

SFY 2015-2019
Child and Family Services
Five Year Plan

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

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Table of Contents

DCFS General Information.....	1
Assessment of Performance.....	18
Plan for Improvement.....	45
Services.....	58
Consultation and Coordination between States and Tribes.....	70
Chafee Foster Care and Independence Program.....	77
Monthly Case Worker Visits.....	91
Adoption Incentive Payments.....	92
Child Welfare Waiver Demonstration.....	93
Target Plans within the CFSP.....	96

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.

DCFS Vision

- To be a better organization than we are now – to know we have and are continuing to improve;
- To ensure we are not having the same conversations 5 years from now that we are today and have had for the past 5 years;
- To have less children in the foster care system;
- To have more services available to families in their respective counties;
- To have quality services provided in a timely manner;
- To only have children in our system for the time needed to address their needs;
- To increase the quality of work we do with the children and families we serve;
- To continue to identify gaps in services and have a large portion of those gaps addressed;
- To reduce staff turnover and boost job satisfaction;
- To have more quality resource families for the children we serve;
- To have more financial resources for our agency;
- To have DCFS seen as an agency that helps families;
- To continue to improve the image of DCFS by the public, families and stakeholders; and
- To have healthier families in AR who are less reliant on the state system.

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 Framework 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

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.

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 community 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 other Program Improvement Plans (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 where we intend to develop more.

DCFS collaboration approach provides knowledge and information to the strategic planning team so that we have many perspectives and considerations as we prioritize and develop the objectives for the next five years. For every meeting, workgroup, and other forum that we participate in, there is a concerted effort to share data, assess need, gaps, and service availability for the child welfare population.

- **DCFS and the 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. The Panels review child maltreatment cases and the State Plan. 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 89th 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.
- **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 client 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 it would.
- **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.
- **Arkansas Association for Infant Mental Health (AAIMH)**: 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.

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.

- **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 the 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 interagency collaboration for the needs of 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 (TFC):** 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 Specialized Placement Unit (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, 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 a 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 2015.

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.

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 Advocacy Council:** 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 draft charter, presented a power point presentation of DCFS – past, current and future, and 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.

- **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 CFSP 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's 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:** DCFS has an Interagency Agreement with the Community Mental Health Centers throughout the state to strengthen communication and ensure mental health services are provided to the children in foster care. 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 neural tube defects (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 the entity that represents AR University Center on Disabilities and is a member of the nationwide Association of University Centers 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 needs 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 DYS 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, Family Service Workers (FSW), Resource staff, the CALL representative, MidSOUTH representative, foster parent, youth, biological parent, and community liaison.

- **Emergency Shelters:** The first annual meeting was held 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 regarding 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(AHSA):** 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.

Assessment of Performance

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
Safety 1: Children are first and foremost protected from abuse and neglect	73%	75%	77%	85%	76%	77%
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%
Safety 2: Children are safely maintained in their home when possible and appropriate	73%	64%	63%	62%	60%	59%
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%
Permanency 1: Children have permanency and stability in their living situations	68%	65%	67%	66%	62%	41%
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%
Permanency 2: The continuity of family relationships and connection is preserved	71%	67%	68%	67%	73%	54%
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%
Well-Being 1: Families have enhanced capacity to provide for children's needs	61%	52%	48%	45%	45%	28%
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%
Well-Being 2: Children receive services to meet their educational needs	88%	84%	80%	78%	75%	71%
ITEM 21: Educational needs of child (N=161)	88%	84%	80%	78%	75%	71%
Well-Being 3: Children receive services to meet their physical and mental health needs	88%	89%	79%	75%	69%	62%
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%

Please find below information from AR Data Profile. We developed the chart format so that we can more easily assess improvements and downward trends. AR uses this data in various ways to determine how we are continuously making strides in improving outcomes for children and families. One example in how AR Director uses this information is how she shares the information and recognizes success with the Supervisors across the state. She discusses each outcome and describes the work in AR and the impact the field has in “moving” these numbers up. She also shares how AR compares to the national standard and how it links to the overall outcomes that AR DCFS is striving for our children and families. This approach brings about the discussion and feedback that we need from the supervisors that may be barriers and/or strategies that work in improving outcomes.

Arkansas CFSR Data Profile 2008-2013

Child Safety Profile	Beginning 2008 Data profile (Profile dated 3/8/10)	Ending 2013 Data Profile (Profile dated 3/5/14)	Standard
Child victim cases opened for post-investigation services	76.5%	80.0%	
Child Victims Entering Foster Care Based on CA/N report	17.1%	17.6%	
Child fatalities resulting from maltreatment	0.2%	0.3%	
Absence of Maltreatment recurrence	94.7%	93.6%	94.6% or more
Absence of Child Abuse and/or Neglect in Foster Care	99.43%	99.81%	99.68% or more
Children Maltreated by Parents while in foster care	0.74%	1.08%	
Recurrence of Maltreatment	5.3%	6.4%	6.1%
Incidence of Child Abuse and/or Neglect in Foster Care	0.54%	0.09%	0.57%
Percent of victims with perpetrator reported	100%	100%	95%
Percent of perpetrators with relationship to victim reported	96.7%	98.1%	95%
Percent of records with investigation start date reported	99.3%	99.6%	
Percent of records with AFCARS ID reported in the Child file	100%	100%	
Children discharging from FC in	16.1% of the	10.7% of the	

fewer than 8 days	discharges	discharges	
Placement Types for Children in Care-Institutions (<i>point in time permanency profile</i>)	14.3%	12.3%	
Permanency Goals for Children in Care-Case plan goal not established (<i>point in time permanency profile</i>)	3.4%	5.5%	

Permanency Composite 1: Timeliness and Permanency Reunification	146.5	155.7	122.6 or higher
<i>Component A: Timeliness of Reunification</i>		<i>National Median</i>	
Measure C1-1: Exits to reunification in less than 12 months	86.6%	89.7%	69.9%
Measure C1-2: Exits to reunification, median stay	Median = 2.1 months	Median = 1.7 months	6.5 months, 25 th percentile = 5.4 months (lower score is preferable in this measure)
Measure C1-3: Entry cohort reunification in <12 months	65.1%	62.4%	Median = 39.4%, 75 th percentile = 48.4%
<i>Component B: Permanency of Reunification</i>			
Measure C1-4: Re-entries to foster care in less than 12 months	13.5%	9.9%	Median = 15.0%, 25 th percentile = 9.9% (lower score is preferable in this measure)
Permanency Composite 2: Timeliness of Adoptions	107.6	160.8	106.4 or higher
<i>Component A: Timeliness of Adoptions of Children Discharged from foster care</i>			
Measure C2-1: Exits to adoption in less than 24 months	35.9%	50.6%	Median = 26.8%, 75 th percentile = 36.6%
Measure C2-2: Exits to adoption, median length of stay	Median = 27.8 months	Median = 23.8 months	32.4 months, 25 th percentile = 27.3 months (lower score is preferable in this measure)
<i>Component B: Progress toward adoption for children in foster care for 17 months or longer</i>			
Measure C2-3: Children in care 17+ months, adopted by the end of the year	27.3%	34.7%	Median = 20.2%, 75 th percentile = 22.7%
Measure C2-4: Children in care 17+ months achieving legal freedom within 6 mths	6.4%	17.3%	Median=8.8%, 75 th percentile = 10.9%
<i>Component C: Progress toward adoption of children who are legally free for adoption</i>			
Measure C2-5: Legally free children adopted in less than 12 months	46.8%	69.6%	Median = 45.8%, 75 th percentile = 53.7%
Permanency Composite 3: Permanency for children and youth in foster care for long periods of time	125.9	130.6	121.7 or higher
<i>Component A: Achieving permanency for children in foster care for long periods of time</i>			
Measure C3-1: Exits to permanency prior to 18 th birthday for children in care for 24+ months	29.7%	32.8%	Median = 25.0%, 75 th percentile = 29.1%
Measure C3-2: Exits to permanency for children with TPR	95.5%	94.7%	Median = 96.8%, 75 th percentile = 98.0%

<i>Component B: Growing up in foster care</i>			
Measure C3-3: Children emancipated who were in foster care for 3 years or more	36.5%	40.6%	Median = 47.8%, 25 th percentile = 37.5% (lower score is preferable)
Permanency Composite 4: Placement stability	70.8%	79.3%	101.5 or higher
Measure C4-1) Two or fewer placement settings for children in care for less than 12 months	72.6%	75.9%	Median = 83.3%, 75 th percentile = 86.0%
Measure C4-2) Two or fewer placement settings for children in care for 12 to 24 months	39.1%	50.7%	Median = 59.9%, 75 th percentile = 65.4%
Measure C4-3) Two or fewer placement settings for children in care for 24+ months	19.4%	22.6%	Median = 33.9%, 75 th percentile = 41.8%

DCFS intends to evaluate the data profile as it relates to performance across the state over the next year. We intend to connect to other data measures in other reports (i.e. meta-analysis and QPSR) to develop a more comprehensive picture of performance with children and families and their outcomes. DCFS also intends to strengthen the analysis of the data measures to be able to trend and/or track performance improvement over the next five years.

SFY 2014 QSPR: Well-Being Summary

DCFS is showing promise in tending to the well-being of the children it serves; the Division's performance improved on all but one of the measures concerning well-being between the 2013 and 2014 rounds of reviews, including both the child and parent visitation measures. In fact, Arkansas's scores on the well-being-related measures are the highest recorded since the 2008 CFSR. DCFS was particularly successful in ensuring that children received the services they needed to meet their physical and mental health needs. Alternatively, the Division 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, particularly in its in-home cases.

The Agency was successful with regard to assessing and addressing the physical and dental health needs of its children, effectively ensuring the provision of appropriate services in 92 percent of the applicable cases. DCFS also excelled at attending to the mental and behavioral health needs of children, successfully assessing need and providing fitting services to address those needs in 92 percent of the applicable cases. This marks the first year in which Arkansas has achieved substantial conformity with the mental/behavioral health measure.

Even with its three percentage point improvement since SFY 2013, DCFS excluded children and/or their parents from the case planning process in more than one-third of the reviewed cases (36 percent). Case plans were never developed in many of the deficient cases, while others were missing active case plans for much of the twelve-month review period. Some case planning occurred in the remaining deficient cases, but particular family members, most notably fathers, or entire families were excluded from the process. Nowhere were the inconsistencies in casework between in-home and foster care cases more evident than in the practice surrounding involving families in decision-making and engaging them in the case planning process. Three-fourths of the deficient ratings on the case planning measure were found in in-home cases. In fact, half of the in-home cases reviewed during the SFY 2014 QSPR were rated as being deficient with regard to engaging children and families in case planning. Many service areas actually did a pretty good job of engaging the families in service planning in the reviewed foster care cases, but the dearth of contacts with the families in the in-home cases prevented much meaningful engagement. No service areas achieved substantial conformity on this indicator, but Areas 1, 3, 7, 8 and 9 struggled with family engagement the most.

The 2014 QSPR represents Arkansas's best performance on the visitation measures to date, and the State's scores on both the child and parent visitation measures increased by seven percentage points since last year's review. Even so, this year's QSPR also underscored the State's continued need for more frequent, substantive caseworker visitation with clients. Children did not receive sufficient visitation in nearly one-third of the reviewed cases (32 percent), while parents did not receive ample visitation in more than half of the applicable cases (52 percent). These figures reflect caseworker visitation in all of the cases (FC and in-home) reviewed during SFY 2014 (300 cases). Caseworker contact with clients was too infrequent in most of the cases rated as being deficient on both the child and parent visitation measures, but problems with the quality of the visits were also identified in some of these cases. The reviewers found that some of the children were not spoken with privately and that the length and location of some of the visits was

inappropriate. Caseworkers also failed to focus on issues pertinent to case planning, service delivery and goal achievement during the contact with families in some of the deficient cases.

Children in foster care received far more visitation from their caseworkers than did children who remained at home. More than four-fifths of the foster children (81 percent) in the reviewed cases received adequate visitation during the twelve month review period, whereas nearly half of the children in the in-home cases (43 percent) did not receive enough visitation. This same trend was evidenced in DCFS' aggregate casework data as well. Caseworkers completed the required monthly visits to 57 percent of their in-homes cases, on average, during 2013, while they visited 69 percent of the foster children statewide during that same time. There was not the same incongruence between in-home and foster care cases on the parent visitation measure, because the Division tends to struggle with engaging parents across the board. Area 4 was the only service area to achieve substantial conformity with the child visitation measure. No service area attained substantial conformity on the parent visitation measure, although Area 4 was close with 85 percent of the parents in the reviewed cases receiving ample caseworker visitation.

Systemic Factors:

Information System

A directive to establish and implement a national child welfare data reporting system was codified in Section 9943 of the Omnibus Budget Reconciliation Act of 1986 (Pub. L. 99-509) that amended the Social Security Act by adding section 479). States with federal funding could elect to develop a State Automated Child Welfare Information System (SACWIS). DCFS examined the need for an information system due to federal reporting requirements and continuation of Federal Financial Participation. In addition, this information system would assist in meeting the federal reporting requirements for the Adoption and Foster Care Analysis and Reporting System (AFCARS).

In recognition of the critical need for an effective statewide-automated capability to support programs in a comprehensive fashion, DCFS implemented the Children's Reporting and Information System (CHRIS) to replace the Division's outdated automation support for field staff. In developing this automation, the essential provisions of this system were to:

- Improve the well-being of children and families;
- Develop a system to ease the administrative duties of caseworkers and increase staff
- Time with clients;
- Make improvements in case practice; and,
- Provide accurate and current information to assist in decision-making and program modification.

CHRIS provides DCFS 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 supports the full scope of services provided by the Division and serves as:

- A centralized source to store the local office client information;
- A worker based tickler system to remind workers of time sensitive tasks;
- An integrated information system;
- An accessible tool for workers (desktop or remote - 24 hours) and,
- Compiler of information and data for state and federal reports.

The SACWIS was implemented in phases beginning in July 1997. The last area in the state began using CHRIS in December 1999. There have been a great deal of changes and enhancements to the system since that time to accomplish the SACWIS requirements, to assist in assuring it is “user friendly” and to make additions to the system based on the Division’s policy and initiatives.

CHRIS provides data and information that identifies the status, demographic characteristics, location and goal for the placement of every child in foster care (and children previously in care). There are several management reports that are generated from SACWIS data, including children entering foster care each month, children exiting foster care each month, and caseworker visitation monitoring reports. DCFS provides information from CHRIS to the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect

Data System (NCANDS) and the National Youth in Transition Database (NYTD) as required for federal reporting.

Arkansas is very close to closing out the AFCARS Assessment Review Improvement Plan (AIP). The AIP addresses improvement in areas in general requirements and/or the foster care and adoption data elements. In the General Requirements table of the improvement plan, tasks are included for addressing and improving the quality of data through training, supervisory oversight, and regular monitoring. Completing the AIP helps ensure the accuracy and reliability of the foster care and adoption data.

The few remaining responses for the Element AIP matrix were provided to the Children's Bureau On July 15, 2014. The response for General Requirements #21 was provided on August 4, 2014. A response back from the General's Bureau is anticipated to be provided the week of September 8, 2014. The AFCARS Improvement Phase is not considered complete until all tasks/revisions have been approved by the Children's Bureau and the quality of the data has improved and been maintained.

The Children's Bureau will revise the Effective Date (Currently June 1, 2011) in the Arkansas AFCARS Work Plan for 18+ . This will be done once Arkansas makes the necessary changes to CHRIS to start claiming title IV-E foster care funds for 18+. Though the State has exercised the option to extend title IV-E foster care maintenance payments to youth through age 21, there have not been any changes in the system for 'claiming title IV-E foster care funds for youth who are 18 and eligible for title IV-E.' The Children's Bureau has informed Arkansas that the work for the 18+ year olds is not considered as part of the AIP. They will review the AIP and determine if it is ready to close it out based on the AIP itself and not the 18+ year old work.

Strengths:

- DCFS has a strong partnership with CHRIS programmers and contractors. There are monthly planning meetings between DCFS executive staff and the CHRIS team.
- Members of the CHRIS team serve on sub-committees for every initiative or intervention implemented by DCFS.
- CHRIS has built-in functionality that allows all end users to provide feedback regarding issues or enhancements.
- During development and production, the CHRIS team invites field staff in for testing before enhancements are finalized.

Concerns:

- Length of time for significant enhancements to support practice.
- Staff capacity to support the number of enhancements needed.

Case Review System

Although some of the permanency data elements related to case review is pulled through AFCARS DCFS will have to develop special queries to arrive at some of the data elements for analysis.

Strengths:

- The case review process identifies challenging areas of practice for the Division to address, e.g., the timeliness of Permanency Planning Hearings (PPH) and the filing of petitions for Termination of Parental Rights (TPR), the engagement of fathers of children receiving services and ineffective protection planning.

Concerns:

- Timely access to court orders

Quality Assurance

Arkansas's current QPSR process is one of the major components of its CQI system; however, DCFS has many more robust quality assurance processes in place as well. DCFS continually monitors and assesses the activities and practices with and outcomes of children and families. DCFS develops a number of reports, evaluations and other mechanisms to measure the quality of its services. The Division is always working to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement.

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 and 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.

Several different types of reports are developed using SACWIS data for the monitoring of compliance with law and policy as well as the quality of services to children and families. Some examples of these reports include: the Compliance Outcome Report (COR), 120-Day Caseworker Visitation Reports (children and parents), Differential Response Reports, Investigative Reports, Foster Care Entry and Exit Reports, etc. Most of these reports are refreshed daily and/or monthly and are available to all levels of staff via CHRISNet. These types of reports combined with the various special studies and contract monitoring conducted by HZA constitute the bulk of data used in DCFS' quality assurance and monitoring processes.

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:

- 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:

- **Arkansas Supervisory Review Tool** – On a quarterly basis, supervisors within each of DHS’s 83 county offices review each active foster care and in-home case in their respective counties. The tool enables supervisors to complete their required quarterly review of all open cases in their respective counties, and supervisors must review 100 percent of their cases for a given quarter. The review provides supervisors with a one-on-one training tool to staff and discuss individual cases with caseworkers, including working with caseworkers on practice issues. The tool allows the supervisor to determine whether caseworkers know how to utilize best practice concepts; and if not, the supervisor can work with them on developing these skills. After all of the reviews have been completed for a given quarter, reports are generating offering case review information by county, area and statewide.
- **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.
- **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.
- **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; and summarizes the characteristics of services that may lead to a higher or lower probability of positive treatment outcomes such as achieving permanency. The report also examines the impact that services have in terms of preventing future involvement with the agency.

- **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. Since SFY 2012, the Meta-Analysis reports have placed a greater emphasis on performance at the county level for many of its compliance and performance measures. Focusing on local performance allows DCFS Executive Staff and Managers to better identify and understand where casework is excelling and other counties where improvement is needed.

- **Program & Contract 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, psychological evaluation providers, intensive family service (IFS) providers and its foster family homes. For foster family homes, DCFS examined the quality of care being provided by these foster families; the challenges and barriers faced by these families; and what can be done to improve the recruitment and retention of these families. For IFS, DCFS reviewed the intake processes and array of services offered by each provider; the types of clients accepted into these programs, and their subsequent outcomes after participating in and being discharged from the program; and each provider's compliance with contractually required documentation and paperwork. DCFS performed a system-wide analysis of its foster family homes, and it completed program-specific and system-wide reports of its IFS agencies. 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 a 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 is 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.

These management reports and special studies are analyzed by DCFS staff (e.g., Program Managers, Area Directors and Supervisors) to determine trends and areas needing improvement within their program area and/or counties. The Division often holds focused meetings to discuss specific reports and/or studies. Often times, as a result of the discussion and analysis in these types of meetings, the decision is made to “dig a little deeper” into particular counties or service areas by conducting special studies, case reviews, interviews with stakeholders, etc.

The Assistant Director and Program Administrators within the Office of Community Services support the Area Directors and supervisors in the field. They analyze data reports and provide feedback to the leadership in the field in an effort to increase accountability and improve outcomes for children and families. Community Services assists counties and/or Areas in crisis due to staff turnover and other challenges that impact safety, permanency, and well-being outcomes for children and families, including assisting in the development of individualized practice improvement plans.

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, Value Options. 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. One of the ten areas, Area 6 represents the largest metropolitan Little Rock in Pulaski County. 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 (15 foster care and 15 in-home) - 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, 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, adlitems, providers, etc. The quality assurance reviewers score the cases and write up their findings while in the county offices using an automated review instrument 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 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. 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.

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 areas and conducting coaching session 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.

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.

Qualitative reviews are conducted on a significant number of cases each year

In addition to the QSPRs, there are also several other types of case reviews that are conducted throughout the year, Hornby Zeller Associates, Inc. (HZA), DCFS' quality assurance vendor, are able to conduct comprehensive reviews of child welfare practice at the service area or county level that include various evaluation strategies, interviews with internal and external stakeholders, court observations, supervisory case reviews, investigative reviews, Differential Response reviews and case reviews conducted by, as parts of special studies (e.g., the special studies in Sebastian and Jefferson Counties. etc.

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' continues 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. *(Please reference back*

to the Consultation and Involvement of Stakeholders section for avenues in including external stakeholders in discussion of analysis of data).

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.

Strengths:

- DCFS is data rich and always has access to current data regarding the characteristics and needs of its clients as well as compliance with law and policy standards
- HZA, the quality assurance vendor, is intimately familiar with CHRIS and Arkansas's child welfare system through two decades of partnerships
- The Office of Community Services has Program Administrators that monitor reports and work with supervisors and Area Directors to identify trends and improve performance
- Leadership is data driven
- Qualitative reviews are conducted on a significant number of cases each year
- The case review process identifies challenging areas of practice for the Division to address.
- HZA is able to conduct comprehensive reviews of child welfare practice at the service area or county level that include various evaluation strategies, including case reviews, interviews with internal and external stakeholders, court observations, etc. (e.g., Jefferson County Special Study).

Concerns:

- Ensuring CHRIS is updated timely to capture the information needed for Arkansas’s new initiatives and practices
- Ensuring all levels of leadership are using data consistently to inform decision-making
- Problems with documentation in the SACWIS and physical case files, e.g., incomplete records, can inhibit the case review process, especially in areas with high turnover.
- Inconsistency in documentation, e.g., different staff recording the same types of information in different places in the case files, can delay and/or inhibit the case review process.

Staff and Provider Training

Please reference Training System Overview

Strengths:

- The University partnership

Concerns:

- The ability for staff to practice what they learn with so many trainings required for different initiatives (training overload)

Service Array and Resource Development

Please reference Section 4: Services

AR recognizes that we will need to continue to assess the data that is available to determine how effective the services array and make decisions around what data reports need to be developed to adequately and accurately represent the services array to support children and families to improving outcomes.

Strengths:

- Contract monitoring
- Provider meetings
- Memoranda of Understanding (MOU) with different community providers, including but not limited to: Head Start, Paragould Children’s Home, Searcy Children’s Home, Faith-Based Partnerships (The CALL, Project Zero, THAT Church), Drug Endangered Children (DEC) program, etc.
- DDS Coordinator position
- Inter-Divisional Staffings
- Partnership with Dr. Kramer at the University of Arkansas for Medical Sciences (UAMS) for Trauma Informed Care
- Individualizing of services-Cost of Care plans, One on One services

Concerns:

- Inconsistent availability, accessibility, and quality of services in certain areas of the state

Agency Responsiveness to the Community

Reference Collaboration and Service Coordination

AR recognizes that we will need to continue to assess the data that is available to determine how effective the agency responsiveness to the community is and will make decisions around what data reports need to be developed to adequately and accurately represent the responsiveness to support children and families to improving outcomes.

Strengths:

- DCFS Advocacy Council
- Provider partnerships
- Foster Parent Associations
- DBHS/SOC partnerships
- Collaborative participation on different workgroups
- DCFS website
- Youth Advisory Board (YAB)

Concerns:

- Providers and other agencies have different agendas
- Funding
- Access to the right services at the right time for clients

Foster and Adoptive Parent Licensing Recruitment and Retention

Reference foster and adoptive parent recruitment plans

Strengths:

- Partnership with Licensing unit
- The Foster parent state liaison that is a current foster parent who volunteers in this role
- Faith-based partnership with The CALL for recruitment and training of DCFS foster parents
- Faith-based partnership with Christians for kids for recruitment only
- Award of the Diligent Recruitment grant
- Foster Parent Association and support groups
- Direct deposit for resource families
- Alignment of foster and adoptive parent requirements and the shift to resource families
- Partnership with KTHV for recruitment of resource families

Concerns:

- The lack of foster homes to meet the needs of children in the system
- Conflicts with Minimum Licensing Standards and DCFS policies and procedures (New FBI requirements)
- The lack of qualified providers to conduct SAFE home studies
- Length of the PRIDE training

Plan for improvement:

Strategic Planning Process:

DCFS approached the strategic planning process this year a little differently than in years past. We scheduled a third party facilitated meeting that included for the first time, the team of central office program managers, central office unit supervisors, executive team, and Area Directors. As

we worked through the strategic process, we developed goals and activities that we determined would continue to leverage us forward in achieving better outcomes for children and families. In the Program Improvement Plan, we had focused on several practice improvements related to case management as well as enhancing the process around contract monitoring and service array assessment for quality. As you will notice, this strategic planning has an emphasis on administrative systemic improvements needed to adapt or restructure to successfully implement the Demonstration Waiver interventions as well as strengthen the practices of current initiatives that are in full implementation stages. (i.e. SDM)

DCFS collaboration approach provides knowledge and information to the strategic planning team so that we have many perspectives and considerations as we prioritize and develop the objectives for the next five years. For every meeting, workgroup, and other forum that we participate in, there is a concerted effort to share data, assess need, gaps, and service availability for the child welfare population. The rationale to move forward with an administrative strategic plan was based on the feedback from the Area Directors and Program Managers during a strategic planning meeting as we discussed DCFS Vision in 5 years and what it would take to realize that Vision. As DCFS completes this plan, it is expected that it will be revised often and require updated action steps based on the outcome and/or results of the completion of other action steps.

Although we have implemented the draft strategic plan, DCFS still has a few steps needed in order to finalize this plan. We are in the process of scheduling a fall meeting to bring together this team once more and step through each objective and action steps and further develop the benchmarks for each objective. We plan to utilize current data profile percentages to determine what percentage to expect over the next five years. We also plan to develop key talking points around the objectives linking them back to other initiatives and practice improvement plans so that the internal and external stakeholders can “see” the connections to the broader CFSP. Our intent is to implement and achieve the 5 year plan which in turn should lift barriers to achieving the practice improvements plans that are developed as a part of the CQI process.

By addressing safety, permanency, and well-being of children and families in the AR child welfare system, we should see families that are healthier, experience success, and have less reliance on the child welfare system.

As mentioned above, DCFS plans to convene the team that developed the plan at least semiannually to review progress and determine if any adaptations or revision are needed based on the analysis of the data.

Draft Child and Family Services Five Year Strategic Plan

Goals:				
<ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
OBJECTIVE 1: DCFS will develop a child welfare workforce that begins with job-specific recruitment and quality selection and includes an improved work environment all of which will result in improved retention of high performing employees by 2018.				
Outcome: % increase rate of worker retention.				
Benchmark:				
<ul style="list-style-type: none"> • Exit survey • CANS certification • Cultural Survey • Personnel report • Pre/Post SDM • Pre/Post New worker training 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Meet with DHS Recruitment to determine what specific recruitment this unit does for DCFS.	DCFS Director	10/30/14		
Research other states to determine promising practices in recruitment methods.	Executive Team	10/30/14		
Meet with University Partners to determine what their role is regarding recruitment.	Professional Development/DCFS	10/30/14		
Analyze current recruitment methods and identify areas for improvement.	Executive Team	10/30/14		
Develop a comprehensive recruitment plan with targets and timelines.	Executive Team	12/31/14		
Implement the recruitment plan and begin monitoring.	Executive Team	1/1/15		
Gather and review all job functions (field and central office) for all positions.	Executive Team	12/30/14		
Revise job functions to align with the practice model framework.	Executive Team	6/30/16		

Goals: <ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i>
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Outcome: % increase rate of worker retention.
Benchmark: <ul style="list-style-type: none"> • Exit survey • CANS certification • Cultural Survey • Personnel report • Pre/Post SDM • Pre/Post New worker training

Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Align revised Job functions to performance evaluation to establish a consistent standard of practice and support of all levels.	Executive Team	12/30/16		
Monitor performance and progress and adapt strategy plan as needed.	Executive Team	6/30/18		
Continue the development of field trainers based upon competencies.	Professional Development/DCFS	6/30/18		
Complete middle/upper management competencies (e.g., Program Managers and Area Directors).	Executive Team	12/30/16		
Define training module pathway for middle/upper management staff.	Executive Team	3/30/17		
Implement middle/upper management competencies.	Executive Team	12/30/17		

Goals:				
<ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
OBJECTIVE 2: DCFS will ensure timely, high quality, community-based evidence-informed and evidence-based services and supports to meet the needs of children and families by 2018.				
Outcome: % of family will have timely, convenient access to quality services and supports to meet individualized needs.				
Benchmark:				
<ul style="list-style-type: none"> • Contract monitoring • Periodic service scans • IV-E evaluation • Annual report card • QSPR • QPR • Meta-analysis • Incident reports 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Define high quality, community based, evidence-informed and evidence-based programs for child welfare population.	Executive Staff	3/31/15		
Establish a formal mechanism for reporting non-performance of service providers including feedback loops.	Executive staff/contract staff/Area Directors or Directors Workgroup	3/31/15		
Develop a protocol for addressing non-performance service providers when reported.	Executive staff contract staff/Area Directors or Directors Workgroup	3/31/15		
Establish a work group to review and modify the performance indicators for contract providers to better align with the practice model framework.	DCFS Director	6/30/16		
Survey local community providers to identify what interventions are currently used.	Casey Family Programs & Planning	9/30/15		

Goals: <ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
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Benchmark: <ul style="list-style-type: none"> • Contract monitoring • Periodic service scans • IV-E evaluation • Annual report card • QSPR • QPR • Meta-analysis • Incident reports 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Develop consistent method of monitoring providers for implementation fidelity to the evidence-based/informed models.	Planning/Executive team	6/30/16		
Conduct at a minimum annual meetings with all provider types to communicate goals of DCFS, share comparative service data, and develop service improvement plan.	Executive Staff, Program Managers, Area Directors	6/30/18		
Coordinate DCFS efforts with other DHS-wide initiatives to align similar services.	Behavioral Health	6/30/18		

Goals:

- ❖ *Safely reducing the number of children entering foster care*
- ❖ *Increase placement stability*
- ❖ *Expedite permanency for children in foster care*

OBJECTIVE 3:

DCFS will increase the number of high-quality, accessible and appropriate resource family homes statewide by (67%) by June 30, 2017.

Outcome: % increase and available resource families to care for children in foster care.
% increase in the retention of resource families.

Benchmark:

Number of available open homes that match the characteristics of children in care.

Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Establish the Statewide Recruitment and Retention of Resource Family Homes Stakeholder Workgroup.	Foster Care Unit Adoption Unit	10/30/14		
Implement the Family to Family approach for recruitment, development, and retention of resource family homes.	Foster Care Unit Executive Staff	10/30/14		
Develop specific data package for community utilizing CHRIS data and GIS technology.	CHRIS/HZA	10/30/14		
Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers.	DR3 team	10/30/14		
Assess the capacity of contracts for referrals for home studies.	Executive Team	10/30/14		
Develop a standard MOU for volunteers who are recruited to assist with the recruitment of resource families and other volunteers.	Foster Care Unit	10/30/14		
Implement the centralized inquiry process statewide.	Foster Care Unit	9/30/14		
Implement the centralized background check processing for resource families homes (exception: provisional).	Foster Care Unit	9/30/14		
Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives.	Executive Team	7/31/14		
Develop and implement Relative/Kinship foster parent	Foster Care	6/30/15		

curriculum/consistent approval process for relatives/fictive kin.				
Explore and identify training curriculum for resource families that include trauma informed care and relevant topics for the characteristics of children entering foster care.	Professional Development/Executive Team	6/30/15		
Develop the identified training curriculum and/or topics for resource family homes.	Professional Development/Executive Team	12/30/15		
Implement the new resource family home training.	Professional Development Team	3/31/16		
Evaluate and analyze data to determine effectiveness of changes and modify as needed.	Executive Team	6/30/18		

Goals:				
<ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
OBJECTIVE 4: DCFS will develop and implement a comprehensive communication platform regarding the mission, goals and resource needs of DCFS, with consistent messaging for both internal and external stakeholders by 6/30/15.				
Outcome: % increase on DHS high performance cultural survey indicators pertaining to communication and information sharing.				
Benchmark:				
<ul style="list-style-type: none"> • Cultural survey • Focus groups (survey of stakeholders, internally and externally) 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Explore/research other child welfare agencies communications platforms.	Planning Unit Executive Team	6/30/15		
Develop communication platform and tool kit.	Planning Unit Executive Team	6/30/15		
Review and align the IV-E Waiver communication with the comprehensive communication platform.	Planning Unit Executive Team	6/30/15		
Expand contact directory for staff with brief description of responsibilities, so staff know who to call when they have questions.	Executive Team	10/30/14		
Develop accountability measures to ensure staff acknowledges understanding of communication.	Executive Team	6/30/15		
Share platform with internal and external stakeholders and gather feedback.	Executive Team	12/31/15		
Review and edit communication platform and toolkits based on feedback.	Executive Team	3/31/16		

Goals:				
<ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
OBJECTIVE 5: DCFS will develop a comprehensive CQI system with a focus on assuring quarterly practice and accountability to improving outcomes for children and families.				
Outcome: Increase in the numbers and level of staff using data to prioritize and manage their workloads.				
Benchmark:				
<ul style="list-style-type: none"> • Cultural survey • Focus groups • QSPR • Meta-analysis • CPS reviews • IV-E waiver evaluation • National data profiles • CHRIS 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Identify all management reports (CHRIS and HZA) used to monitor performance.	HZA/CHRIS Support	12/31/14		
Develop a brief synopsis of each report (e.g., what they are and how to use them).	HZA/CHRIS Support	12/31/14		
Identify other existing CQI processes by program area consistent with Federal and State practice.	Executive Staff Program Managers Area Directors HZA CHRIS	6/30/15		
Organize management reports and other CQI processes with program areas of practice and supports.	HZA/CHRIS Support & Planning	9/30/15		
Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.	HZA Planning	6/30/15		
Develop peer case reviews process.	Planning/HZA/Executive Team	12/30/14		

Goals: <ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
OBJECTIVE 6: DCFS will develop and enhance partnerships with stakeholders and providers statewide to increase needed high-quality services and supports that align with the DCFS mission, vision and goals.				
Outcome: % increase in partnership % increase in child well being % increase in permanency outcomes				
Benchmark: <ul style="list-style-type: none"> • Focus groups • Evaluate feedback • MOU's • IV-E waiver evaluation • Contract monitoring • Data profile • Surveys 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Establish forums to address stakeholder and providers issues and concerns related including a process for feedback communication.	Executive Team	6/30/16		
Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers.	Executive Staff Area Directors	6/30/15		
Conduct surveys and needs analysis and include categories of community based service/supports as well as other CHRIS management, HZA special studies, and direct interaction with field.	Planning Community Services HZA	6/30/18		
Analyze results of statewide services and supports by HZA.	Executive staff/Area Directors/Community Services	6/30/18		
Establish a protocol for review and updating MOUs to assure they align with practice model.	Executive Staff	12/30/14		

Goals: <ul style="list-style-type: none"> ❖ <i>Safely reducing the number of children entering foster care</i> ❖ <i>Increase placement stability</i> ❖ <i>Expedite permanency for children in foster care</i> 				
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Outcome: % increase in partnership % increase in child well being % increase in permanency outcomes				
Benchmark: <ul style="list-style-type: none"> • Focus groups • Evaluate feedback • MOU's • IV-E waiver evaluation • Contract monitoring • Data profile • Surveys 				
Action Step	Primary Responsibility	Target Completion Date	Actual Completion Date	Notes
Framework.				
Develop a plan for recruitment of stakeholders and providers to address gaps in services and supports based on HZA and Executive analysis.	Executive Staff Planning Community Services	12/30/16		

Staff Training, Technical Assistance and Evaluation

Please reference Quality Assurance, Implementation Supports, and Training System Overview

Implementation Supports

The following technical assistance chart represents the plan supports for implementation that will include training, coaching, assessing implementation outcomes through the lens of implementation science, development of polices, and development of memorandum of understandings with community based providers as needed.

<u>DATE REQUESTED</u>	<u>TA DESCRIPTION</u>	<u>NRC/Provider</u>	<u>APPROVED</u>
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/Chapin Hall	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

Services

Child and Family Services Continuum

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.

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.

Service Coordination

DCFS service programs are responsible for provision of network support of child welfare services. DCFS has ten service areas that have FSW's and PA's that are responsible for the direct services for children and families. Together, with local community partners they are able to provide services and supports to children and families to the child welfare system based on their identified needs.

There are several strategies for the coordination of services and supports that include but not limited to: case plan staffings, wrap around teams, community meetings, court team meetings, interdivisional staffings, referral processes, MOU, etc.

Service Description

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 have not been any 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.

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;
 - Counseling Associates, INC. – Areas 3 & 5
 - Counseling and Education Center – Areas 9 & 10
 - HLH consultants, LLC – Areas 6 & 7
 - Life Strategies Counseling, INC. – Areas 8 & 9
 - Southern Counseling Services – Areas 9 & 10
 - United Methodist Behavioral Health Systems, INC. – Areas 1, 2, 3, 4, 7, 8, & 9

- 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;

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.

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.

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.

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

- 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.
- 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
- 6 month contract with Cumulus Radio to specifically recruit AA families for waiting. Billy St. James is the DJ and the show runs from 2:00 to 6:00 and is listened to by many people on their drive home. This is a religious station and will feature several AA pastors talking about the importance of adoption from foster care. One pastor from Conway has written several books and in particular one on fatherhood, The Father Deficiency – The Most Needed Vitamin in America.
- Renewed our contract with Channel 11(todaysthv) for A Place To Call Home. We will start featuring 2 children per month in September and weekly in October and November for National Adoption Month. This change to twice a month is at no extra cost to DCFS. We are planning to feature a success story once a month in addition to the two segments featuring waiting children. The news personality who does this segment and I talk at least weekly and are trying to come up with new ideas for this wonderful service. Currently 55% of the children featured have been placed in adoptive placements.
- New contract with Channel 11 for Digital Services which will be statewide and specifically cover the few areas of the state Channel 11 does not reach. The contract with Jean Crume, recognized as an expert in the field of Reactive Attachment Disorders, was first specifically set up as a post adoption service for our families, but has expanded to include children not placed in an adoptive home yet.

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

Service Decision-Making process for Family Support Services

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

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

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.

Service Descriptions: Status for FY2015

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.

Populations at Greatest Risk of Maltreatment:

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 85th 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.

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 3rd 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.

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.

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.

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.

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 on-going 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:

Screening for FASD was funded by SAMHSA until June of 2012. 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 is 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 are accepted on children who are symptomatic of an FASD and have documented history of alcohol exposure during pregnancy. The FASD program staff 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.

If the children have a positive screening, meaning they are symptomatic of an FASD and/or have documented history of alcohol exposure during pregnancy, we continue to review the Comprehensive Health Assessments (PACE), if the PACE Evaluation has taken place at the time of screening. If the PACE Evaluation has not been completed, a review of birth records will help guide the process until the PACE Evaluation is completed within 60 days of the child entering foster care. The FASD Program Staff will continue to refer children who screen positive for an FASD to either the Arkansas Children's Hospital Genetics Clinic for an FASD Diagnostic Evaluation or to Dennis Development Center for Neuropsychological testing. Dr. David Deere,

Executive Director of Partners for Inclusive Communities, University of Arkansas' Center on Disabilities, has also assisted with FASD testing.

As a result of the CAPTA (child abuse prevention treatment act) amendment in the 2010 legislative session, Arkansas follows the 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.

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).

Services for Children Adopted from Other Countries

DCFS has available the same service array for children adopted from other Countries as we do for children adopted within the child welfare system. DCFS would assess the needs and identify services and/or supports needed to prevent disruption or removal.

DCFS currently has services and supports available to families as needed and/or requested through post adoption services.

Consultation and Coordination Between States and Tribes:

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.

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

Below is an example 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.

In August of 2013, 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.

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

There were no negative responses or suggestions to DCFS policy, which specified that DCFS complies with all mandates of the federal Indian Child Welfare Act and titles VI and VII of the Civil Rights Act 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. DCFS Director will also share how to access Arkansas's current CFSP and APSR's that are reported annually to each tribal lead.

Transitional Youth Services:

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). DCFS provides transitional services to youth 14 and older with the guidance of policy and procedures. These services are provided by internal and external staff determined by the assessment of transitional needs of the youth in foster care as well as other case plan requirements.

The purpose of Transitional Youth Services (TYS) is to better prepare youth in DCFS custody, who are in an out-of-home placement or whose adoption or guardianship is finalized at age 16 or after, for successful transition to adulthood and to ensure that youth have access to an array of resources. The Division shall ensure that each youth in foster care who reaches age 14, or who enters foster care at or after age 14, shall be provided the opportunity to take an active role in planning for his or her future. Youth entering foster care between the ages of 14 and 17 will be immediately referred to the Transitional Services Coordinator (TSC).

DCFS policy provides a summary of the Transitional Services as well as the staff responsible for these services.

The Division shall:

- A. Provide the youth with the opportunity to be actively engaged in all case/client plans impacting his or her future, including, but not limited to a Transitional Plan and a Life Plan.
- B. Empower the youth with information regarding all available services and options and provide the youth with the opportunity to participate in services tailored to his or her

individual needs and designed to enhance his or her ability to acquire the skills necessary to successfully enter adulthood.

- C. Assist the youth in developing and maintaining healthy relationships and life connections with nurturing adults who can be a resource and positive guiding influence in his or her life after leaving foster care.
- D. Provide the youth with basic information and documentation regarding his or her biological family and personal history.
- E. Provide the youth with information that relates to the health care needs of youth aging out of foster care, including options for health insurance after exiting care and the importance of designating another individual to make health care treatment decisions on behalf of the youth, if he or she becomes unable to participate in such decisions and does not have, or does not want, a relative who would otherwise be authorized to make such decisions; provide the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.
- F. Inform the youth of his or her right to stay in care until age 21.

Each youth shall be given the opportunity to create a Transitional Plan which encompasses all the life skills, resources, and future-planning for the youth's successful transition into adult life. The Transitional Plan will be created with the support of the youth's Transitional Team which will consist of adults whom the youth identifies as significant. The youth's primary Family Service Worker shall be responsible for the coordination of the youth's Transitional Team and is responsible for the Transitional Plan and case plan as reflected in the court report. The Transitional Services Coordinator is an appropriate support for some of the youth's Transitional Plan actions and/or goals and may serve on the Transitional Team if appropriate. Because APPLA is the least permanent goal for a youth, the case plan and Transitional Plan shall address life connections.

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

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

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

Chafee provides support for three groups of the foster care population:

- A. Youth in foster care, beginning at age 14 and continuing until the youth completes high school or other secondary educational program, may receive services such as life skills

assessment, basic life skills training, and other services such as tutoring that can be approved on a case-by-case basis.

- B. Youth may choose to remain in care until the age of 21 and are eligible for Chafee services if they meet any of the following conditions:
- 1) Youth is completing secondary education or a program leading to an equivalent credential; or,
 - 2) Youth is enrolled in an institution which provides post-secondary or vocational education; or,
 - 3) Youth is participating in a program or activity designed to promote, or remove barriers to, employment; or,
 - 4) Youth is employed for at least 80 hours per month; or,
 - 5) Youth is incapable of doing any of the above described activities due to a medical condition, which incapability is supported by regularly updated information in the case plan.
- C. If a youth was in foster care on his or her 18th birthday, and the foster care case is closed, he or she will be eligible for After Care services and support until age 21.

Chafee also provides support for youth whose adoption or guardianship is finalized at age 16 or after. Such youth are eligible for ETV (Education Training Voucher) and may attend youth development activities and life skills classes.

Assessments begin at age 14 and transitional services may begin at age 14 for youth already in foster care. In cases where a youth younger than 14 needs life skills training, the DCFS Director or designee may grant a waiver for services.

DCFS shall provide, either directly or through contract, those services identified in the life skills assessment that are indicated to help the youth achieve independence. The case plan and/or Transitional Plan must identify and address the specific skill needs of each youth. Each youth age 14-17 receiving Transitional Services shall be assessed annually using an appropriate life skills assessment tool; however, an individualized assessment shall be conducted every six months to determine the youth's progress in acquiring basic life skills and the skills necessary for a successful transition to adulthood. Basic life skills will be assessed at each staffing held for a youth age 14 and older. When the youth turns 18, assessments will be highly individualized.

If a youth was in foster care on or after his 16th birthday and was adopted before his 18th birthday, he will be eligible for services until his 21st birthday.

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

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

While incarcerated youth (prison, jail, DYS custody) are ineligible for Chafee funding, the youth shall still be given the opportunity to plan for his or her future.

Opportunities shall be available for each foster parent caring for, or interested in caring for, a youth age 14 or older, and each Family Service Worker responsible for any youth, age 14 or older, in helping youth acquire basic life skills.

Within 30 days after the youth leaves foster care, the Division shall provide the youth the following:

- A. A full accounting of all funds held by the department to which he or she is entitled;
- B. Information on how to access the funds;
- C. When the funds will be available.

EXTENDED FOSTER CARE

Even after reaching the legal age of majority (i.e., 18 years of age), all youth need additional support and access to an array of resources as they continue their transition into adulthood. As such, youth ages 18 through 21 may choose to participate in extended foster care for education, treatment, work, or other programs and services as determined appropriate by their Transitional Team in order to help them achieve a successful transition into adulthood.

In order to be eligible for extended foster care, youth must meet one of the following criteria:

- A. The youth is completing secondary education or a program leading to an equivalent credential; or,
- B. The youth is enrolled in an institution which provides post-secondary or vocational education; or,
- C. The youth is participating in a program or activity designed to promote, or remove barriers to, employment; or,
- D. The youth is employed for at least 80 hours per month; or,
- E. The youth is incapable of doing any of the above described activities due to a medical condition.

If a youth was in foster care on or after his 16th birthday and was adopted or a guardianship was put into place on behalf of the youth before his or her 18th birthday, he or she will be eligible for Transitional Youth Services until his or her 21st birthday.

Board payments for IV-E eligible youth will be made through title IV-E funds. Board payments for youth who are not IV-E eligible will be paid using State General Revenue funds.

A copy of the youth's entire record will be made available to him or her at no cost at the final Transitional Team meeting which will occur within 90 days of youth's planned exit from care.

AFTER CARE SERVICES & SUPPORT

Chafee funds can be used to provide assistance and services to youth who have left foster care because they have attained 18 years of age and who have not attained 21 years of age. These services are called After Care. The youth must have been in foster care on his or her 18th birthday and not currently in DHS custody to be eligible for after care services and support.

In order to be eligible for after care, youth must meet one of the following criteria:

- A. Youth must have been in foster care at or before age 17, OR
- B. Youth must have entered care at age 17 or after due to dependency-neglect, OR
- C. Youth must have entered foster care at age 17 or after with a prior dependency-neglect status.

Additionally, a youth must have a budget and a plan that includes participation in education, employment, training, or treatment in order to be eligible for after care. After care support is generally limited to \$500 in any one month and may be requested for a total of \$2000. After care support may include expenditures for education or training programs, housing, insurance, housing set-up, transportation, utility bills, or utility deposits. After care support is paid to the provider, not the youth. Reimbursement may be made to the youth if documentation of the expense is provided. After care support does not include amounts available through ETV. Youth eligible for after care may also participate in life skills classes.

In the last quarter of SFY 2014, the DCFS Director began to assess how effectively and to what degree of quality staff currently deliver transitional services. She facilitated conversations with Area Directors as well as individual conversations with youth. She also covered the transitional program for a period of time while the TYS Program Manager was on leave so that she could experience and assess the processes. Below is the summary of her analysis and the next steps the Division will take to improve the Transitional youth Services Program:

The DCFS Director had the opportunity to observe the daily functioning of the Transitional Youth Services Program when she served as the interim Transitional Youth Services Program Manager while the official TYS Program Manager took an extended leave in the spring of 2014. Among other observations, the Division Director noted a disconnect between supervisory / administrative and frontline staff roles when questioning expenditures. For example, the supervisory-level staff member submitting the request could not answer the Director's questions regarding the need for or decisions behind an expenditure request without asking the case worker to provide those answers.

The number of requests involved seemingly poor decision making was also concerning. For instance, with several decisions related to college applications and planning, staff did not provide appropriate adult guidance that youth need when making these types of life decisions. In a number of cases it appeared decisions were made based more on entitlement (foster child, age, federal money) rather than responsible and informed decision making.

As a result of the issues noted above, the DCFS Director required all expenditure requests to be submitted with an extensive justification to the applicable Area Director for prior approval. In the past, Area Directors did not review the expenditure requests and, as such, were not aware of the need for better decision making by some of the staff.

The Division Director also met with all of the Area Directors to discuss the roles of the Transitional Youth Services (TYS) Coordinators compared to the roles of the primary Family Service Worker (FSW) for youth 14 and older. Area Directors reported the functions of TYS Coordinators across the state include:

- Transporting youth to meetings and other appointments
- Arranging TYS / life skill classes
- Completing paperwork for services paid under the ETV grant
- Conducting local monthly youth meetings
- Assisting with Ansell Casey assessments (both initial and ongoing)
- Organizing college tours for youth.

The FSW role dealt with those other activities outside of the ETV grant such as staffings, case management, and requests for services paid under the Chaffee Independence Grant. Area Directors shared in the meeting that there is significant room for improvement in the delivery of services to older youth, particularly those in the Extended Foster Care Program. It was unclear how and even if staff utilize the Ansell Casey scores to develop and update the Transitional Plans. The Area Directors also noted that not all youth have Transitional Plans (or, for those who do have transitional plans, those plans most likely need to be updated). However, they pointed out that part of the challenge is there is not currently a way to track youth who have Transitional Plans in Arkansas's SACWIS, so a CHRIS enhancement will be needed to capture this information in the future.

Through the discussion, Area Directors acknowledged that for the most part the cases of older youth are handled by the TYS Coordinator rather than the FSW. This is consistent with youth reports. The youth often share that they call their TYS Coordinator more than the assigned FSW, and the TYS Coordinator is generally the person with whom youth have the most communication.

The Area Directors conceded that the split of duties between the TYS Coordinators and FSWs often causes a disconnect in the services provided to the youth as well as gaps in the larger continuum of care for older youth in foster care. They stated the role of the TYS Coordinator should be transporting and TYS / life skills classes with the remainder of duties related to Transitional Youth Services falling to the FSW. The Area Directors also agreed that it would be beneficial to have staff designated to work with either the youth who experience multiple placement changes and / or those youth who are enrolled in post-secondary education institutions.

After considering the Area Directors' feedback as well as the other observations noted by the Division Director, it is clear the current TYS program structure is not the most conducive design for the delivery of quality services to older youth in foster care. DCFS has requested assistance from Casey Family Programs to help the state analyze and determine how to develop the new TYS program structure. The Division Director plans to travel to Colorado to meet with the staff in that state to learn about their transitional program as it is a state considered to have a successful youth program. DCFS will also continue to solicit input from the youth in the Arkansas foster care system in order to develop a plan to improve its Transitional Youth Services Program.

Chaffee Foster Care Independence Program (CFCIP) and ETV

In Arkansas, the CFCIP and ETV programs are currently managed by the Transitional Youth Services (TYS) unit. Specific program components and descriptions are listed below:

Foster Care

Serves transition aged youth beginning at age 14 until their 18th 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

Educational/Job Preparedness

DCFS will continue the work needed to prepare youth for transition as it relates to education and job preparedness. 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

- Work with youth served by the foster care system to ensure receipt of a High School Diploma or GED
 - Focus on their proficiency in Math & Writing
 - Complete a Post-Secondary Education/ Vocational Training Plan

Post-Secondary Education

- Work 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

- Work with youth served by the foster care system to complete a Service Oriented Program at:
 - City Year
 - AmeriCorps
 - AmeriCorps NCCC
 - Job Corps
 - Others to be identified

Completion of a Vocational degree program/Certification

- Work 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

- Work with youth to identify and complete a Technical degree Program
 - Computer engineering
 - Aerospace engineering
 - Hospitality Services Management

Permanency

We continue 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 will continue to message to DCFS FSW, Supervisors, TYS Coordinators, and external stakeholders the following themes with our youth.

- Explain what permanency is and discuss its importance
- Provide youth with opportunities to connect with positive adults in their communities
- Assist youth with developing permanent family-like relationships
- Provide youth with knowledge of their Biological Family

Health & Wellness

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. TYS Staff will explain to youth how they can access these benefits.

Housing

Safe, affordable housing has to be in place for transition aged youth. TYS will continue 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

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. Currently, each area provides these skill building workshops in different ways. Many have community volunteers in the field related to the topic to come in and present information to the youth. Others have IL Sponsor that provides experiential skill development, while others research and develop their own presentations to present to the youth. Regardless, all areas address the same topics throughout the year. As noted in the initial summary, DCFS will be enhancing the transitional services and supports and will be considering more effective ways to deliver these workshops.

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

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

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 3rd 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 operates as 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.

The comments from the Youth Voice workshop of the Youth Leadership Conference held in 2013 were considered in the CFSP. There were a lot of issues regarding contract placement providers along with foster parents in regards to use of technology, normalcy, consistency in what is allowed, expected, etc. The Executive Staff met with the Youth Advisory Board on February 15, 2014 to go through the various comments from the workshop. As a result of these comments, Director has requested copies of all admission criteria, facility policy regarding use of and loss of privileges with technology, facility policies regarding how privileges are obtained, how they are lost, etc. The Director also met with the Mental Health Specialist for DCFS who is responsible for meeting with facility owners and this issue will be discussed at the routine joint meeting with DCFS and providers. Based on the documented information from the YAB minutes along with monthly reports, there is no indication of discussions regarding NYTD with the YAB board. NYTD will be addressed at a future meeting within the quarter with the YAB.

DCFS shows there are 923 youth in foster care from age 14 and up. Of those 923 youth, 418 or 45% of them have an approved case plan with a transitional youth plan; 424 or 46% have an approved case plan but no transitional youth plan and 81 or 9% have no approved case plan. DCFS will utilize the detail information from the report showing those youth who have not transitional youth plan and will work with the area directors and area staff on a plan to address these youth with not transitional plan and we will set target dates to ensure all youth who should have a transitional plan have one. We will also review those 81 with no approved case plan to see where staff are in the process with these.

ETV

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.

Annual Teen Leadership Conference “I’m Not A Statistic”

Members of the YAB along with the DCFS will host the annual “Teen Leadership” conference for transition age youth in foster care. The 2014 conference will be held at the Arlington Hotel & Resort, in Hot Springs, Arkansas; about 200 youth will be in attendance. The YAB DCFS along with a host of other speakers will provide all of the workshops. Conference-participants will navigate employment, housing, education, financial literacy and other “obstacles” during Independent City. Youth will participate in 2 days of professional workshops and general sessions designed to have them better be 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 will be presented by the YAB & Other key Stakeholders:

- Coping Skills
- Independent City
- Aging Out at 18—Why Not 21?
- Adoption @ 19? Really?
- Time Travel
- Administrative Office of the Courts Court Improvement Project
- Spirituality
- Human Trafficking

NYTD

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.

DCFS has added an extra help position that is filled by a foster youth alumni to assist with remaining in contact with youth that leave care and encourage them to complete the NYTD surveys. DCFS is also providing \$25 gift cards to all youth that complete the survey in the coming months. We are hoping that this two strategies impact the completion rate.

Processes to collect and share the NYTD data among stakeholders and youth need further development. The state has struggled to get all of the eligible/required youth to participate in the survey which impacts data outcomes overall. We have not been consistently gathering the data from the NYTD surveys at the state level – both from our internal reports and then requesting at the federal NYTD level for AR data vs. other reporting states. The Director will work with the

CHRIS IT team along with Transitional Services staff to develop a consistency in data collection and interpretation/sharing of data with DHS executive staff, DCFS executive staff, area leadership, stakeholders and youth.

Transitional Housing

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 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.

Room and board is available to our Youth via IL sponsor. Arkansas is also in the midst of exploring a process where youth are able to receive their board payment directly.

Service Array and Gaps in Services for Transitional Youth

We currently collect information or identify gaps in services and address them by utilizing the following programmatic components:

- Monthly YAB/ TYS Coordinator meetings take place on Saturdays
- 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.

During SFY 2014, approximately five percent of the children in foster care were 18 years of age or older, up from three percent in SFY 2013. The distinctive needs of these youth (resulting from

their increased age) present unique challenges for Arkansas’s child welfare system. DCFS is working to ensure that sufficient services are available to meet the needs of these youth, including transitional services, appropriate housing (e.g., apartments and dormitories), educational assistance (e.g., higher education and trade/vocational), etc. The Division is also working to strengthen its continuous quality improvement processes around this population. For example, executive staff meets periodically with the Youth Advisory Board to obtain their perspective on new initiatives and services, and the Agency gets input from hundreds of youth during Youth Speak at the annual Youth Leadership Conference.

Other Initiatives

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 will need to be available and/or developed to 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

Future TYS Plans

The emphasis of this plan focused on “re-vamping” the delivery, practice and engagement efforts of the Transitional Youth Services unit. TYS will continue to work with internal and external stakeholders to achieve our objectives.

The following depict TYS initiatives completed for this 5 year plan:

Currently, the Transitional Youth Services position is vacant, but DCFS will continue to focus on the following initiatives over the next 5 years. DCFS will develop more details around this plan in the next year once the position is filled

- Continue to engage and support State YAB
- Continue to ensure TYS is youth driven/client focused and respects our youth and authentically engages them in the decision making process
- Focuses on normalcy for youth in care and communicates the importance of youth participating in “age appropriate activities”
- Work to ensure the all DCFS staff understand the value of permanency and actively work toward this goal with transitioned age youth
- Continue to develop transitional homes for independent living arrangements
- Continue to engage and develop the supports from Community Based providers for transitioned age youth
- Reorganize the TYS structure in how TYS services and supports are managed at the state level as well as field level
- Continue to assess and improve the management of the ETV program
- Continue to assess and improve the effectiveness of the Aftercare program

Collaboration with Other Private and Public Agencies

During the spring of 2014 representatives from the Arkansas Division of Children and Family Services (DCFS) collaborated with a Safe Harbor Workgroup comprised of several Arkansas Department of Human Services (DHS) sister division (e.g., Division of Behavioral Health Services, Division of Developmental Disabilities Services, Division of Youth Services, Office of Policy and Legal Services) representatives at the request of the Arkansas State Task Force for the Prevention of Human Trafficking. The Task Force tasked the Safe Harbor Workgroup with the development of a Safe Harbor Program Request for Proposal (RFP) and corresponding budget that would provide services for identified juvenile human trafficking victims if approved by the State Task Force.

The Safe Harbor Workgroup reviewed national data related to the issue of human trafficking and also used information gathered from in-state focus groups (facilitated by the University of Arkansas at Little Rock School of Social Work). These focus groups included members of law enforcement and a variety of human services providers from different regions of Arkansas who were asked to provide feedback regarding the current state of identification of human trafficking victims and services provided to this vulnerable population from their respective organizations. The workgroup also reviewed Arkansas law as it pertains to the placement of juveniles as well as contract performance indicators and rates used by the various DHS divisions for the placement of juveniles in their custody.

The Safe Harbor Workgroup presented the final RFP and budget proposal to the State Task Force for the Prevention of Human Trafficking on June 10, 2014.

Transportation

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

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.

Former Foster Care is a new Medicaid category for Arkansas that was implemented this year. The youth must apply for the Program through the Division of County Operations. They may apply in person, on paper, or via a website: access.arkansas.gov. DCO confirms with DCFS that the child meets the criteria for the Former Foster Care Medicaid Program and, if eligible, DCO authorizes the service. There is no income or resource test for the Program. Arkansas did not elect to cover former foster care youth from other states.

Trust Funds

The Trust Fund is a treasury account that was to provide youth with financial and other appropriate support and services. For Arkansas, the trust fund program for youth receiving Transitional Services is referenced as the Educational Incentive Trust Fund for Post-Secondary Students. The fund was designed to provide an incentive savings account for students pursuing post-secondary educational goals upon successful completion of a semester as a full-time student with at least a C GPA.

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

However, this Trust Fund Account, while the amount has been encumbered, has not been actively used as an incentive. There is no routine expiration of encumbrances, allowing accounts to languish. During FFY 2008-2009, only \$4500 was actually claimed by 1 youth, leaving a

balance of \$148,987. Many of these encumbrances were established multiple years back and the whereabouts of the former youth are unknown.

Tribes

Arkansas has no federally recognized Tribes located in its borders. However, all surrounding states, except TN, have many. In Arkansas, if a youth is taken into custody and American Indian or Native American heritage is confirmed or suspected, 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 has not been a crosswalk between the tribal youth in care to receipt/use of services from CFCIP/ETV nor have there been any discussions as of yet with the Tribal Liaisons. A crosswalk will be conducted by the end of September and if there are tribal youth identified as having received CFCIP/ETV or if they would have been eligible but were not aware of those services, the Director will reach out to those applicable Tribal Liaisons.

Training

Training will be incorporated with all DCFS staff and service providers, including New Worker training and New Supervisor Training that keeps the integrity of the Chafee goals and objectives, but seeks to move all youth toward a successful 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.

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 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.

The TYS unit will continue to partner and coordinate with the PDU to assure trainings are available to serve this population. (Please refer to training plan)

Arkansas will continue to update 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.

Although DCFS has many training opportunities and conferences as described above, we do not have data/information available for determining who attends these trainings or whether practice is improved as a results. DCFS will be developing a formalized manner in which to record

trainings that are planned, trainings held, training topics, anticipated audience, dates, # in attendance along with feedback from trainings.

The Division will develop a formalized manner in which to record trainings that are planned, trainings held, training topic, anticipated audience, dates, # in attendance along with feedback from trainings. Information of this detail is not available at this time.

Certifications:

Youth applying for the ETV scholarship, must have pages 4 & 5 “ETV Financial Aid Release Form” completed by a representative of the Financial Aid office at their institution of higher education. These forms are utilized to verify the total financial aid package for each ETV applicant. ETV funds are distributed up to the \$5,000 federal limit or Total Cost of Attendance, whichever is greater. ETV Funds are distributed for tuition and fees. Every effort is made to not duplicate federal funds, by using this method to verify the total financial aid package.

Also, the Chafee Foster Care Independence Program and Education and Training Voucher Program Certifications have been signed and submitted.

Cooperation in National Evaluations:

Arkansas DCFS agrees to cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Monthly Caseworker Visits

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.

DCFS 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 ensures that this is a topic for her monthly visits, monitors it through monthly reports, and assists with coverage during high turnover. The QSPR process continually focuses on worker visits and we continue messaging that children and families have better outcomes when the caseworker

visits are consistent and high quality. DCFS utilizes several data reports for monitoring the worker visits which includes: COR report and 120 day worker visit report.

The Program Assistant for Community Services reviews the COR report and specifically the elements (PS monthly home visit and Children in Foster care have a monthly home visit). She then sends a trending report out to all the Area Director's and Assistant Director.

She monitors the Protective Service (PS) Home visit report, and also monitors PS cases that have been open for over 1 year (the report is cases open more than 180 days but we decided to focus on cases over a year old).

During CQI meetings we 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.

The caseworker visit funds are used for salaries for direct service staff to impact workloads so that staff have the capacity to meet monthly visit requirements. DCFS continues the implementation of our practice model framework which has an emphasis on family engagement, involvement, and visits with parents and children. With the enhanced monitoring of Community Services as well as continually assessing workloads and the placement of direct service staff we expect to see an impact in regards to increased monthly visits. At the same time, DCFS continues to explore the availability of technology to improve the documentation of worker visits while staff are in the homes and/or in the field in "real time".

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 services/permanency planning activities which includes two counseling contracts and other types of supports, home studies, and foster and adoptive parent recruitment. Funding continues to be spent on supporting Structured Decision Making (SDM) training in the system. Arkansas is utilizing SDM for all assessments of families regardless of whether they're in home, out of home, or pre-adoptive families. The SD M training was scheduled for all FSW and Adoptive staff this past fiscal year. Since children placed in pre-adoptive status are still considered in the legal custody of DCFS, we are responsible for ensuring health and safety of the children during this pre-adoptive time. Our expectation would be that as adoptive staff visit these families and ensure the stability of the placement they will use SDM techniques in accessing the health and safety of these children.

The Adoption Incentive money is managed and tracked by DCFS Chief Financial Officer and Department of Finance and Administration.

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.

Targeted Plans within CFSP

Recruitment and Retention Planning for 2015-2019:

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.

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 start 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

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.

DCFS utilizes a variety of different ways to 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.)

The charts below reflect 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>

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.
- Adoption staff will be educated on how to work with diverse communities through specific training offered through MidSOUTH Academy, opportunities through Behavioral Health and Community Mental Health conferences, as well as through presentations at the quarterly Resource and Adoption meetings.
- 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.

Please reference objective 3 of the strategic plan, "DCFS will increase the number of high-quality, accessible and appropriate resource family homes statewide."

If a prospective foster or adoptive parent contacts us and expresses a desire to adopt or foster a child that is more specific than what the department has a need for we prefer them to the private agencies.

All prospective foster and adoptive parents have online access to licensed/approved families that includes contact information. The web link is below:

<http://www.childwelfare.com/Arkansas%20Adoption%20Directory.htm>

DCFS has access to an interpreter service to address or overcome any linguistic barriers. Being a public agency we do not have any fees that are required to become a foster parent or adoptive parent.

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. This work occurs at the individual case level as well as collaboratively in work group settings. 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. DCFS will continue to work with providers, foster parents to develop a form that is not duplicative but provide better tracking of response to psychotropic medications related to target symptoms and side effects. 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.

- 2) 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 result in case specific interventions such as obtaining second opinions and decreasing or eliminating psychotropic medication in young children. DCFS, DBHS and DMS will continue and strengthen this practice through informal and formal consultation, sharing data and determining appropriate interventions.

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 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 be reached after hours.

DCFS is currently reviewing the functional job description 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. Quarterly meetings have been scheduled with the CMHC management staff and DCFS management staff to plan and implement specialized service for foster children in that area. As opportunities arise, more specialized programs by CMHCs will be encouraged through continued consultation and increased sharing of data that could impact fiscal viability of these programs.

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 reflects 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. It has been noted that many children in the 7 to 13 age range are prescribed psychotropic medication combinations at a higher rate than we would like to see. This data will be broken further down the first quarter of 2015 to determine if trends are noted according to specific year of age, geographic areas, specific physicians, or other factor that may impact this practice. Additional data reports will be requested on an ongoing basis as issues of concern are noted from a system or client-specific perspective. 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
<p>Comprehensive and coordinated screening , assessment, and treatment planning mechanisms to identify children’s mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary , to identify needs for psychotropic medication)</p>	<p>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 Medicaid to have their psychiatrist evaluate that client within 45 days.</p>	<p>Explore feasibility of including a specific trauma screening tool as part of the PACE Evaluation.</p> <p>Identify trauma screening tool.</p> <p>Plan to access TF-CBT certified therapists in state for those children</p>	<p>July to Dec. 2012</p> <p>Completed</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>

		identified through screen process.	<p>June 2015</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, January 2015.</p>
Informed and shared decision-making and methods for on-going communication between the prescriber, the child, his/her caregivers, other healthcare providers, child welfare worker	Currently have guidelines for caseworkers/ foster parents, to assist in asking specific medication-related questions. General Medication Administration Log is required.	Implement specific form for Administration and Monitoring of Psychotropic Medications. The form has already been developed through collaboration with DBHS Medical Director and other Child Psychiatrists.	<p>A pilot of the 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>Tentative date for another pilot is February 2015.</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 foster children.</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>Develop system and client-specific intervention strategies if any concerning trends or prescribing practices emerge from data review.</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 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</p>
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			<p>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 review the medication and history, providing recommendations for any action that might be required.</p> <p>January, 2013 Ongoing Completed - Process is in place</p>
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			<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>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</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 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>

	have all foster children seen by their board-certified child psychiatrist for the past 3 years.		
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.	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.	Explore policies and best practice from other states to help formulate a strategy for sharing data and information across systems. Develop realistic strategy for impacting cross-systems services.	July 2015 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.

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. 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 processes
 - Activating risk mitigation strategies
 - Training back-ups
 - Conducting a mock run of contingency action to identify strengths and gaps
- The following strategies are completed with a continuous quality improvement process in place as we learn from each disaster that occurs:
 - All counties have a plan in place to respond to a disaster with DHS/DCO identified as lead.
 - DHS established a protocol for contacts and Centralized Information. This activity is included as part of new employee orientation. The BCCP will “recover” the information in system when implemented in the event of a disaster.
 - Each county has an established protocol for “check in” in the event of a disaster.
 - The division has a protocol in place to debrief after a disaster and determined what is needed to improve or change. (Executive staff)

- Each county partner with local law enforcement or 1st responders if needed to respond to high risk child welfare issues or safety of child is compromised.

The Community Services central office unit also completes CHRIS search on foster parent, adoptive, placement facilities, clients and staff in the affected areas so that follow up calls can be made. The local staff follows up by phone or by face to face visit to each FH, adoptive home, facility, client or staff. The local staff works closely with first responders or other disaster response teams to provide support and services as needed.

All updates are provided daily to Assistant Director until all known clients; foster parent, adoptive parents, facilities and staff in the affected area are accounted for and needs identified. All information for available services and assistance is sent to Area Director and local staff as it is received at the state level. All information is reported back to AD of Community Services who then shares with DCFS Director and Planning Manager. The information is also shared with the program managers as needed as well as media.

DCFS will continue to work with other child serving agencies and partners to assure appropriate and timely response to continue critical case management activities. Within DHS, DCFS receive notifications anytime there are electrical outages or phone outages to assess whether they interrupt the daily business. DCFS is also notified in the event of storm damages or other natural disasters.

Training System Overview

DCFS currently has two primary training contracts with the University of Arkansas Little Rock/MidSouth and the University of Arkansas Fayetteville. The University of Arkansas Fayetteville sub-contracts with 7 additional universities. The combined resources administered under these contracts form the Arkansas Academic Partnership in Public Child Welfare and serves as the agency's primary child welfare training system structure.

The Academic Partnership provides classroom and field training through five (5) regional Training Academies and front line field directed training activities.

Academic Partner representatives participate in multiple program workgroups and improvement initiatives which include but are not limited to:

- a. Routine meetings with Executive Staff and CHRIS representatives.
- b. Advocacy Council-created by the Division Director.
- c. Training Skills and Development Team (TSDT)-a workgroup providing oversight and direction for training system improvements and monitoring.
- d. Conference calls and meetings with key Executive Staff members related to new initiatives and contract renewal issues.
- e. Executive Area Director Meetings - when appropriate.
- f. Monthly Area training assessment/planning meetings with the UALR and/or UAF IVE Coordinator. These meetings focus on the field training provided locally to staff in the offices.
- g. Quarterly Regional Training Meetings-These meetings are led by Academy Trainers and focus primarily on the New Staff Training for Family Service

Workers. Some variety in terms of who participates in these meetings occurs across areas. The Area Director is, however, a consistent participant in these meetings.

- h. Quality assurance meetings with Area Supervisors related to Agency data/report findings.
- i. Presentations/trainings related to new tools/practices the Division may be considering.
- j. 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.

As reported in the 2010-2014 Child Family Services Plan, the Division and the Academic Partnership initiated multiple changes within the training system in response to the Agency’s transformational efforts and changing needs.

The goals of the 2015-2019 CFSP are designed to advance the improvement efforts initiated in the previous CFSP reporting period as well as implement new processes as indicated by Division goals and outcomes.

2015-2019 CFSP goals are incorporated in the appropriate sections of the DCFS Training Plan outlined below.

<p>Arkansas Academic Partnership in Public Child Welfare Competency Based Training Model</p>

The Academic Partnership uses a Field Trainer Competency Development Model to determine on-going skill development training plans for Field Trainers. These competencies were adapted from the National Association of Social Worker Standards for Social Work Practice in Child Welfare.

The 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 align with the identified competencies and can be located in the Field Trainer Manual-Chapter 10.

Academic Partners are also exploring non-traditional Partner collaborations 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.

2015-2019 CFSP	Academic Partnership Competency Based Training Model	
	Goal	Oversight
1.	Identify and recommend field trainer skill assessment	IVE Coordinators and Principal

2015-2019 CFSP	Academic Partnership Competency Based Training Model	
methodologies. <i>A workgroup has convened.</i>	Contract Administrators	
2. Develop and recommend a training process to address individual field trainer skill development	IVE Coordinators and Principal Contract Administrators	
3. Develop and implement online content management processes. <i>Current development work includes creating a Field Training Taxonomy to link IVE Allowable training topics to established FSW and FSW Supervisor competencies.</i>	UAF Training Development and Principal Contract Administrators	
4. Provide Field Trainer training on Advanced Practice Education (APE) requests for FSWs and Supervisors with one or more year of employment with the Division. <i>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.</i>	UAF Training Development	

Current New Staff Training (NST) Programs
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DCFS Family Service Workers (FSW), Family Service Worker Supervisors (FSWS) and Program Assistants (PA) are considered “new” for the first year of employment.

UALR/MidSouth develops and conducts New Staff Training (and related on-the-job [OJT] training activities) for Family Service Workers, and Family Service Worker Supervisors. Field Trainers provide one-on-one training connected to the established OJT activities for Family Service Workers and Family Service Worker Supervisors within the first six months of employment and then provide additional field training, as requested and/or determined by the Individual Training Plan development, the remaining six months of the first employment year.

The FSW curriculum is based on worker and supervisor competencies developed by the Institute for Human Services (IHS).

The New Staff Training curriculum (including applicable OJT activities) has been approved by the DCFS Executive Team.

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 OJT component at this time.

NST for Family Service Workers

When a new FSW is hired, s/he is scheduled for training within the first two to four weeks of employment. Classes are held at one of five Academies throughout the state, providing the new FSW closer access to both office and home.

New FSWs complete a one day CHRIS Orientation and Navigation training within the first 2 weeks of employment. Within two to six weeks following this, a new FSW then participates in

five days of classroom training, followed by five days of OJT activities for a period of ten weeks. This training structure is commonly known as a *5 Day On and 5 Day Off* format.

Supervisors assign the new FSW a FSW Mentor within the first week of employment. This “pairing” is a recent enhancement to the NST model intended to strengthen the training process for the new FSW-while helping retain experienced staff by providing transitional workload supports throughout the training process of another team member.

The sharing of [secondary] workload assignments with the FSW Mentor, gradually introduces families to the new FSW during field orientation and OJT activities. In other words, the FSW Mentor introduces the family to the new FSW, explains the shared casework responsibilities during the training process and helps the family adjust to working with the new FSW as the training cycle progresses.

The caseload responsibilities are based on the 5 Day On and 5 Day Off cycle. The FSW Mentor works with the family during the weeks the new FSW is in training and the new FSW works with the family (under supervision) during the OJT weeks-gradually assuming more responsibility as the training process continues.

The FSW Mentor model also includes meeting weekly at the beginning and end of OJT weeks with the supervisor. FSW Mentor and Field Trainer discuss any concerns related to case plan goals and to provide updates on completed and pending casework tasks for the next week in the training cycle.

The Field Trainer remains responsible for working directly with the new FSW on OJT activities and, as mentioned, participates in weekly supervisory meetings with the new FSW and FSW Mentor.

When scheduling delays the start of the formal classroom training cycle (5 Day On, 5 Day Off), the FSW Mentor, supervisor and Field Trainer supports help ensure relevant training experiences are still in place for the new FSW.

NST for Family Service Workers: Assessment and Evaluation Processes

MidSouth Academy trainers work with supervisors and/or Field Trainers to address any concerns they may observe during the initial NST training phase. Upon completion of the NST provided by MidSouth, the Academy Trainer, Field Trainer, FSW Supervisor and Family Service Worker develop an Individual Training Plan (ITP) using the 100 series of established FSW competencies as a baseline for planning.

The FSW Supervisor is primarily responsible for monitoring the successful completion (transfer of knowledge into practice) of the ITP goals and works directly with the assigned Field Trainer if additional training support is needed.

UALR/MidSouth conducts quarterly Individual Training and Needs Assessment Surveys for new FSWs and FSWS and provides quarterly Area specific reports to Area Directors and statewide quarterly reports to the Professional Development Unit.

UAF and sub-contracted Academic Partners also complete initial and post assessment surveys with FSWs and FSWS.

An annual Survey of Training Satisfaction Report based on feedback provided by new FSW and FSWS is also completed by UALR/MidSouth and provided to the PDU each March.

NST for Family Service Worker Supervisors

New DCFS Family Service Worker Supervisors (FSWS) are expected to complete the Departmental (DHS) four day Supervisor training (ideally) within the first month of employment and prior to attending additional supervisory training provided by UALR/MidSouth.

New Staff Training for FSWS maintains a focus on leadership skills within the context of child welfare and the administrative, educational, and supportive roles a supervisor plays.

The DHS Leadership Series focuses on:

- 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.

Low turnover rates within the DCFS supervisor population can create scheduling delays for the NST for FSWS. In an effort to provide structured child welfare related training support more quickly for newly promoted supervisors, a non-traditional three month New Supervisor OJT program has been implemented and is initiated by an assigned Field Trainer within the first two months of promotion.

A UALR/MidSouth CHRIS Trainer also contacts the new FSWS to provide a formal training on CHRIS reports (SUPER CHRIS course). The SUPER CHRIS training occurs prior to starting the three month OJT program.

Structured around Safety, Permanency and Well-Being, the OJT program uses the daily work of the supervisor to focus on using data, along with personal observations of performance, to coach and develop staff skills and best practices.

The program is “non-traditional” because it occurs *before* a new Supervisor attends the UALR/MidSouth New Supervisor training.

NST for Family Service Worker Supervisors: Assessment and Evaluation Processes

MidSouth Academy trainers develop an Individual Training Plan (ITP) with the Area Director and/or County Supervisors and Field Trainers upon the completion of the NST for FSWS. The baseline for the (ITP) uses the 500 series of established FSWS competencies as a baseline.

Current program evaluation tools for the New Supervisor OJT program 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 is also used to help further define preferred field trainer skill sets for working with supervisors.

The Division acknowledges the need to formally review and update the current evaluative processes used to assess effectiveness of training and learning transfer.

Identified areas for additional exploration include but are not limited to:

- 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 also meet monthly with the Assistant Director to discuss training system development and evaluation functions.

2015-2019 CFSP	New Staff Training Programs & Outcome Measures	
Goal	Oversight	
1. Continue post implementation efforts of 5 Day On and 5 Day Off training format.	Training Skills and Development Team	
2. Explore additional skill development activities for FSW Mentors who support new FSWs and/or stipend/non-stipend interns.	Training Skills and Development Team	
3. Update NST for Family Service Workers. Initial Planning Workgroup established June 2014-composed of FSW, FSW Supervisor, DCFS Administrative Staff and Academic Partners. Initial Workgroup Action Steps <ul style="list-style-type: none"> • Establish Area FSW competency review teams. • Determine the representative roles for membership on the Area review teams (next workgroup meeting on July 25th). • 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. 	Training Skills and Development Team	

2015-2019 CFSP	New Staff Training Programs & Outcome Measures	
Goal	Oversight	
<ul style="list-style-type: none"> • 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. 		
<p>4. Improve Promoted Supervisor OJT Program evaluation methodologies to better assess transfer of learning into supervisory practices.</p> <p>5. Define role of county supervisors and Area Directors in this process.</p> <p>6. Define role of supervising Academic Partners in this process.</p>	Training Skills and Development Team	
<p>7. Define additional training program components related to Program Assistant job functions and the supervision of the Program Assistant staff.</p>	DCFS Executive Staff and UALR/MidSouth	
<p>8. Define Mid/Upper Management Competencies.</p>	Training Skills and Development Team DCFS Executive Staff	
<p>9. Re-Design Training System Evaluation Methodologies</p>	Training Skills and Development Team DCFS Executive Staff	

**New Staff Training for Family Service Workers and Supervisors
Attendance/Exemption Procedures**

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 noted training needs.

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 notifies the Professional Development Unit (PDU) of the final approval status.

The Professional Development Unit notifies the Area Director and MidSouth Training Director of the final training exemption status.

Actual credit hours will not be awarded to an employee who is exempted from a mandated training topic.

If, after granting an exemption for training, the employee's skills are viewed as unacceptable, the employee will be required to attend the class for which exemption was awarded. Credit hours are awarded for completion of the training.

DCFS Family Service Workers returning to field work in Family Service Extra Help positions are not expected to attend the full New Staff Training series for FSWs. 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. When this does occur, the hiring DCFS Supervisor assesses the skills of the former Family Service Worker and bases his/her duty assignments on that person's assessed strengths.

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 are based on an incremental model and the FSW Mentor Model.

This model supports skill development in such a way the new FSW is more prepared to accept full caseload responsibilities at the completion of NST.

Supervisors 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. Experience and skill at time of hire.
4. Current number of completed training modules.
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.

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.

Area Directors and supervisors initiate continuing education training requests with MidSouth Academy 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/supervisor 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.

2015-2019 CFSP		Competency Based Training Model-Continuing Education	
Goal		Oversight	
1. Provide Supervisory training on Advanced Practice Education (APE) requests for FSWs and Supervisors with one or more year of employment with the Division. <i>The general goal for this training is to create collaborative skills sets among supervisors and Field Trainers who when requesting Advance Practice Education (Field Training) for staff.</i>		Training Skills and Development Team	
2. Update Learning Circle Facilitator Training-using feedback from supervisors who attended previous trainings.			
3. Identify additional supervisory training needs. 4. Identify available training resources to meet supervisory training needs.			

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.

The Division Permanency Planning team meets regularly to monitor and recommend program improvements related to recruitment, training and retention of resource family homes.

2015-2019 CFSP	Pre-Service Foster Parent Training	
Goal	Oversight	
1. Attend random PRIDE training sessions to increase understanding of participant needs.	Training Skills and Development Team	
2. Assess Division representation and messaging at PRIDE training sessions.	DCFS Permanency Planning Team	
3. Create a Resource Family training model fidelity measures.	DCFS Executive Staff	
4. Explore In-Service Resource Family Training Models.		

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 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.
- 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) initiates and maintains an Employee Training Record for all employees. Supervisors maintain a record of all attended training and include copies of attendance verification.
- Area Directors (or designee) enter all non-Partnership training attendance into CHRIS through the Training Toolbar function. Central Office supervisors (or designee) also enter employee’s non-Partnership training into CHRIS.
- Both MidSOUTH and the Academic Partnership 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/Non 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.

The PDU Training Coordinator conducts annual exit interviews with stipend and non-stipend interns each Fiscal Year. The purpose of these interviews is to assess the quality of the interns' experiences and to help further develop the DCFS Intern Program Management guide (implemented in FY 14).

Essential elements related to the initial implementation of the DCFS Intern Program Management Guide include but are not limited to:

- Developing and distributing the first version of the DCFS Intern Management Guide to Area Directors.
- Incorporating the use of the Realistic Job Preview in the recruitment efforts led by Academic Partners on campus.
- Aligning the DCFS Hiring Guidelines in the selection and approval of stipend intern 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.

University stipend student applicants first interview with the University IV-E Coordinator and/or designee 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.

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.

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

2015-2019 CFSP		Stipend/Non Stipend DCFS Intern Program Development	
Goal		Oversight	
1. Define DCFS Intern Program Evaluation components. 2. Research other University/DCFS Intern programs to help identify additional supportive structures 3. Update DCFS Intern Program Management Guide. 4. Implement Updated DCFS Intern Program.		DCFS Professional Development Training Skills and Development Team	

Master of Social Work (MSW) Educational Leave Program
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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.