Worker, AAL, CASA, foster parent, TYS Coordinator 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. The Transitional Life 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, prior to their emancipation from care.

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TYS Plans Accomplished and in Process:

The emphasis of this plan focused on “re-vamping” the delivery, practice and engagement efforts of the Transitional Youth Services unit. TYS has worked with internal and external stakeholders to achieve our objectives.

The following depict TYS initiatives completed for this 5 year plan:

1. Worked to ensure TYS is a youth-driven/client-focused practice that respects our youth and authentically engages them in the decision making process.
2. Focus on Normalcy for youth in care and communicated the importance of youth participating in “age appropriate activities”.
3. Worked to ensure all DCFS staff working with transition aged youth understand Permanency and actively work towards this goal for transition aged youth.
4. Developed additional transitional homes (independent living arrangements)
5. Continued to engage and support the state YAB

6. We are continuing our efforts to work with stakeholders (Jr. League of Ft. Smith & CASA) in an effort to enhance Life Skills Trainings and further develop curriculum to meet the needs of transition aged youth
7. Will continue to analyze effectiveness of current TYS organizational structure
8. Will continue to manage ETV program
9. Will continue to assess the effectiveness of the Aftercare services

One of the first of these initiatives is to ensure TYS is a youth-driven/client-focused practice that respects our youth and authentically engages them in the decision making process. This initiative is paramount to empowering our youth and preparing them to involve themselves in the decision-making process. Youth should be empowered to advocate, ask questions and truthfully communicate their desires to DCFS staff. The involvement of the Primary Family Service worker is needed to adequately serve transition aged youth.

“Normalcy” and “Well-being” for youth served by the foster care system are important components of the TYS program delivery system that cannot be overlooked. Youth served by systems typically experience age appropriate activities differently than their counterparts. The TYS unit wants to make sure that normalcy and well-being are not forgotten. Safety is of the upmost concern, but the TYS program should allow for age-appropriate activities, provide normalcy and adhere to the well-being of every youth served by this program.

The development of additional transitional homes (independent living arrangements) for transition aged youth will continue to be addressed. Foster homes and group home settings for the most part serve transition aged youth okay—but there are simply not enough homes to meet the needs of the DCFS population. TYS will continue to work with external community stakeholders to develop additional resources to address this gap in the service delivery system.

The TYS unit will work with internal stakeholders to implement a pilot initiative in Pulaski County, AR. It is my intention that this initiative is implemented prior to the end of the 2013 calendar year. This pilot aims to create a “Specialized Family Service Worker unit” This unit will work specifically with transition aged youth beginning at age 14. DCFS will monitor the progress of this unit and determine whether to expand the pilot to other areas of the state. This effort never materialized and may not remain a goal of the TYS unit at this time.

The TYS unit will continue to develop local and state level Youth Advisory Board (YAB) members. The YAB has made tremendous progress and will continue to be involved with policy changes, activities and programmatic planning efforts. The YAB will focus its efforts on making sure foster youth are aware of their advocacy efforts.

Life Skills Trainings for transition aged youth need to be ramped up for impact and usefulness. The TYS unit will continue to work with the YAB and other stakeholders to identify the most appropriate manner to provide this training.

The TYS unit and state YAB are analyzing the impact of the current Aftercare services that exist for youth choosing to emancipate from care. The current structure does not adequately address the needs of transition aged youth that have chosen to leave care. Currently many youth choose to leave care at the age of 18 and immediately begin accessing aftercare funds—suggesting that an inadequate transition plan exist.

The current policy and practice will be discussed with internal stakeholders and the YAB to determine how this program should be administered in the future. Changes have already been

made requiring the details of the “Exit Staffing” prior to processing After Care requests. Additionally, the TYS unit no longer processes consecutive requests as soon as youth emancipate (i.e. rent for January, February, March & April). We have identified that once the last “aftercare” payment is utilized many youth were unable to continue to live in the independent living arrangement (leading to homelessness in some instances). This speaks to youth being ill-prepared prior to their emancipation. It is our desire that youth are adequately prepared for their exit from care and aren’t simply “placed” in an apartment prior to being adequately prepared. Youth should be trained to utilize their aftercare funding as a “rainy day” fund, as suggested in DCFS policy. The TYS unit worked with transition aged youth, DCFS staff and Attorney Ad Litem messaging the “best way” to utilize their aftercare funding.

DCFS leadership also analyzed which vendors were considered “approved”—there has been a lack of clarity as it relates to processing payments for some aftercare youth requests (insurance payments—youth are being told that they had to have participated in the agency Insurance Program prior to leaving care in order to utilize aftercare funding).

### *TYS Coordinators & FSWs*

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Transitional Youth Services are currently available across the state for all age groups served by the TYS unit and will continue to be available. At least one TYS Coordinator is located in each of the 10 Areas of the state. The role of the TYS Coordinator continues to be analyzed in an effort to continually improve the TYS unit. Coordinators have participated in numerous training programs during the 2012 calendar year and will continue to be trained on principles of “Authentic Youth Engagement” strategies. TYS Coordinators play a vital role in the lives of transition aged youth, additional training opportunities must and will be provided to this group.

TYS Coordinators currently, arrange for or deliver basic Life Skills Training classes, secure or assist with Life Skills 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 Transitional Life Plan is required for all youth in care after age 14 – the Coordinators role has changed.

During the implementation of the pilot initiative in Pulaski County—which will consist of creating a specialized Family Service Worker unit; this unit will work specifically with transition aged youth 14-21. The State Coordinator for TYS will work closely with the Area 6 Director-Supervisors and other local staff in the development and implementation of this pilot. This shift in practice should allow for more “teamwork” and for better coordination of services for transition aged youth. This FSW TYS unit will work closely with the TYS Coordinators to ensure sibling visits occur, youth needs are adequately addressed in a timely manner and in the development of transitional plans. Hopefully this pilot can be initiated prior to the end of the 2013 calendar year. This pilot initiative never materialized and may not happen moving forward.

### *Public Awareness*

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Age appropriate planning and an accessible service delivery system are critically important to the success of Arkansas’s transition aged youth. Increased public awareness, public forms of communication and social networking efforts were rolled out in a limited way. The TYS unit will focus on additional ways to connect to our transition age youth and engage the community when appropriate. One of the strategies to improve system access was the utilization of the

Foster Club website—we no longer utilize this strategy. The TYS unit will continue to create and publish marketing materials (reference below) as needed to communicate transitional youth services to our clients and external stakeholders. The impact of this endeavor will be analyzed for effectiveness, but we should see an increased “awareness” of how the TYS program is designed to operate when engaging transition aged youth. DCFS will continue to make efforts as an agency to improve our communication and outreach efforts with this population.

### *Transitional Taskforce*

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A DHS Transitional Taskforce completed work to outline the steps required for enhanced Transitional Planning for transition aged youth that have involvement with multiple DHS agencies. A Memorandum of Understanding was approved at the DHS organizational level which included 5 Agency Directors. Other taskforce members included the Division for Developmentally Disabled Services; Division of Behavioral Health; Adult Protective Services, Office of Chief Counsel and the Division of Youth Services; Attorney Ad Litem and DCFS. 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.

### *TYS Publications*

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The TYS unit developed several publications during the 2011 calendar year, including a brochure for the Extended Foster Care program explaining youth’s ability to remain in care until 21. TYS is also developed a practice guide, outlining practice tools and techniques to help staff develop youth-driven Transitional Life Plans and youth engagement techniques. Jonathan Dunkley, State Coordinator of transitional youth services developed “PAMELA’s Guide to Transition” PAMELA is an acronym for Planning and Making Excellent Living Arrangements. This guide was developed in a comic book format and has replaced the “Be your Own Advocate” (Pub-50) transitional guide. Several thousand copies of this guide have been distributed to transition aged youth, the AOC, Attorney Ad Litem and agency staff. The TYS unit will continue to work with the YAB and other stakeholders to develop useful publications. A TYS website has also been discussed as something that may prove useful to transition aged youth.

### *Transportation*

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Transportation for transition aged youth is a key barrier for not only youth in care, but anyone in this region of the country—without consistently available, affordable transportation. In some instances, bicycles have been requested to address this barrier, which works well for some (specifically those on college campuses). The TYS unit continues to work with the YAB to establish ways to address the barriers to transportation that currently exist. Youth participation in some type of savings program like Individualized Asset Accounts (IDA’s) may assist with addressing this obstacle.

### *Medicaid*

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The provisions in the Affordable Care Act, allowing former foster youth to receive Medicaid until the age of 26 will hopefully have a positive impact on the state’s ability to address the needs of transition aged youth in Arkansas. 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. In the past, youth who had left care after age

18 had no generally available Medicaid category of eligibility available to them after age 19. So again, once key components of the new Health Care legislation are implemented, youth will be eligible for services until the age of 26.

### *Trust Funds*

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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.

### *Tribes*

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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, OPLS 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.

There were not any tribes that requested to develop an agreement to receive a portion of the state's allotment to operate CFCIP or ETV this last fiscal year.

### *Training*

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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 transition to adulthood by connecting all available services and community stakeholders to these youth. Youth development, new non-traditional partnerships, or any resource/service to support Transitional Life Plans while providing opportunities for positive permanency/life relationships and normalcy is our focus.

Youth involved with the local or State YAB are participating in training efforts with the State Coordinator of TYS and other stakeholders to develop as a board. Transitional Youth Services Coordinators will continue to receive training in authentic youth engagement strategies,

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 have been and will continue to participate in training efforts to further their support available through efforts with the Courts, CASA, AAL's DCFS staff and Foster Parents during their respective conferences by offering youth-led workshops/panel discussions.

Specific trainings have taken place since 2011 on the proper utilization of Transitional Life Plans, the importance of Transitional Teams, new policies and forms in the CHRIS database for DCFS staff as well as local stakeholders. 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 developed the policy and appropriate procedure to ensure that children receiving independent living services and/or education and training vouchers as well as those aging out of care have information and education about the importance of having a health care power of attorney, health care proxy, or public guardian as applicable.

The State Coordinator for TYS continued to provide CFCIP training for all stakeholders including the Courts, CASA, AAL's, DCFS Staff and Foster Parents.

- In preceding years the State Coordinator has participated in CASA's annual conference along with the President of the Youth Advisory Board.
- The State Coordinator has presented at the annual AAL conference and discussed CFCIP, services provided for youth and principles of "Authentic Youth Engagement"
- The State Coordinator has met with and discussed the CFCIP program with several judges and the AOC since 2011 and will continue with these efforts as requested.

### **Monthly Caseworker Visits**

Percentage of visits made on a monthly basis by caseworkers to children in foster care:

Percentage of visits made on a monthly basis by caseworkers to children in foster care:

- FFY 2013: 79%
  - Number of monthly visits made to children in the reporting population (Numerator) – 32,120
  - Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – 40,694

Percentage of visits that occurred in the residence of the child:

- FFY 2013: 92%
  - Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – 29,547
  - Number of monthly visits made to the children in the reporting population (Denominator) – 32,120

The aggregate # of children in the data reporting population is: 5,909

Although we have made continual progress each year, AR continues to have challenges in regards to achieving the 90% threshold required for worker visits.

AR has utilized case worker visits funds to support the salary of caseworkers. In the past, we have purchased laptops for staff but this did not significantly improve the visits over the 2 year period that we provided them to the field. Some field staff still have access to laptops, but we have shifted laptops to supervisors since there were several challenges in regards to lack of utilization, lost or stolen, and sometime technology issues. AR continues to monitor and assess the quality of worker visits and have seen some improvement in some areas across the state. The Assistant Director for Community Services ensure that this is a topic for her monthly visits, monitors it through monthly reports, and assist with coverage during high turnover. The QSPR process continually focuses on worker visits and we have established messaging that children and families have better outcomes when the caseworker visits are consistent and high quality. AR utilizes several data reports for monitoring the worker visits which includes: COR report and 120 day worker visit report.

The caseworker visit funds were part of salaries to direct service staff 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. In addition the Assistant Director of Community Services has included this item as a priority area needing improvement for field. As she meets with the Area Directors and their staff she includes data specific to their area and county and ensures it's a part of the agenda and consultations. Arkansas has begun to see an upper trend in regards to monthly visits and as we continue to see the impact of this practice and engagement of family's outcome of Children and Families should improve.

- **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

DCFS Director conducts a meeting to review the findings of each Area's QSPR. The County Supervisors, Area Manager, relevant front line staff, QSPR manager, Planning Manager, and Assistant Director for Community Services participates in these meetings. Discussions include strengths, challenges, trends, innovative practices, and problem solving

### **Attachments**

*Cover Letter*

*Organizational chart*

*Checklist*

*Citizen Review Annual Report Area 1 & Response Letter*

*Citizen Review Annual Report Area 2 & Response Letter*

*Citizen Review Annual Report Area 4 & Response Letter*

*Citizen Review Annual Report Area 5 & Response Letter*

*Training Matrix*

*CFS-101 Part I: Annual Budget Request for Title IV-B, subparts 1 and 2, CAPTA, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) Program Form Fiscal Year 2015, October 1, 2014 through September 30, 2015*

*CFS-101 Part II: Annual Summary of Child and Family Services Form For FFY October 1, 2014 through September 30, 2015*

*CFS-101, Part III: Annual Expenditures for Title IV-B, subparts 1 and 2, CAPTA, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) Fiscal Year 2012: October 1, 2011 through September 30, 2012*

*Financial information comparing FY 2015 State expenditures against State expenditures under Title IV-B in 2005*

*Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) Program Form FY 2014 Business Continuity and Contingency Plan*