

**ANNUAL PROGRESS AND SERVICE  
REPORT  
JUNE 30, 2015**

**Submitted to:**

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

**By:**

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Division of Children and Family Services

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## **ARKANSAS AT A GLANCE**

The overall population in Arkansas was estimated at 2,966,369 at the time of the U.S. Census in 2014 an increase of 1.7 percentage points from 2010. Children under five years of age comprised 6.5 percent of the population as of 2013, whereas 24 percent of the population was under the age of 18. 79.9 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 2013 the median household income was \$40,768 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 32,928 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 2, 859 families which involves 6,396 children. In addition, at the end of the SFY 2014 there were 4,106 children in foster care. This was a 4 percent increase from SFY 2013 timeframe. 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 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: Differential Response, Prevention Support, Child Protective Services, In Home Services (in development), Behavioral Health and Specialized Placement, Arkansas Creating Connections for Children (ARCCC), Foster Care, Adoptions, Transitional Services, Planning, Continuous Quality Improvement (CQI), Policy, and Professional Development. 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, Differential Response, In Home Services, and Vehicle Safety Program. The Assistant Director also supervises the Program Specialists managing the implementation of the functional assessment CANS/FAST as well as the program specialist supervising Team Decision Making

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

- 111-320 CAPTA Reauthorization Act of 2010  
Abandoned Infants Assistance Act
- 94-142 Handicapped Children Act
- 96-272 Adoption Assistance and Child Welfare Act of 1980
- Adoption Opportunities program
- 96-273 105-89 Adoption and Safe Families Act of 1997
- 110-351 Fostering Connections Act of 2008
- 113-183 Preventing Sex Trafficking and Strengthening Families Act

#### **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.

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 for previous Program Improvement Plans (PIP) and future 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 we intend to develop more. Our PIP and CFSP goals and objectives include many strategies that involve more partnerships and community involvement than ever before. It challenges us to improve in an area where we have had some success. Our goal is to open even more opportunities for our families as well as our own professional development. This would provide optimum accessibility and availability of services that are individualized to meet the individual need of families.

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

- **Administrative Office of the Courts**  
DCFS continues its partnership with the Court Improvement (CIP) 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.

The Director of DCFS continues 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.

Calls to judges are continuing. The Director has met with two of the new juvenile judges that just came on board at the beginning of the year. Information about the agency was shared with the judges along with specific information about their counties of jurisdiction. Some of the reports shared included:

- Annual Report Card
- Meta-Analysis for their respective area
- Child Protective Service report for their respective area
- Quality Service Peer Review report for their respective area
- IV-E Waiver Project template
- Practice Model
- Current newsletter
- IMPACT and accomplishments of the agency

In addition to sharing reports, the Director was able to share the agencies direction with them and to encourage open dialogue between the agency and the judicial side.

Judges are excited to receive the data and have been surprised at the data the agency has and how it is looking at data. Plans are to meet with the remaining 4 judges and share the information about their respective jurisdictions. Scheduling conflicts have prevented the meetings from occurring.

As a result of comments being made in the courtroom, information in the court documents along with frustration from staff of DCFS and OCC, the Director met with all three judges from Pulaski County to address/discuss the concerns from both sides. The meetings were productive and a lot of valuable information was obtained during these meetings. Some of the issues noted were quality of staff decision making, assessment of safety, court preparedness, concern with adoption parents (one judge is now requiring a psychological evaluation on all adoptive parents), drug use of parents and removing of

children, one judge's view that presence of a drug alone constitutes abuse, mistrust in area leadership, CANS instrument (judge had not seen the electronic version is ok now with tool). As a result, we have been able to address some of the issues and concerns as noted in the meetings. The Director has a follow up meeting with one of the judges in July to address several concerns from the agencies perspective.

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. The bulk of the issues were resolved and there is information flowing between the two agencies. The two agencies still remain in conflict over the sharing of contacts information. Upon the advice of legal, we are not able to share this level of detail with them and CHRIS does not have a way to redact information before printing. This continues to complicate the relationship between the two agencies.

DCFS planning staff and CQI staff have begun meeting with CIP Director to coordinate and prepare for the CFSR in 2016.

DCFS and the Administrative Office of the Courts also worked together diligently throughout the Arkansas 90<sup>th</sup> General Assembly, Regular Session 2015.

- **Arkansas Commission on Child Abuse, Rape, and Domestic Violence:**  
The Director of the Division of Children and Family Services is appointed to this commission. Serving as a commissioner allows the forum to share information related to issues/initiatives/concerns of the child welfare system and in turn allows the Division to hear what are the concerns and perspectives of other disciplines along with the community. Most importantly, it serves as an avenue for making connections and bolstering relationships with individuals who have a similar mission of protecting children and providing families with the necessary services and supports. The Commission is an integral partner in regards to legislation - current and proposed. The Commission meets on a quarterly basis. As a result of our partnership with them and with relationships developed, we have garnered their support in several situations involving foster care children. When we recently had two raids involving human trafficking, we were able to work with them to utilize a Child Safety Center as a central intake/assessment/triage point for potential human trafficking victims. Staff were on call and ready to go should we have needed their services over the weekend of the raids.

The Commission and its membership makeup is valuable to the state and to the child welfare system.

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 and the Child Welfare Allegations stakeholder workgroup. The Commission continues to license the web-based mandated reporter training through a partnership with the Center the Application of Information Technologies and Western Illinois University. Since May 1, 2012, 20,965 individuals have completed this self-paced online curriculum. The Child Abuse Project Coordinator provides in –person training and also refers training request to local Child Safety Centers.

The commission has continued a partnership with the Arkansas Educational Network (AETN) to revise and update a web-based mandated reporter training video for the on line professional development portal utilized by licensed educators. More than 31,00 participants have viewed the training over the last three years. Due to the success of the original video, the Arkansas Department of Education has agreed to allow an additional 2 hours of video production for the professional development portal on topics related to child maltreatment.

A member of the Commission also serves on the DCFS Advocacy Council.

- **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 suggestions in areas they have identified where DCFS could improve practice or protocols. The panels work with the local County Offices to coordinate which cases they will review and ensure DCFS is represented at the meetings. The DCFS CRP Coordinator attended the National Citizen Review Panel Conference in Portland, OR in May 2015. The conference provided a national perspective for the operation of other CRP's.

- **Arkansas Association for Infant Mental Health (AAIMH) Policy Committee:**

The Arkansas Association for Infant Mental Health (AAIMH) entered into a merger with the former Social-Emotional Workgroup (SEW), which was a component of the Arkansas Early Childhood Comprehensive Systems (AECCS) Initiative. The merger involved including members of the former SEW to create a policy committee that will continue support for Arkansas' Strategic Plan for Early Childhood Mental Health that was drafted by the SEW. DCFS is represented on the AAIMH Policy Committee by the DCFS System of Care Director and other members of DCFS are also invited to attend monthly meetings.

One of the goals of the Early Childhood Mental Health Strategic Plan is for younger children and their families to be fully represented in cross-systems initiatives to support mental health. In line with this goal, DCFS provides follow-up information that is provided in the policy committee meetings to DCFS Area Directors with the intent of the information being disseminated to county level supervisors and staff. Also, DCFS provides scholarship opportunities for staff to attend the Annual AAIMH Bright Futures Begin Early Conference that is held in Little Rock. At the conference, DCFS field staff network with infant mental health providers and establish contacts for future

collaboration. Topics are presented to staff to assist with providing best practice for infants in foster care. Past topics presented include maternal depression and identifying infant behavior in relation to trauma.

In January 2015, the AAIMH Policy Committee accepted the time-limited responsibility for its members to serve in the role as the Project LAUNCH State Wellness Council. Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a 5 year grant that has been awarded to the DHS DBHS and the University of AR for Medical Sciences to improve system collaboration and health outcomes for children ages 0-8. Mississippi County is the pilot county for the project and DCFS is a collaborative partner at both the local and state levels.

An initial activity of the grant has been to identify gaps in parenting services for young children and families in Arkansas. DCFS provided input from multiple staff concerning available services throughout the state.

The Director was asked to participate on a panel during their 5th annual conference entitled "Bright Futures Begin Early". Their keynote speaker was Dr. Deborah Perry from the Georgetown University Center for Child and Human Development. Her message was Integrating Infant Mental Health into Early Childhood Systems.

As a companion to this keynote address, they wanted to have a discussion with state-level leaders about opportunities here in Arkansas to infuse supports for early childhood mental health into our key child serving systems. We were asked to highlight the current initiatives of our agency which are designed to support the social-emotional health of our youngest children, and address areas of opportunity we may see here in Arkansas.

- **Division of Behavioral Health Services (DBHS):**

DCFS collaborates closely with DBHS to advocate for foster children and youth in the planning process for behavioral health services. DCFS is participated on an expert panel to review results of the assessment instrument that would determine level of services approved by Medicaid for clients. This project was discontinued along with plans for a 1915 Medicaid Waiver. DCFS will be working with DBHS as new initiatives are brought forward to address and improve mental health services for children and youth.

DCFS continues to collaborate with the DBHS in regarding substance abuse services for our clients in the past fiscal year. DCFS obtained funding for substance abuse services for our clients. DBHS was consulted in the development of the Promulgation process to insure that the terminology and service descriptions were consistent. DCFS also required that contracted providers for DCFS were also certified and funded through DBHS. These efforts insure that DBHS and DCFS do not have conflicting expectations and requirements for our substance abuse providers.

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. DCFS supports and utilized the SOC process through established contractual performance indicators for Intensive Family Services (IFS) that requires our providers to refer all youth who have a serious emotional disturbance (SED) to SOC for wraparound services.

**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. This toolkit was featured by Zero To Three’s 2015 updated policy brief, *A Place to Get Started: Innovation in Infant and Toddler State Policies*.

Project PLAY matches early childhood mental consultants with early care and education providers in Arkansas. Services are free and offer innovative techniques proven to positively impact the social and emotional development of children. It 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 foster care.

Project PLAY has educated DCFS family services workers, foster parents, courts, and CASA volunteers on the importance high quality, stable child care. The project provides materials to be used by child care providers, such as a brief that provides teachers information on children who have experienced trauma, including classroom strategies to support their social-emotional development. A Child Care and Child Welfare Partnership Toolkit that includes an Information Exchange Guide to “jump-start” the sharing of information between child care provider and family service worker was developed and given to the family service worker that has a child participating in the project.

The DCFS SOC Director is the liaison to for Project PLAY and is consulted to facilitate communication and collaboration between mental health consultants, child care facilities and DCFS family services workers whenever needed. There have been cases when DCFS staff was not familiar with Project PLAY and the need for orientation of the project was merited. In each situation, once an explanation about expectations was explained, all involved parted worked successfully in the best interest of the child.

- **CASSP (Child and Adolescent Service System Program):** The Child and Adolescent Service System Program (CASSP), which is the foundation by which the AR System of Care (SOC) is designed, focuses on interagency collaboration for the needs of seriously emotionally disturbed (SED) children. Children involved with DCFS are a priority population for CASSP/SOC. Wraparound is the method used to achieve positive outcomes for children involved in CASSP/SOC and children within foster care often are eligible to participate.

DCFS is represented at the statewide CASSP Coordinating Council (the Council) by the DCFS System of Care Director and when matters are discussed that involve the child welfare system, they are brought to the attention of the DCFS Mental Health Specialist. Oftentimes that information is then distributed to direct services staff for follow-up. For example, a report generated by the DHS Division of Behavioral Health Services indicated that DCFS involvement at local CASSP and SOC meetings had experienced a decrease. Understanding the importance of DCFS to be involved in community level information exchange settings, the DCFS SOC Director met during the monthly DCFS Area Directors meeting to discuss these findings. After the meeting, a list of CASSP and SOC contacts was given to DCFS staff. Additionally, the SOC Director provided a listing of current county supervisor contacts for CASSP/SOC providers in the state and instructed them to invite the Area Director in addition to the caseworkers or supervisors to their local meetings. The SOC Director is monitoring to see if an increase in attendance will be the result.

- **Therapeutic Foster Care:** To provide therapeutic foster care services (TFC) in family homes for children who have emotional, behavioral or physical problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential treatment program for clients or youth statewide in the custody of the Department of Human Services (DHS), Division of Children and Family Services (DCFS).

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.

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.

Beginning July 1, 2015, mental health services must be provided by clinicians licensed in the State of Arkansas and must be direct employees of the Therapeutic Foster Care program. The Therapeutic Foster Care provider must have the ability to provide crisis intervention, individual, group and family therapy at the frequency and intensity necessary to meet the needs of the client to maintain stable placement in the community. Provision of more intensive services such as day treatment is optimal but not a required component of the array of services that must be provided directly by the Therapeutic Foster Care provider. Although a majority of the TFC providers already employed their own therapist, this requirement is designed to increase the consistency and quality of behavioral health services that our youth are provided while in TFC. The Therapeutic Foster Care provider must be able to submit a report of clinical services provided for each client as requested by the Division of Children and Family Services. Trauma informed services has been discussed with all TFC provider in an annual meeting. All TFC providers have been informed that within the next year, requirements will be written in performance indicators for therapists to be certified in Trauma Focused – Cognitive Behavioral Therapy (TF-CBT ) or have documented expertise in the provision of evidence-based treatment approaches for trauma issues.

- **Arkansas Behavioral Health Planning Advisory Councils (ABHPAC):** is a defined entity through the Federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration (HHS SAMHSA) and is comprised of consumers of behavior health services, family members, behavioral health professions and stakeholders within a state that receives SAMHSA Block Grant funding. The DHS Division of Behavioral Health Services is the lead agency for the ABHPAC. DCFS is a required partner with this group and the DCFS SOC Director attends on behalf of child welfare. Meetings occur quarterly and there is an annual retreat. The current emphasis has been in the area of peer-led groups and peer support partners. Although the group has a dedicated membership of long-standing members, it has also experienced multiple changes in leadership, which has affected consistent collaboration efforts outside of the behavioral health system to occur.
- **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 Developmental 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. 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 Specialized Placement Unit (SPU) manager works closely with the Division’s three DDS contract providers on case specific matters involving youth with very complex issues. These providers provide placement as well as case management services for youth who have had multiple placement disruptions, severe emotional and mental health problems as well as developmental disabilities.

**Division of Developmental Disabilities (DDS)-First Connections Part C:** Regarding children who are at risk for developmental delay, appropriate early intervention services are required. DCFS has partnered with DDS to strengthen policy and practice related to the CAPTA requirement to refer all children under the age of three when an investigation is initiated and is required for children under age 3 in substantiated cases 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.” The DCFS Part C liaison also works to educate staff statewide regarding DCFS policies & procedures for early intervention referrals and services.

- **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.
- **The DCFS External Child Death Review Committee:** The External Review Committee was formed to conduct a review of child fatalities occurring on active DCFS cases or a case that had been active within 12 months of the fatality. These external reviews provide the Division and other stakeholders involved with child serving systems with an additional opportunity to collaboratively review the facts surrounding the fatality and accurately assess child deaths, work to improve systemic issues, address public health concerns, and make recommendations to improve practice and work together as a system to prevent future child fatalities.
- **The Arkansas Infant and Child Death Review Program:** The Arkansas Infant and Child Death Review Program is administered by the Department of Pediatrics of the University of Arkansas for Medical Services and Arkansas Children’s Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch. The mission of the Infant and Child Death Review Program is to improve the response to

infant and child fatalities, provide accurate information as to how and why AR children are dying, and make recommendations to reduce the number of preventable infant and child deaths in Arkansas. The Program has trained multidisciplinary, local level teams across the state to conduct legislatively required reviews of all unexpected infant and child deaths in AR. To date, there are eight active local level review teams that review infant and child deaths covering 40 counties. All child fatalities meeting the local child death review team's criteria are entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams are submitted to the Arkansas Child Death Review Program for follow up and implementation. The DCFS Director and CPS manager serve as members of this committee; the committee meets quarterly to discuss the implementation of the local team's recommendations. The DCFS Area Directors serve as core team members of the review teams in their areas.

- **The Arkansas Infant Mortality (AIM) Team:** This team was formed in 2014, to exclusively review deaths of infants under the age of one in counties not covered by local Infant Child Death Review Teams, allowing 100% of eligible infant deaths in the state to be reviewed. The DCFS CPS manager serves as a core member of the AIM's team. As a core member, the manager serves as a liaison between the agency and the AIM's team and provides the case information for families with active or prior DCFS involvement.
- **Children of Arkansas Loved for a Lifetime (CALL):** The 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 1,000 foster and adoptive families.

The CALL has created a county-based/statewide oversight model that has been replicated in 31 counties. These counties are: Pulaski, Lonoke/Prairie, Faulkner/Conway, Jefferson, Northwest, AR (Benton, Washington, Madison, and Carroll), Johnson, Franklin, Sebastian/Crawford, Izard/Sharp/Fulton, Baxter, Boone, Independence, Saline/Perry, Arkansas, Cleburne, Van Buren, Pope, Columbia, Union, Ouachita, and Clark. There are more counties which are working toward launch of the CALL; Miller, Polk, Drew, Hempstead, and Marion counties. We expect these counties to be launched in SFY 2015.

The CALL supports 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 the second annual "Hope Conference" in February 2015. This one day conference was attended by both CALL-recruited families and DCFS-recruited families. Workshops included: Attachment, Caring for Children with different behaviors,

Connecting while correcting, Parenting children from hard places, and Adoption from the Inside out.

The CALL co-hosted a “Walk for the Waiting” in 2015 where over 800 people attended. This was to raise funds to support the continued services of this organization and others. In the partnership, the main goal is to recruit enough quality resource families that DCFS would have the ability to select the most appropriate placements for children in foster care.

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. As noted in last year’s report, 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.

Subsequent quarterly meeting agenda items over the last year included:

- Thresholds for advocacy council involvement
- DCFS Budget – What’s in it?
- DCFS Budget – How can you help?
- Review and discussion of Annual Report Card
- Review and discussion of Quarterly Performance Reports
- Review and discussion of Garrett’s Law summary report
- Sharing of permanency video – Shane’s story
- Presentation by the Crimes Against Children’s Division
- Participation in the Child Abuse Prevention Rally held on the Capitol steps

- Discussions on child welfare issues and child welfare in AR – discussion was facilitated by Paul Vincent
- Policy discussion and feedback regarding approval requirements for foster and adoptive parents
- Presentation by our federal partners – 3<sup>rd</sup> round of CFSR and transparency of and use of data by the agency
- Adoption special report

*In December 2014 the agenda included a discussion of the data measures which DCFS anticipates engaging in a PIP after the 2016 CFSR.*

The council continues to be an asset to the agency. Their level of understanding the complexities of the agency continues to grow coupled with their suggestions and comments and their connections make them so valuable to the agency. This council is very participatory and all council members gives feedback related to the discussion.

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

The Youth Advisory Board is the voice of the rest of the youth in foster care throughout the state of Arkansas. A monthly meeting is held once a month to discuss issues that may happen in their Areas. Life skills classes are held each month in each Area to give the youth that are not a part of the Youth Advisory Board a chance to express what’s going on in their Area/Placement at the time. Each Area holds a night that is specifically for the YAB member of that Area to speak to the youth and the youth speaks back to them about different issues, and from there, the YAB member brings that issue to the state YAB meeting held in Little Rock and discuss ways to help/or come up with a solution to the problem.

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. A Safe Babies Court Team also launched in Lonoke County in September 2014. The Arkansas Safe Babies Court Team projects were also noted in Zero To Three's 2015 updated policy brief, *A Place to Get Started: Innovation in Infant and Toddler State Policies*.

A group from the Arkansas Safe Babies Court Teams, including a DCFS representative, also traveled to Washington, D.C. in April 2015 for the Quality Improvement Center for Research-Based Infant-Toddler Court Teams Sustainability Meeting. The Arkansas team served on a panel to share their successes, challenges, and lessons learned over the years with newly formed Safe Babies Court Teams in six other states as well as a new team for the Eastern Band of Cherokee Indians, North Carolina.

- **Children Trust Fund:** We believe our support of programs and initiatives that promote positive parenting practices and encourage strong, healthy families will ensure a brighter future for all Arkansans. The Arkansas Children's Trust Fund provides a permanent funding source for the prevention of child abuse in Arkansas. Collected funds are disbursed in the form of grants to organizations or individuals that operate programs with a proven child abuse prevention component.
- **Psychiatric Hospitals and Residential Facilities:** The Behavioral Health Unit provides technical assistance to psychiatric hospitals and facilities where foster children receive acute care and residential services. A weekly report is received from the Medicaid utilization review contractor that gives data on all foster children admitted to acute care or psychiatric residential services. Any trends or DCFS practice issues noted with a specific facility are addressed through with the assigned field staff and supervisors.

The program specialist in the behavioral health unit continues to attend utilization reviews at the Arkansas State Hospital (ASH) to gather information to improve DCFS's FSW's case management best practice and insure DCFS is highly involved in the treatment process. If problems are noted, FSW's are given direction and support. As a result of DCFS attending the reviews, increased quality & quantity of involvement by case workers has been noted by ASH administration. In addition to attending reviews at ASH, the program specialist continues to treatment team meetings at United Methodist Behavioral Health Hospital. Communication between FSW's and the facility has improved according UMBH. Workers are responding to emails and participating more in staffing.

An annual meeting is scheduled for June, 2015 with contracted and Medicaid residential facilities to improve communication, service provision, and coordination between agencies.

- **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. Whenever barrier or issues arise that impacts client in the child welfare system, the mental health specialist coordinates an intervention and response to either client-specific or systemic issues.
- **Partners for Inclusive Communities:** This is one of the main collaborative partners from the beginning of the Fetal Alcohol Spectrum Disorder FASD program. Partners' associates are active members of FASD task force. They support the program by providing technical assistance on difficult cases and consulting on IEP planning for students receiving special education services. Partners' also hosts' family support group meetings once a month 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. Partners' 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.
- **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.
- **Judicial Leadership Team:** is a collaborative effort started by Judge Joyce Williams Warren of Pulaski County Juvenile Court to facilitate communication between the court, DCFS, CASA, OCC, ZTT, AAL's and Parent Council. 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 Safe Babies Court Team, Arkansas Department of Health, March of Dimes, Arkansas Association of Infant Mental Health, and Adoptive /Parent Representatives. 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, facilitating the request for the Governor’s proclamation every September, passing warning sign legislation in Arkansas, supporting the FASD medical luncheon hosted by group members of the Zero to Three Court Team program, and supporting and promoting the FASD yearly conference. The Task Force has now formed a Board of Directors with prospects of submitting paperwork to establish itself as an official non-profit organization. The FASD Family Service Worker does not hold any office within the Taskforce, but has continued to meet monthly with the Taskforce to collaborate on the above mentioned tasks. The Taskforce continues to advocate for children in the state of Arkansas and has been instrumental in providing insight on services needed for children 0-18 years of age who have pre-natal alcohol exposure.
  
- **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 three times 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. Whenever possible youth have been attending the staffing, which gives them an opportunity to provide direct input regarding their case plan. An older foster youth now participates as a member of the Interdivisional Committee.

- **Emergency Shelters:** The annual emergency shelter meeting was held in June 2015. The purpose of this meeting is to promote better communication, identify problem

issues or barriers, share data on practice issues and improve the quality of services and collaboration. Practice issues discussed included development of better communication between the family service workers and the shelters, as well as with the child. A presentation was given related to the new federal rule from federal Public Law 113-183, the Reasonable and Prudent Parent Standard and expectations for compliance on the part of providers and implications for changes in practice standards. The primary issues discussed were related to responsibility for the child's safety and at the same time allowing that child the same freedoms and activities that children who are not in foster care have. Institutional culture within some providers will need to be addressed as we strive to meet the expectations of this standard. Quarterly conference calls will be held to maintain better communication and address issues on a timely basis.

- **Arkansas Fatherhood and Family Initiative-FEEL-Fathers Engaged and Empowered to Learn:** The 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 grant funded and newly formed in 2014 and has begun outreach by creating the “fatherhood buzz”. This initiative is partnering with the National Fatherhood Initiative. The Arkansas Fatherhood and Family Initiative Coalition meets monthly and is comprised of the following organizations: Arkansas Early Head Start, Arkansas Department of Education, Arkansas Department of Human Services including DCFS, 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. This coalition held its’ statewide kickoff November 2014 at the State Capital to inform the people of Arkansas of its’ vision and mission. This coalition is in the process of forming a mentorship program known as “Fantastic Fathers”, which will allow fathers to receive structured guidance and support from their peers. This coalition has a newly formed partnership with Coach Sidney Moncrief, who is now providing free statewide trainings to fathers. DCFS will be utilizing this Initiative to provide additional resources to families we serve.
- **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 that was signed on February 26, 2014. 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 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. The task force concluded the hearings and submitted a report detailing their recommendations to the Governor, the Speaker of the House of Representative, the President Pro Tempore of the Senate and the State Board of Education in September of 2014. Members of the task force include representatives from government, law enforcement, child advocacy agencies, medical professionals, educators and other professionals. The DCFS Director or designee served as a member of the taskforce.
- **Geographic Information Systems Lab, University of Arkansas at Little Rock:** Upon receipt of the diligent recruitment grant, DCFS began partnering the GIS Laboratory at UALR to develop a geospatial mapping website to be used in the recruitment of resource families. The use of GIS in determining recruitment needs will improve decision-making by analyzing spatial relationships that describe the interaction among people, family, community and environment. Arkansas will use geospatial mapping to visualize the placement of children and their proximity to family, recruit foster parents in specific locations and display community resources and services. GIS technology is an excellent tool for this approach, primarily because it will allow agency staff to gain a better understanding of where agency resources and staff should be allocated—to address the goals of our general, targeted and child-specific recruitment efforts.
- **Arkansas Strengthening Families Initiative:** The Strengthening Families Initiative originated from the *Center for the Study of Social Policy*, and is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five Protective Factors that also promote healthy outcomes. Those five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. The FASD Specialist has joined the leadership team in efforts to strengthen collaborations with DCFS and the Strengthening Families Initiative. This team meets periodically throughout the year to discuss action steps to continue to promote healthy outcomes for families within the state of Arkansas.
- **Arkansas Career Education/ Arkansas Rehabilitation Services:** To achieve its mission of preparing Arkansans with disabilities to work and lead productive and independent lives, Arkansas Rehabilitation Services (ARS) provides a variety of training and career preparation programs. ARS is funded through a federal and state partnership with federal funding from the Rehabilitation Services Administration of the U.S. Department of Education comprising nearly 80 percent of the budget. Services include career and technical education and training, transition from school to work or

postsecondary education, on-the-job training, and ancillary support services that clients may need for successful employment. Vocational rehabilitation (VR) services include the following:

- Diagnosis and evaluation of capacities and limitations
- Guidance and counseling
- Career and technical education
- Job placement
- Physical and cognitive restorative services
- Assistive technology
- Residential career training facility and hospital
- Transition services for high school students (youth 14 and older) with disabilities who are moving from high school to further education or work
- Scholarships and leadership programs for students with disabilities
- Financial assistance to kidney transplant recipients
- Community rehabilitation programs
- Supported employment services
- Supported housing

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

### **Service Descriptions: Status for FY 2015**

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

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.

The Division offers several intervention and treatment services to children and families, including but not limited to: Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Respite Care, and Counseling to safely maintain children in their own home.

### **SFY 2015 Contracts**

- Counseling Associates, INC. – Areas 3 & 5
- 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

### **SFY 2016 Contracts**

- Housley Counseling – Area 1
- Counseling Associates, INC. – Areas 2, 3 & 5
- HLH consultants, LLC – Areas 6 & 7
- Life Strategies Counseling, INC. – Areas 8 & 9
- Southern Counseling Services – Areas 7, 8, 9 & 10

Adoption and foster home approval activities

- Training for DCFS staff, prospective adoptive and foster parents, and current/active adoptive and foster parents

Additional Adoption Promotion and Support Services include:

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

### **Purchased Services Decision Making Process: Overview**

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

- In the technical section, the respondents must demonstrate how they are able to effectively and efficiently deliver the service.
- Respondents operate community based businesses, serving designated client populations. Moreover, they must be listed as being in good standing with the Secretary of State's office.

### **Child Welfare programs supporting the services and supports in the field:**

- **Differential Response**: Differential Response (DR) is a family engagement approach that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. The goals of Differential Response are to prevent removal from the home and strengthen the families involved. As with investigations, Differential Response is

initiated through accepted Child Abuse Hotline reports and focuses on the safety and well-being of the child and promotes permanency. Having two different response options in the child welfare system recognizes that there are variations in the severity of the reported maltreatment and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child neglect.

- **Prevention/Support:** The Division primarily manages prevention/support through community based contracts, communication strategies, and opportunities for families to request voluntary or Supportive Services.
- **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
- **In Home:** Arkansas added an In Home Services Unit which currently consists of one staff member who began work May 11, 2015. The unit will review policy surrounding Protective Services Cases and submit recommendations for revisions in the policy. A workgroup will begin in the summer of 2015 to help shape and develop the policy and function of the In Home Unit. Development of case review tools and CHRIS reports will also guide the unit. The In Home Unit will review Protective Services Cases throughout the state and begin shadowing/coaching staff to help improve practice of field staff.
- **Behavioral Health Unit:** Provides placement support services and technical assistance to the local field staff in ensuring appropriate placements are available for children and youth in foster care. The unit provides programmatic oversight to best practices and challenges around placement providers for youth with special or behavioral needs. This unit manages many of the placement contracts as well as the TFC and DDS programs.
- **ARCCC Arkansas's Creating Connections for Children (ARCCC):** is the foster and adoptive home recruitment, retention, and volunteer services program. ARCCC is identified for both the IV-E Waiver and Diligent Recruitment Grant. DCFS has implemented a targeted recruitment program statewide. The goal of the ARCCC is to recruit and support a pool of available resources for families in the highest need communities to serve the population most in need.
- **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.

The foster care unit also manages the Subsidized Guardianship Program. It is 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 seven 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.

- **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.
- **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.

- **Planning:** The Planning unit is responsible for broad base programmatic planning for the Continuous Quality Improvement (CQI) of the child welfare system. Activities may include the assessment of effectiveness of any program, procedure, or process related to ensuring the safety, permanency, and well-being of children in the child welfare system. There is a focus on strategic planning and utilization of implementation science for sustaining best practices. This unit is responsible for the data collection and reporting on the Child and Services 5 year plan, CAPTA, IV-E state plans and amendments as well as the IV-E Demonstration waiver. It also would be responsible for implementation oversight and reporting of any Program Improvement Plan development as a result of a Child and Family Services Review
- **Continuous Quality Improvement (CQI):** The Service Quality and Practice Improvement Unit is responsible for DCFS' case review process, Quality Services Peer Reviews. QSPRs are monitoring tools used to evaluate the quality of the child welfare system in Arkansas. The QSPR process utilizes the federal Child and Family Services Review (CFSR) onsite review instrument and, as such, also focuses on safety, permanency, and well-being outcomes for children and families. The SQPI Unit employs an annual two-pronged process for conducting QSPRs in each service area. The first part of the review process involves formal case reviews; including evaluations of the Children's Reporting Information System (CHRIS) records and physical case files as well as interviews with individuals pertinent to the cases. Following each review, a report is generated to convey the results and identify successes as well as areas needing improvement. Each Area is encouraged to develop a practice improvement plan relating to the two issues on which the Area scored lowest, unless the Area passed all issues. During the second portion of the review process, reviewers provide coaching to caseworkers and supervisors in order to not only ensure compliance with all federal and state regulations, but also to help staff employ best practices in accordance with the Arkansas Practice Model. Additionally, the manager of the SQPI Unit and the managers of the Quality Assurance and Child Protective Services Units facilitate meetings with the area directors and all supervisors from each service area following their QSPR along with other key members of the Division's executive team to discuss the Area's performance. In addition to the results from the QSPRs, these meetings include discussions surrounding each Area's meta-analysis and investigative reviews report to produce a comprehensive, area-wide examination. All three review/reporting processes are aligned so that each service area receive all three reports at the same time to better inform decision-making using data.
- **Policy:** The DCFS policy unit has responsibility for developing, revising, promulgating, and distributing DCFS policies, procedures, publications and forms. Various federal and

state laws govern DCFS which requires the monitoring, updating, and developing rules and regulations to maintain compliance with these laws.

- **Professional Development Unit:** The PDU develops and monitors the contracts with MidSOUTH Academy to ensure all staff receives training necessary to perform their job responsibilities. PDU also develops and monitors the contracts with the IV-E partnership on a variety of training that are available to enhance the skill sets and allow staff to professionally develop to improve practices with children and families. The PDU Manager also maintains and updates the training plan required as a part of IV-E & IV-B.

## DCFS STRATEGIC PLAN

**GOALS:**

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

**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**

|  |         |   |  |
|--|---------|---|--|
| Meet with DHS Recruitment to determine what specific recruitment the unit does for DCFS. | 6/30/15 | <b>DIRECTOR</b> -DCFS Director met with the Director with DHS Recruitment on July 11, 2014. A lot of great information was obtained during this meeting. There are a lot of recruitment activities that occur that were not known by the agency director.   |  |
| Meet with University Partners to determine what their role is regarding recruitment.     | 6/30/15 | <b>PROFESSIONAL DEVELOPMENT UNIT (PDU)</b> - The Professional Development Unit has finalized the Internship Program Management Guide which, among other items, clearly outlines the University Partnership’s role in recruitment of stipend and non-stipend interns. The Internship Program Management Guide will be shared with the entire Partnership at the July 2015 Quarterly Partnership Meeting as well as with all DCFS Supervisors at the July 2015 Quarterly DCFS Supervisor Meeting. |  |
| Analyze current recruitment methods and identify areas for improvement                   | 6/30/15 | <b>DIRECTOR</b> - During the meeting with DHS recruitment Director on July 11, 2014, a number of recruitment methods were discussed. Information was shared regarding the difficulties DCFS staff were encountering and solutions were addressed  |  |

|  |             | with DHS Recruitment.<br><b>COMMUNITY SERVICES (CS)-</b> County Supervisors and Area Directors report any hiring/personnel issues in their monthly reports. It has been reported there continues to be a lack of quality applicants on some counties hiring register. Issues and concerns from the field staff are relayed to the DCFS HR Manager  |                 |
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| Develop a comprehensive recruitment plan with targets and timelines  | 6/30/15     | <b>DIRECTOR-</b> This has not been done due to financial limitations. The authorization of positions to be filled has been based on an analysis of all staffing needs across the state and then those needs are prioritized and then assessed with the financial position of the agency.   |                 |
| <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>❖ <i>Safely reducing the number of children entering foster care</i></li> <li>❖ <i>Increase placement stability</i></li> <li>❖ <i>Expedite permanency for children in foster care</i></li> </ul> <p><b>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.</b></p> <p><b>OUTCOME: INCREASE THE % OF SERVICES AND SUPPORTS AVAILABLE IN COMMUNITY TO MEET NEEDS OF CHILDREN AND FAMILIES</b></p> |             |  |                 |
| FIRST YEAR   | TARGET DATE | STATUS ACCOMPLISHMENT/PROGRESS   | REVISION NEEDED |
| Define high quality, community based, evidence-informed and evidence-based programs for child welfare population   | 6/30/15     | Defined in DCFS Director Vision<br><b>BEHAVIORAL HEALTH UNIT-</b> In June 2015, DCFS Behavioral Health Unit met with each contract provider group, including emergency shelters, residential, therapeutic foster care, counseling, acute and residential psychiatric programs and intensive family services. Trauma-informed care was emphasized with encouragement for each provider to include evidenced-based practices. Providers will be given the opportunity to provide input during quarterly conference calls on the development of contract performance indicators related to ensuring these evidence-based practices are implemented. Contracts will be amended to include trauma-informed care requirements by July, 2016. |                 |
| Establish a formal mechanism for reporting non-performance of service  | 6/30/15     | <b>CS-</b> County Supervisors and Area Directors report non-performance problems to the  |                 |

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| <p>providers including feedback loops</p>   |                | <p>Community Services Assistant Director via email and their monthly reports. These problems are reported to the DCFS Director, CFO, and Behavioral Health Manager</p> <p>The Behavioral Health Manager takes the lead when problems are reported. There are times when the BH Manger notifies the Area Directors there will be a meeting with the provider and the AD's are invited to attend. The Community Serves Assistant Director asks the BH Manger about the outcomes of the non-performance that is reported and will then in turn notify the AD of the outcome. For example, Area 3 AD reported an issue with their contracted home study provider. The provider was subsequently fired and that AD was involved and received updates throughout the process. Last week, the Area Directors were invited to attend a meeting with a provider where problems had been reported.</p> <p><b>BEHAVIORAL HEALTH UNIT</b>-Monthly reports formats for contracted providers have been revised to include specific data to address key performance indicators. This will provide more consistent data within provider types to enable DCFS to determine variations in practice and outcomes. For SFY 2016, specific best practices indicators have been established and CHRIS reports will be obtained to track outcomes. Examples of this monitoring are the number of youth discharged from services to higher levels of care and number of unplanned discharges from programs.</p> |  |
| <p>Develop a protocol for addressing non-performance service providers when reported.</p> | <p>6/30/15</p> | <p><b>CS-</b> Community Services Assistant Director gathers information from the field staff to provide to the Manager of the Mental Health programs when non-performance of a service provider is reported.</p> <p><b>BEHAVIORAL HEALTH UNIT-</b> Trends and issues will be discussed in quarterly conference calls with providers with continued monitoring and technical assistance with individual providers that fall below expectations. Annual meetings with all provider types were established in 2015, with quarterly conference calls scheduled for SFY 2016. Previously, most non-performance issues were addressed with individual providers, when non-performance was identified. This approach allows for DCFS to track more systemic performance</p>  |  |

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|  |         | issues and address before individual problematic outcomes are known. DCFS will continue to address non-performance reports with individual providers when reported. If issues appear to be consistently problematic with a specific provider, site visits and audits will occur.   |  |
| <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>❖ <i>Safely reducing the number of children entering foster care</i></li> <li>❖ <i>Increase placement stability</i></li> <li>❖ <i>Expedite permanency for children in foster care</i></li> </ul> <p><b>OBJECTIVE 3: DCFS will increase the number of high-quality, accessible and appropriate resource family homes statewide by (67%) by June 30, 2017.</b></p> <p><b>OUTCOME: % INCREASE AND AVAILABLE RESOURCE FAMILIES TO CARE FOR CHILDREN IN FOSTER CARE.</b></p> <p><b>% INCREASE IN THE RETENTION OF RESOURCE FAMILIES</b></p> |         |  |  |
| Establish the Statewide Recruitment and Retention of Resource Family Homes Stakeholder Workgroup   | 6/30/15 | <p><b>ARCCC</b>-The Workgroup has not been established at this time. However DCFS will accomplish this goal with the support of the National Resource Center for Diligent Recruitment (NRCDR) Technical Assistants. The initial Technical Assistance meeting was held on April 23, 2015. The next upcoming meeting with NRCDR to review Arkansas DCFS system will be on June 29, 2015. This meeting will allow for DCFS to take sustainable steps in identifying the appropriate participants of the ARCCC statewide recruitment workgroup.</p> <p><b>FOSTER CARE (FC)</b>- This workgroup was established and met only a couple of times this year due to the challenges around hiring staff for the grant and the intervention. This workgroup was primarily composed of internal staff. DCFS leadership has met and determined that a new workgroup needs to be identified to align with the work plan activities and to have a systemic level workgroup and then based on the ARCCC approach, the CES will develop and convene area, county, community, or neighborhood workgroups depending on what is assessed to be needed or most effective.</p> |  |
| Implement the Family to Family approach for recruitment, development, and retention of resource  | 6/30/15 | <p><b>ARCCC</b>-DCFS is in the early stage of implementing the Family to Family model. The Family to Family model approach for Arkansas has been identified as Arkansas Creating Connections for Children</p>  |  |

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| <p>family homes.</p> |  | <p>(ARCCC) program. DCFS has hired a Program Manager who is in the early stages of developing the ARCCC program. The ARCCC program is funded by DCFS receiving the Diligent Recruitment Grant in which targeted populations of children in foster care have been identified to recruit quality resource families for children in foster care. The Diligent Recruitment Grant allowed DCFS To hire four employees who will focus solely on building community partnerships, recruitment of resource families and supports to retain resource families. These employees have begun establishing relationships with individuals, businesses, and organizations in their services areas to recruit more resource families. In addition to these employees, DCFS has a lead employee who monitors the Diligent Recruitment Grant cooperative agreement and work plan as it aligns to the way employees (Community Engagement Specialists) do their work in regards to recruitment of quality resource families and supports to retain them. DCFS also has six employees who focus on recruitment in the service areas governed by the IV-E Waiver Demonstration Grant. These employees are also identifying the characteristics of children in care within their services areas to recruit for quality resource families. The Program Manager initiated ARCCC Orientations on April 24, 2015. As a result the Family to Family model approach has been implemented by providing DCFS field service work employees with ARCCC orientations in which the model is introduced. DCFS employees are able to distinguish between what they have currently been doing in regards to recruitment and what is now expected. DCFS employees have been able to identify their methods of current recruitment and align it with the Family to Family model to retain current resource families and the new families as they are recruited. A total of 290 DCFS employees have completed ARCCC Orientations as of 5/27/15. The ARCCC Orientations have been vital in identifying areas that staff need training on in regards to recruitment materials and supports that are already available to resource families. The orientations include data so that employees are able to recognize their particular area needs as well as identify with other DCFS employees the importance of keeping</p> |  |
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|   |                | <p>children in their homes and communities as it relates to increasing placement stability.</p> <p><b>FC-</b> DCFS has transitioned the recruitment and retention activities from the foster care unit to the newly developed AR Creating Connections for Children Unit. The intent was to elevate the value and priority of recruitment and retention of foster and adoptive families to the same level of other program units. DCFS has implemented the work plan of the Diligent Recruitment grant (Area 1, 2, 6, and 8) as well as the Targeted Recruitment Intervention of the IV-E Demonstration Waiver. The Community Engagement Specialist have begun the work of community engagement, education, and coordinating various strategies and activities to involve communities in recruiting and supporting foster and adoptive families as well as supporting biological families.</p> <p>Please see Waiver Updates and Foster Care section of this report.</p>   |  |
| <p>Develop specific data package for community utilizing CHRIS data and GIS technology.</p> | <p>6/30/15</p> | <p><b>ARCCC-</b>DCFS viewed the first demonstration of the GIS website on February 20, 2015. The website has been developed by the University of Arkansas at Little Rock Geospatial Information System. There have been delays in the progress of the site. Initially a demonstration was promised in January 2015. Although the site has been developed, there are at least 100 provider addresses that are unmatched due to incorrect or incomplete address. DCFS believed the issue could be resolved, but it was found that DCFS did not provide UALR with Provider ID numbers when the data set was originally sent due to confidentiality purposes. A second demonstration of the GIS website was on April 23, 2015. There has been progress made with development of the GIS site, however, there are still some inaccurate addresses, and UALR has identified methods to make the GIS site more user friendly. To address some of these barriers, the CHRIS team has been enhancing screens in CHRIS and enhancing the Inquiry website in a way the addresses will pre-populate into CHRIS in the same text box rather separate. Also, the new text boxes will not allow numerical values where a street name should be and alpha values will not be allowed where numerical values should be. This was a common mistake that workers would make that caused unmatched</p> |  |

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|   |         | <p>addresses on the GIS website. DCFS will send new data to UALR on a quarterly basis to keep the GIS website updated as cases and resource family homes open and close.</p> <p>The GIS will provide DCFS with the data needed in order to know the neighborhoods from where children come into foster care and the neighborhoods current resource families live. This will allow DCFS to recruit in the gaps where there are few or no homes in the neighborhoods from whence children come.</p> <p>The specific action steps that will need the GIS data include: Community Outreach and Development - adapt toolkit available from the BCP and RDS models to AR; disseminate to partners and community stakeholders the new data analyses (GIS Plan); revise the tool kits as needed per feedback from stakeholders; continue branding and marketing, Recruitment (Target Population: Youth 12 years and older) - develop a recruitment plan in each community, Retention and Support of Resource Families - recruit and develop new community support for resource families.</p> |  |
| Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers | 6/30/15 | <p><b>DIRECTOR</b>-Beginning in March 2015 - 2nd Monday of each month from 6-8 pm there will be local meetings held between the foster parents and the agency in an effort to strengthen the relationship between DCFS and local foster parents in Johnson County. Monthly meetings have been occurring.</p>   |  |
| Assess the capacity of contracts for referrals for Home studies   | 6/30/15 | <p><b>FC</b>- DCFS Foster Care Manager and Community Services Program Administrator continually assess the number of families referred for In Home Consultations to determine the capacity of home studies and report to the CFO and Director for fiscal planning. This is typically reported via the Monthly Report. The MidSOUTH Academy conducts the home studies for all families that are referred through MidSOUTH. These are a significant number of provisional families. The CALL and many of the Adoptive Families are referred to contract providers. The DCFS Community Liaison coordinates any capacity issues that come up with the CALL recruited families. She will</p>  |  |

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|  |         | get with the Contract Manager and confirm sufficient funds or request additional funds to cover the referrals. It usually is not about the funding available but capacity of providers to conduct the studies.  |  |
| Develop a standard MOU for volunteers that are recruited to assist with the recruitment of resource families and other volunteers. | 6/30/15 | <b>PLANNING</b> -This template for MOU for community agencies interested in assisting with volunteers is developed and will be used for any individual volunteers with a few revisions as needed.   |  |
| Implement the Centralized Inquiry Process statewide.   | 6/30/15 | <b>FC</b> -The Centralized Inquiry Unit (CI) began implementation in April of 2014 and was fully implemented by October 2014 statewide. The unit has had many significant challenges primarily around staff resources to manage the initial contact with applicants as well as the follow up. The initial analysis of the number of inquiries received was underestimated due to the fact that many of the CALL recruited families never were entered into the data system as applicants until after implementation. Also, although we initially had two FSW for CI, by July we only had one. Another challenge was establishing the sense of urgency for families and closing out the applicant's that was not responsive or not sending in packets within the time frame. At the 6 month mark, CI basically reflected the same issues and barriers that the field experienced and was the primary reason why we made the decision to CI. The engagement and screening activities were being overshadowed by the administrative processes. Currently, CI unit has 4 positions for the initial contact, coordinating Packet #1 to applicants (except the CALL recruited families), and completed all follow-up within 45 days for non-responsive applicants. Most administrative processes have been reassigned to a program coordinator who examines all packet #1 received, distributes and tracks the return of the background checks, data entries all results, and assign the provider to the Resource Supervisor if all is clear. This process is established to take 3-6 weeks depending on when the applicant returns their packet. Effective June 1, 2015, an Administrative Assistant will back up and supports the Program Coordinator to assure those processes remain within a 5-7 workday turnaround. DCFS continues to assess the process and adapt as needed to |  |

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|  |         | become more effective and efficient process that is supportive of the field and meets the vision to decrease the length of time to approval for providers.  |  |
| Implement the centralized background check processing for resource families homes (exception provisional).           | 6/30/15 | <b>FC-</b> This process is implemented and effective June 1, 2015 and additional administrative assistant will be assigned to provide back up and support which will assist with meeting a 5-7 work day turnaround on background checks.  |  |
| Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives6/30/15   | 6/30/15 | <b>CS-</b> It was decided that Area Directors would be trained and begin completing background checks on possible provisional/fictive kin placements. The process began in January 2015. AD's have the ability, on their laptop computers, to run background checks (Central Registry, Criminal (State), and DMV) and then provide those results back to the on call supervisor.<br><br>The AD's have been completing background checks for possible placement for about 5 months now. The process is going well and there have been approximately 8-10 checks completed after hours/weekends. Not all have resulted in placement due to hits on the background check but several have resulted in immediate placement. For example, AD Angela Newcomb completed checks on the weekend of 5/16-17/15, and was able to place a sibling group of 3 with their grandparents. |  |
| Develop & Implement Relative/Kinship foster parent curriculum/consistent approval process for relatives/fictive kin. | 6/30/15 | <b>FC-</b> Currently, DCFS continues to explore the options for providing relatives with training that is specific to their unique experiences when their family members are involved with the child welfare system. DCFS has developed a Non Safety Standard Waiver for training of provisional/relative families to expedite the approval process for these families. We still will meet the minimum licensing standards of 10 training hours and have determined what these hours will be in a one page protocol that has been developed. DCFS plans to continue to research and/or develop our own training for Relative families in this next fiscal year.   |  |
| Explore and identify training curriculum for Resource Families that include trauma informed care and relevant        | 6/30/15 | <b>PLANNING-</b> DCFS has participated in webinars, reviewed other states curriculum, reviewed Presley Ridge Therapeutic curriculum, reviewed states that have  |  |

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| <p>topics for the characteristics of children entering foster care</p>   |                | <p>developed their own curriculum (New Mexico Raft training), and discussed other options in regards to this activity. The challenge is determining what training foster families need to be able to care for children placed in their home once they are approved. We have discussed decreasing the number of hours families are trained and having a standard set of topics prior to approval and then requiring standard training and set hours the first year families are approved. The challenge with this approach is the monitoring of families compliance. Many families struggle to obtain the 15 hours of continuing education required each year. So requiring standard training topics or specific classes may be challenging.</p>                        |  |
| <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>❖ <i>Safely reducing the number of children entering foster care</i></li> <li>❖ <i>Increase placement stability</i></li> <li>❖ <i>Expedite permanency for children in foster care</i></li> </ul> <p><b>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.</b></p> <p><b>OUTCOME: % INCREASE ON DHS HIGH PERFORMANCE CULTURAL SURVEY INDICATORS PERTAINING TO COMMUNICATION AND INFORMATION SHARING</b></p> |                |  |  |
| <p>Explore/research other child welfare agencies communications platforms.</p>   | <p>6/30/15</p> | <p><b>SQPI-The Service Quality and Practice Improvement (SQPI)</b> DCFS has been working with Denise Goodman of the Annie E. Casey Foundation in its adoption/implementation of <i>Family to Family</i>. Some of the Agency’s initial conversations with Mrs. Goodman involved how other jurisdictions have communicated and messaged around the model and best practices related to recruitment in general.</p> <p><b>PLANNING-</b> DCFS has reviewed communication plans and other communication strategies from other states, participated in webinars, reviewed the communication resources from Implementation Centers and Casey Family Programs. DCFS has many communication strategies in place. DCFS challenge is to be consistent with the communication.</p> |  |
| <p>Develop communication platform and tool kit.</p>  | <p>6/30/15</p> | <p><b>DIRECTOR-</b> No formal tool kit has been established. Director has used the Annual Report Card, provided an update in regards to the IV-E Waiver plan and the Diligent Recruitment Grant (ARCCC), the IMPACT and 5 year accomplishment listing when</p>   |  |

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|  |  | <p>traveling the state talking to DCFS staff and various stakeholder groups. As a messaging platform, use the data to support the need of the waiver and the interventions selected and how all of it ties together.</p> <p><b>PLANNING</b>-Communication strategies primarily align with the approach described in the Waiver Plan. For significant communication needs such as initiative implementations, updates, changes, or progress. For initial implementation, we develop various messages providing information about the initiative and include in e-mails, newsletters, packets at meetings, and agenda items at meetings. We also will determine if orientation or information sessions are needed and will coordinate with MidSOUTH and Executive team to have a more formal presentation. DCFS also has quarterly meetings for different program areas which we use as significant communication platforms. Quarterly meetings are conducted for the following audiences (Supervisors, Investigators, Differential Response staff, Adoption and Resource Staff) Less often, the following groups are brought together: Health staff and representative group of FSW. Community Services has a monthly meeting with the Area Directors, Area Directors have monthly meetings with Supervisors, and Supervisor has monthly meetings with the staff that they supervise. The IV-E Partnership conducts staff education meetings throughout the year across the state and we often are on those agendas to assure that field staff receives information. The DCFS Director annually tours the state and present updates on all DCFS activities as well as shadows staff in the field. Another key communication forum for DCFS is the CQI meetings that are conducted after a QSPR review is completed. (Please see the CQI plan for description).</p> <p>For external communication, DCFS utilizes various forums. The DCFS Director has quarterly phone conferences with each of the Juvenile Judges, program managers or DCFS designees provide information and data as needed at the many meetings and collaborative activities that are scheduled each year, we also asked to be on agenda for any conferences that are scheduled (CAN, Children of the Courts, Infant Mental Health, FASD, Head Start, etc.) The QSPR</p> |  |
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|  |                | <p>process allows for stakeholder interviews and we often collect feedback from the stakeholders on strengths and challenges which are then brought back to the CQI teams and executive team to determine how to address, Regional Meetings with Partnerships, Training-Skills Development-Team, Waiver Innervation Committees/Workgroups, etc. There is a continually effort to utilize CHRIS as a messaging tool also. In addition, we develop FAC Sheets, Practice Guides, and other tools as needed and include on our CHRIS NET page for field access.</p> <p><b>CS-</b>Requested that Program Managers be on the agenda for Area Directors meetings so that the mangers are able to give updates, feedback, guidance, etc. to the AD's</p> <ul style="list-style-type: none"> <li>• Ensure policy/legal updates are discussed at the quarterly statewide supervisors meeting</li> <li>• Send out emails to Area Directors and other stakeholders when policy changes</li> </ul> <p>Provide agency updates, policy info, etc... to internal and external stakeholders when the opportunity is given</p> |  |
| <p>Review and align the IV-E Waiver communication with the comprehensive communication platform.</p> | <p>6/30/15</p> | <p><b>DIRECTOR-</b>No formal tool kit has been established. Director has used the Annual Report Card, provided an update in regards to the IV-E Waiver plan and the Diligent Recruitment Grant (ARCCC), the IMPACT and 5 year accomplishment listing when traveling the state talking to DCFS staff and various stakeholder groups. As a messaging platform, use the data to support the need of the waiver and the interventions selected and how all of it ties together.</p> <p><b>PLANNING-</b>DCFS has aligned these in all communication that occurs. The message is that the Waiver interventions as not separate work but should align and integrate into our daily practice. All communication includes the waiver interventions, other significant initiatives, legislative changes, policy changes, and best practices. It is about our practice with families, using data to inform us about what work best so that it leads to better outcomes.</p> <p><b>CS-</b>Even if a specific waiver initiative is not starting in that area, ensuring that all Area</p>                                  |  |

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|  |                | <p>Directors are provided the training and orientation so that they are kept informed of what's happening within the agency (example—even though CANS/FAST was only initially starting in Miller and Pulaski Counties, all the AD's went to the Dr. Lyon's training so that they could become familiar with the tools)</p> <ul style="list-style-type: none"> <li>• All Area Directors attended the TOT for CANS/FAST</li> <li>• An Area Director from a non-implementation county went to the national CANS conference in Chicago</li> <li>• Area Directors are involved in the front end of IV-E waiver initiative trainings (example—all Area Directors went to the orientation and TOT for NFA)</li> <li>• IV-E Waiver initiatives are discussed at the monthly Area Directors meetings</li> <li>• Area Directors have invited IV-E waiver initiative program managers out to their local area supervisor meetings (CANS manager has been to almost every area in the state giving supervisor training, DR manager/staff go out into the field to shadow workers to ensure DR assessments are being done correctly</li> </ul> <p>IV-E Waiver Program Managers sent out DCFS All email's to update staff on the different waiver initiatives</p> |  |
| <p>Expand contacts directory for staff with brief description of responsibilities, so they know whom to call when they have questions.</p> | <p>6/30/15</p> | <p><b>PLANNING-</b>These directories have been developed and will be a part of the new worker welcome packet and the welcome packet for new providers (foster and adoptive families). The implementation of distribution and access will be effective July 1, 2015.</p> <p><b>CS-</b> A staff directory was updated and sent out to Area Directors, Central Office, as other DCFS staff, and external stakeholders in March/April 2015.</p> <ul style="list-style-type: none"> <li>• A directory of DCFS Investigative Supervisors was updated and sent out to Area Directors, Central Office, as other DCFS staff, and</li> </ul>  |  |

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|  |         | external stakeholders in<br>March/April 2015   |  |
| Develop accountability measures to ensure that staff acknowledges understanding of communication.  | 6/30/15 | <p><b>CS-</b> Supervisors and Area Directors are given time to comment and give feedback at the quarterly statewide supervisor meetings and the monthly Area Directors meetings.</p> <ul style="list-style-type: none"> <li>• DCFS staff were provided with an email address to send questions/comments about the CANS/FAST tools to a central office team for a response</li> <li>• DCFS staff were trained in the computer labs at MidSOUTH training academies to ensure they understood how to use the new CHRIS screens on CANS/FAST</li> <li>• Monthly reports are submitted by each County Supervisor to the Area Director—this is a place they can document any problems, concerns, issues, likes, dislikes, questions, about the IV-E waiver initiatives. The Assistant Director reads the monthly reports and poses questions back to and answers any questions submitted by the County Supervisors.</li> <li>• Area Directors hold monthly supervisor meetings where IV-E waiver initiatives are discussed and questions answered</li> </ul> <p>Most area’s hold monthly to quarterly area wide trainings for all DCFS staff to attend. This is a time where staff area allowed to ask questions of the supervisors, Area Director, or other program managers to clarify any communication they have received.</p> |  |
| <p><b>GOALS:</b></p> <ul style="list-style-type: none"> <li>❖ <i>Safely reducing the number of children entering foster care</i></li> <li>❖ <i>Increase placement stability</i></li> <li>❖ <i>Expedite permanency for children in foster care</i></li> </ul> <p><b>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.</b></p> <p><b>OUTCOME: INCREASE THE NUMBERS AND LEVELS OF STAFF USING DATA TO PRIORITIRIZE AND MANAGE THEIR WORKLOADS</b></p> |         |  |  |
| Identify all management reports (CHRIS and HZA)  | 6/30/15 | CS-  |  |

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| <p>used to monitor performance.</p> |  | <ol style="list-style-type: none"> <li>1. CHRIS In home visits past 120 days report</li> <li>2. CHRIS Foster children visits past 120 day report</li> <li>3. CHRIS Protective Services cases open more than 180 days</li> <li>4. CHRIS overdue open investigations</li> <li>5. CHRIS Foster children trust fund balances greater than \$1000</li> <li>6. CHRIS number of children currently in foster care with last photo uploaded</li> <li>7. CHRIS Foster children with no current open placement</li> <li>8. CHRIS Current CPS clients without a removal in cases opened between 31-60 days</li> <li>9. CHRIS County or unit inbox has items not assigned</li> <li>10. CHRIS Worker caseload</li> <li>11. COR</li> <li>12. Separated Sibling report</li> <li>13. Adoption report</li> <li>14. DR Referrals received</li> <li>15. QSPR and QSPR Synopsis</li> <li>16. No Reasonable Efforts/Show Cause motions and on a limited basis FINS reviews</li> </ol> <p>Special reports (Teen mom separated from child, overnight in the office stays, counties with highest foster care entry review, reentry review, IV-E wavier positions, foster home medication logs)</p> <p><b>HZA-COR (Monthly)</b></p> <ul style="list-style-type: none"> <li>-Workload Reports (Monthly)</li> <li>-Differential Response (DR) Reports (Monthly)</li> <li>-Finalized Adoption Reports (Monthly)</li> <li>-Juvenile Offender Reports (Monthly)</li> <li>-QPR (Quarterly)</li> <li>-ARC (Annual)</li> <li>-Supervisory Review Tool (Quarterly)</li> </ul> |  |
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|   |                | <p>-Meta-Analysis Reports (11 Per Year)</p> <p>-Special Studies / Contract &amp; Program Monitoring (Rolling Basis)</p> <p>-Ad Hoc Reports</p>   |  |
| <p>Develop a brief synopsis of each report, e.g. what they are and how to use them.</p> | <p>6/30/15</p> | <p><b>CS-</b> The Community Services Program Administrators monitors the above reports anywhere from weekly to monthly in order to ensure compliance. Most of the time the staff are asked to provide an explanation as to why a visit wasn't completed, or provide a plan for spending the trust account balances down, or when updated photos will be taken, or when the cases/investigations have been assigned out of the inboxes. The other reports (Worker Caseload, COR, QSPR Synopsis) are used for data purposes and any ad hoc projects.</p> <ul style="list-style-type: none"> <li>• Program Managers (such as DR, CANS/FAST, TDM) also monitor reports for their prospective programs in order to ensure compliance, thoroughness, content, timeliness, program understanding, and overall program effectiveness.</li> <li>• For example, the CHRIS report for CPS clients without a removal in cases opened between 31-60 days was recently created to help ensure compliance/understanding of the new FAST assessment tool. The Community Services Program Administrator reviewed all cases on the report 1) to see if a FAST had been completed 2) if a FAST was completed, reviewed it to check for understanding of the tool 3) if a case plan had been completed 4) overall understanding of the assessment tool as it relates to providing services to the family.</li> <li>• Another example-- At the beginning of the year Casey Family Programs provided DCFS with a map from AFCARS data of all entries into foster care in Arkansas for SFY2013. National entry rates of children entering foster care is 3.2 per 1000 children in the general population and the state of Arkansas is higher at 5.3 per 1000 children. There were 15 counties identified that were found to have</li> </ul> |  |

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|  |  | <p>entry rates of 8.6-14.2 per 1000 children in the general population for that particular county.</p> <p>Community Services Program<br/>Administrators did a review to look at all of these 15 counties that were identified with a high rate of removals. We looked at 1) reason for removal, 2) placement/outcome at the time the child left foster care, 3) DCFS involvement that lead to the removal, and 4) reviewer’s agreement with removal decision. Once the review was completed round table discussions were held in county offices with the top five (5) counties and all staff within those counties. The purpose was to look at strengths, barriers or systemic issues and to brainstorm solutions. While the group did not get to meet with all 15 counties, the results and summary of the entry review was shared with each Area Director and DCFS Director. For the Area Directors that had counties that were reviewed but did not have a round table, the information was asked to be passed along to that staff.</p> <p><b>HZA- COR (Monthly)</b> - 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.</p> <ul style="list-style-type: none"> <li>▪ <b>Workload Reports (Monthly)</b> – 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, supportive services, adoption, investigation, differential response).</li> <li>▪ <b>Differential Response (DR) Reports (Monthly)</b> – These reports display detailed information on the DR assessments that concluded for a given month. These are delivered to the DR Program Manager.</li> <li>▪ <b>Finalized Adoption Reports</b></li> </ul> |  |
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|  |  | <p><b>(Monthly)</b> – These reports offer detailed information on all adoptions that were finalized for a given month. These are delivered to the Adoptions Program Manager.</p> <ul style="list-style-type: none"> <li>▪ <b>Juvenile Offender Reports (Monthly)</b> – These reports display detailed information on the offenders (between the ages of 13 and 17) cited in any true report of child maltreatment that concluded in a given month. These are delivered to the DCFS Program Administrator.</li> <li>▪ <b>QPR (Quarterly)</b> - The QPR is a statistical report created for legislative committees dealing with the youth and children who are involved with DCFS. The information contained within it is cited by many agency staff and is also shared with the public.</li> <li>▪ <b>Annual Report Card (ARC)</b> – 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.</li> <li>▪ <b>Arkansas Supervisory Review Tool (Quarterly)</b> – On a quarterly basis, supervisors within each of DCFS’ 83 county offices review each active case in their respective counties. 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.</li> <li>▪ <b>Meta-Analysis (11 per year)</b> – Each of DCFS’ ten Service Areas is analyzed on an annual basis, with each analysis focusing on the issues of safety, permanency, well-being, and available resources. The reports strongly emphasize performance at the county level. At the conclusion of the ten Area-</li> </ul> |  |
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|  |  | <p>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.</p> <ul style="list-style-type: none"> <li>▪ <b>Special Studies / Contract &amp; Program Monitoring (Rolling Basis)</b> – Special studies and program reviews on various topics of interest to the Division are conducted on a rolling basis. These projects vary widely in topic, ranging from evaluations of DCFS' struggling county offices to a comprehensive review of the state's Child Abuse Hotline. Over the past six years reviews have been conducted of the following types of contracted service providers: residential treatment care facilities, therapeutic foster homes, sexual rehabilitation programs, outpatient counseling agencies, psychological evaluation providers, intensive family service (IFS) providers, and foster family homes. Studies have also been conducted on the quality of DCFS' internally operated differential response (DR) program and the quality of investigations conducted by the Crimes Against Children Division (CACD) of the Arkansas State Police. The most recent evaluations include an examination of children adopted from Arkansas's foster care system who subsequently re-enter care post-adoption as well as an evaluation of staff turnover in DCFS Service Areas 1 and 5.</li> <li>▪ <b>Ad Hoc Reports</b> – On an ad hoc basis, DCFS examines data related to its various programs and policies to assess its own performance and understand the population of children and families served by its programs and policies. The Division also shares information to external stakeholders in an effort to improve communication and transparency. Over 100 ad hoc reports are completed in a given year.</li> </ul> |  |
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| Identify other existing CQI processes by program area consistent with Federal and State practice.  | 6/30/15 | Please see CQI Plan   |  |
| Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.   | 6/30/15 | Please see CQI Plan<br><b>CS-</b> Community Services Assistant Director has quarterly to semi-annual one-on-one meetings with Area Directors to discuss their performance as a manager, their area's performance on the QSPR and COR, personnel issues, expectations as a manger, and their role as a leader within DCFS.   |  |
| Develop peer case reviews process.   | 6/30/15 | <b>CQI</b> -This is still in development but will be a significant enhancement of the QSPR process and will be implemented for the 2016 CFSR review.  |  |
| <p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>❖ <i>Safely reducing the number of children entering foster care</i></li> <li>❖ <i>Increase placement stability</i></li> <li>❖ <i>Expedite permanency for children in foster care</i></li> </ul> <p><b>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.</b></p> <p><b>OUTCOME:</b></p> <ul style="list-style-type: none"> <li>% increase in MOU'S</li> <li>% increase in child well being</li> <li>% increase in permanency outcomes</li> </ul> |         |   |  |
| Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers.   | 6/30/15 | <p><b>CHILD PROTECTIVE SERVICES (CPS)</b>-During child protection investigative reviews and internal child fatality reviews we see there is a lack of resources related to the services below:</p> <ul style="list-style-type: none"> <li>• Drug assessments and treatment programs for parents who test positive for drugs.</li> <li>• Home visiting programs for parents with medically complex children.</li> <li>• Parenting Education for teenage parents to help develop their parenting skills.</li> <li>• Workforce development. (education and job training)</li> </ul> <p><b>DIFFERENTIAL RESPONSE (DR)</b>-</p> <ul style="list-style-type: none"> <li>• Usage of new contracts in place for drug and alcohol treatment are</li> </ul> |  |

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|   |         | <p>being utilized by the DR staff.</p> <ul style="list-style-type: none"> <li>• Service gaps identified in the area of pest control for clients specifically the growing problem with bed bugs. The current pest management protocols are very expensive and some states have been able to negotiate lower prices for large contracts. Further research needs to be done in this area for Arkansas.</li> </ul> <p><b>CS-</b>The CANS/FAST Program Manager will report to Community Services Assistant Director any services that are needed or service gaps identified in the CANS/FAST assessment</p> <p>County Supervisors and Area Directors will report any needed community based services in their monthly report to the Community Services Assistant Director</p> <p><b>BEHAVIORAL HEALTH UNIT-</b> Annual meetings and quarterly conference calls with providers will address current needs for services with specific populations. For example, in June 2015, the annual meeting with residential providers included discussion on the need for specialized services for victims of sex trafficking.</p> |  |
| Establish a protocol for review and updating MOU's to assure they align with practice model framework | 6/30/15 | <b>PLANNING-</b> One page description of how the development and review of MOU's is on record.  |  |

**AREA DIRECTORS STRATEGIES AND ACTIVITIES FOR JULY 1, 2014-  
JUNE 30, 2015 FOR FIELD**

**AREA 1 DIRECTOR-BRENDA RICHARD**

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Ineffective mental health treatment by some providers presents as a barrier in moving children to a more family like placement. The term “treatment failure” or unacceptable behaviors coded by some providers has resulted in children experiencing multiple placements. For providers outside of Area 1, but frequently used by all areas within the state, Area Director has questioned how DCFS evaluates the effectiveness of these providers services. Residential contract funding for some providers ran out in March placing hardships on local and state level staff that help locate placement resources for hard to place foster children. An increase in the number of child sleeping

on county office floors was noted beginning in spring 2015.

Area 1 staff is encouraged to provide feedback on the effectiveness of provider services to the Area Financial Coordinator and Area Director. Concerns about poor service delivery by area providers are addressed through telephone contact if problem is an isolated incident or through face to face meetings when concerns are on a wider scope. Area Director and financial coordinator review concerns forwarded by staff, collect factual information in preparation of addressing concerns with contract providers.

*Examples include:*

Area 1 Foster/Adopt applicants' home studies completed by our Wynn contract provider continue to be of poor quality with the appearance of "canned" documentation or falsification of information. Area Director and Financial Coordinator are currently in the process of collecting data to schedule a meeting with Mr. Wynn to discuss our concerns and expectations for improvements.

Meetings are scheduled quarterly between Area 1 DCFS supervisors and our local mental health provider children's program directors to address problems with Ozark Guidance Center's Foster Home Outreach program, CASSP services, and mental health services to DCFS clients. Discussions also entail the development of additional services or service improvement. During the last meeting between OGC children's director and CFS staff plans were developed to conduct meetings more frequently to address areas of concern and seek solutions. OGC continues with their crisis walk-in clinics in both Bentonville and Fayetteville, but only on specific days for certain hours. Washington County had to obtain counseling services for one of their foster children through a different mental health provider to comply with court orders. The Benton County foster care unit supervisor reported that mental health providers are often reluctant to make recommendations during court hearings. More recently our court is occasionally ordering providers to make a recommendation. As a result of Area 1 staff continuing to report problems obtaining counseling services for foster youth within five days of referral per policy and agreement and delays with medication check appointments, Area Director scheduled a meeting with the provider's CEO and DCFS Behavioral Health Services program director to seek resolution to the problems. Opportunities to co-jointly improve service delivery were identified such as appointing point of contact staff for both agencies to ensure CFS made timely referrals for children entering foster care and OGC scheduling assessments within the five day period. Addressing the need for the Primary Care Physician to recommend a child for mental health services revealed that AR may be the only state for which Medicaid still requires a PCP referral. OGC has increased the number of APN's who can provide medication management as well as contracted with a psychiatrist to provide medication management for foster children for an interim period. Area Director and OGC's Children's program director have an open communication understanding to discuss isolated case problems so that resolutions are quickly accomplished. This prevents ongoing conflict between therapists and family service workers.

Another example involves reports of child maltreatment for foster children placed in local DDS agency foster homes. Supervisors or Area Director have immediate open communication with the Arkansas Support Network director to address safety of foster children without interfering with an investigation.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

DCFS was awarded a Federal grant to recruit foster homes. Area 1 was selected as one of the grant recipients. Each selected area was given an FSW position specifically for recruitment of foster/adopt homes. Difficulty in hiring an Area 1 Community Engagement Specialist was experienced which left the four county area without recruitment staff for approximately 6.5 months. Beginning October 2014 AR DCFS Centralized Inquiry Unit became functional statewide. All foster/adopt provider applications were sent to this unit. Centralized inquiry staff's function is to process the applications through the background check stage and assess whether or not to close application or forward to each area for scheduling an In-Home Consult and follow through with the foster or adopt process. From October to April 2015, Area 1 experienced a significant decrease in the number of foster homes opened going from .92% to .71%. Prior to October 2014, Area 1 resource staff attended the CALL'S inquiry meetings to answer questions about fostering or adopting. Background check forms were completed during this meeting and in-home consult appointments were scheduled. Area 1 resource staff schedule two inquiry meetings monthly as a means of recruiting foster and adopt parents. Background check forms were completed and In Home Consultation (IHC) appointments were scheduled during these meetings prior to the development of the Centralized Inquiry Unit. Centralized Inquiry staff currently mail inquiry meeting dates/times to applicants. The inquiry meetings are held during evening hours at local DHS county offices to accommodate applicants who work during day hours.

DCFS' Centralized Inquiry Unit has not been as successful as it could have been due to prematurely rolling out the program. The program needed to be fully staffed and policy explicitly written prior to implementation. Other problems encountered include a delay with applicants returning completed paperwork/background check forms to the Little Rock unit whereas prior to Centralized Inquiry process these forms were completed during the local area inquiry meetings. IHC's were also scheduled between resource staff and applicants during the local meetings, thus eliminating further delays in opening foster or adopt providers. The CALL's process of training applicants prior to all background checks completed has pros and cons. Once applicants' home studies are completed and the family has no negative background check, their homes can be opened quicker than the traditional route of applicants referred to DCFS' contract provider for PRIDE training. Although no statistical data has been collected, it appears as though applicants trained via the contract provider have a better understanding of the foster or adopt process simply because the training covers a period of weeks in contrast to the CALL training covering two weekends. Additionally, CALL applicants who complete PRIDE training prior to DCFS's receipt of background checks has resulted in denying a few applicants to be opened as providers. More times than naught these applicants want to appeal the decision of denying the opening of their home.

Other areas of concern include recruitment of providers as either for fostering or adopting. Recruitment of other types of provider homes, such as respite, emergency placement, or diagnostic/assessment placements is not an option for Arkansas DCFS at this time. These types of placements need to be recruited to address Arkansas' growing provider home needs. The additional options would potentially increase the number of resource providers in Arkansas.

Staff are encouraged to individually share the need of foster/adopt parents during local community meetings they attend such as the monthly System of Care meetings, quarterly CASSP meetings, presentations to school staff, etc.

Resource staff assisted in re-development of the Area's foster parent association in early 2015. A DCFS representative attends every meeting to address foster or adopt questions, provide policy/law updates, and information of upcoming educational opportunities. Expectations include additional area staff to voluntarily engage in assisting resource staff to support foster care providers during the monthly foster parent associational meetings; for foster parents to sustain their association, to develop an area-wide peer support system, and to develop activity opportunities/support for foster children.

Area 1 DCFS staff are expected to build positive working relationships with all foster/adopt providers by making, at minimum, monthly visits to foster homes, utilizing active listening skills to address foster parent needs as well as foster child needs, returning telephone calls, emails, and text messages timely, and fostering a teamwork approach in the care of foster children. Resource families are provided with case workers' work cell numbers and their county's DCFS on-call number so that staff area accessible 24/7. All complaints against staff are immediately addressed by the Area Director or their direct supervisor. Non-disciplinary to disciplinary steps are taken as warranted. Area Director promotes teamwork with resource families during area wide supervisors meetings, face-to-face coaching with individual staff and area staff meetings. Case management staff complete visitation forms and are expected to document all Child Care Licensing concerns or policy violations in the foster homes. Concerns are to be forwarded to Resource staff and their direct supervisor. Resource staff are expected to timely address concerns and document in provider CHRIS screens.

Area staff is held accountable in the development and participation of our annual foster parent conference. The one day conference provides educational opportunities, additional support through recognition of foster parents' vital role in caring for foster children, and gifts donated by local community providers. Trainers or guest speakers from the community donate their time and services pro bono. Our University IV-E partners participate not only in the development of the program, but also donate financially to provide lunch for all foster parents. NW AR CASA donates breakfast and afternoon snacks. Area DCFS staff participate in all aspects of the conference, including creation and performance in skits that represent the realities of foster care from custody through adoption phases. Foster home recruitment is promoted by encouraging family to family communication.

Resource staff presented information on fostering and adopting at a local Kiwanis Club meeting. One Area Supervisor attended several church services to provide information about the need for foster homes. Carroll County supervisor along with two other DCFS staff attended a prayer vigil for the CALL in Madison County and spoke to attendees about the need in Madison and Carroll Counties for volunteers and foster/adopt homes. Another FSW attended the Madison County CALL meeting to answer any questions attendees had concerning foster parenting. The Area Director will attend the NW Arkansas CALL launch in Madison in early May 2015 to address the need for foster and adopt homes in our four county area. DCFS and the CALL have an understanding that all CALL applicants can complete PRIDE training prior to DCFS receiving these applicants' background checks and home study. The Area Director has an open-door policy

and encourages community stakeholders such as the NW AR CALL director to seek resolutions to problems and create additional resources for foster/adopt families

Post adoption services are provided by our adoption unit staff as a means of preventing adoption dissolutions. Adoptive families can contact our agency to request services when they have exhausted all their resources. As needed families can be referred for state-level Interdivisional Meetings to incorporate other community providers in helping the family.

Area 1 Community Engagement Specialist (CES) established his office in Washington County Annex office April 20, 2015. Area Director and Resource Supervisor have communicated recruitment needs with this employee. Assessment of the Centralized Inquiry process and area resource family needs is under evaluation by the CES. He has been introduced to a few key stakeholders in the past month. He has been encouraged to develop his own community resources, to reach out to medical professionals, the business communities, and additional religious organizations for the recruitment of resource families

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Area Directors were provided the access to conduct local criminal, central registry, and vehicle background checks 24/7, but mainly afterhours and holidays, on potential relative resources. Area 1 resource staff shares an on-call rotation to complete safety assessments of potential relative placements when needed. Area 1 staff was provided with this information, but have only utilized this resource once since implementation. Washington County Juvenile Judge regularly conducts her own background checks on relatives or fictive kin during court hearings, and then orders CFS FSW to complete home assessments/ home studies within very short time frames.

**Develop communication platform and tool kit:**

One of Area 1's strongest collaborative efforts for the past year has been with Juvenile Probation and Judges who are working with Casey Family to lower their population of children in detention. Area Director and County Supervisors in Benton and Washington Counties are serving on the their local Juvenile Probation offices/Juvenile Courts' Juvenile Detention Alternative Initiative (JDAI) program boards and committees to not only support the program's goal of reducing their incarcerated population through use of community alternatives, but also for CFS to advocate that foster care is not one of the alternative options focused on. This comes through each agency becoming more educated about each other's responsibilities, policies, and laws. DCFS participants assisted with JPO's development of a risk assessment tool which measures when a youth needs to be diverted to a less restrictive program or incarcerated. According to the JDAI program director, an analysis of the Detention Risk Assessment Instrument tool was completed with staff noting that 60 youth scored for release were detained.

However, the new pending legislation will lower these numbers in the future when the Intake Officers will be allowed to use alternatives to detention. Additionally, reported was that a number of juveniles who scored a 10 (which is the cut-off for release on the assessment tool) were being released at court. Juvenile Judge Smith reported that this legislation should be passed in the next few weeks. The board also discussed that the RAI is only used for new charges. Suggested was using this assessment instrument when a juvenile is already on probation and is being detained on a probation violation. This data will assist in determining the gap in services.

Alternatives to detention were discussed. DCFS Area Director encouraged the team to begin thinking about the development of wrap around services for this population of youth instead of piece-mealing services. Judge Smith reported that he has met with Judge Clinard, Marshall Watson and Denyse Collins regarding the JDC Shelter Conversion to a residential facility to house youth who are transitioning out of detention or do not meet the criteria for detention but need a more secure placement. Benton County has hired a consultant to review the possible transition of the JDC space. Judge Smith also met with a potential donor who is interested in assisting with this project. JDC staff has met with DHS on the licensing standards and minimum requirements. According to DHS the facility does not have to have “free and frequent access.” Further meetings will be held to assess the progress of utilizing part of the detention center as more of a residential placement resource. Judge Smith reported that it has been his goal since running for office to set a 501C3 non-profit board in order to fund services and programs. The board was requested to let JPO know if they are interested in serving or would like to make board recommendations. Judge Smith also discussed that he would like a Juvenile Job program to be a part of this project and will be working with others on this endeavor. Changes to the Benton County FINS program were made to correlate with the Delinquent changes that include intake interviews with parents on all referrals, an assessment on FINS cases, enlarging the FINS Diversion program, and specialized terms on both diversions.

The Gunderson Regional Training Center and Children’s Advocacy Centers are also among our strongest community stakeholders involved in educating our communities about child welfare. The training center located in Rogers provides forensic investigation training opportunities to law enforcement, social workers, child protection staff, and others on a regional basis that covers much of the southeastern states. Benton County community partners are very supportive of this center. Some of our investigation staff had the opportunity to attend forensic training at the center. Feedback from these staff was that all child welfare investigators need to go through this training as additional information is provided that is not covered in New Worker Training nor any other training provided by DCFS. The Center has sponsored community forums to end child abuse in NW Arkansas. Our Children’s Advocacy Centers develop and conduct multiple public programs promoting the awareness of child abuse/neglect during April each year. This past April, the Benton County CAC held a “Pinwheel Rally” at a local park in Bentonville. AR’s First Lady was the guest speaker; one of our Judge’s read the child abuse awareness proclamation. The Shining Star Award for best practice on the MDT committee was awarded to one of our Benton County DCFS investigators this year. We were so honored because members of law enforcement, prosecuting attorney, or CAC members have been nominated and awarded in the past years. Outsourcing our investigator to the CAC office helped build positive collaborative working relationships with all MDT team members in Benton County.

Staffs in our four counties also hold child abuse awareness activities during April. This year Benton County staff again hosted a booth at the nationally recognized Benton County Farmer’s Market. The city provided the space pro bono. CASA purchased and donated child abuse awareness tokens such as pinwheels, wrist bracelets with AR Hotline phone number, pencils, candy, stickers and more items for staff to hand out to families during the event. Recruitment of foster/adopt families was also promoted during this event as staff handed out informational brochures on how to apply to become a foster or adopt parents. Washington County staff co-hosted a booth in Fayetteville with the CALL to promote child abuse awareness and recruit foster/adopt families. They also had a very successful day in sharing information with their community. Carroll County held a public awareness meeting with the Judge reciting the child

abuse proclamation. Madison County staff have set up informational tables at their local Wal-Mart.

Our Benton-Washington County Assessment Supervisor began reaching out to local schools this year to educate school staff about mandated reporting and to build improved working relationships.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

Area 1 supervisors meet monthly to review agency policy updates and initiatives. During these meetings waiver initiative updates are provided. Program managers have present information on waiver interventions during our supervisor meetings and quarterly all staff meetings. Mona Davis provided an update to all staff on waiver interventions during one of our quarterly meetings. Multiple emails are forwarded by the AD or central office program staff to educate frontline staff of waiver initiatives, roll-out dates/plans of each initiative, and current status of each initiative. Staff has attended state-wide or area orientations and trainings for each initiative except recruitment. The recruitment initiative orientation is scheduled in early May for all area staff to attend. Supervisors are encouraged to promote positive coaching and feedback to staff concerning the initiatives as well as communicate up the chain of command any revisions to interventions that would benefit not only the program but field staff and clients. Area Director has informed juvenile court judges of waiver initiatives via email, during quarterly court meetings, and face-to-face. Poster-sized information about all six interventions was provided to at least two judges. Revisions to DR policy have been provided to the Washington County Juvenile Court Judge as this court opens DCFS PS cases in many FINS cases. Laminated information forms outlining each waiver initiative were provided to all area staff. A special area-wide staff meeting was held for our DCFS Director to update staff on waiver initiatives, expected outcomes of the interventions, and expectations of how DCFS was to improve daily practices.

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

Multiple CHRISnet reports are used by area supervisors to monitor employee performance. Compliance Outcome Reports provide statistical completion rates per element. This is based on documentation in CHRIS cases/investigations so outcome data can be skewed if workers have not timely documented all their work. However, the report does provide a good estimated average of monthly outcomes. Elements most frequently reviewed in this report include timeliness of investigation initiations and completions; percentage rate of completed case plans, assessments, court reports, visits with the family and foster children in their homes, and transitional/independent living services provided to foster youth. Our area goals and PIP to improve service provision are based on several of these elements, especially visits with clients:

*Primary Goals for the Annual Progress Report that we submit each year, we should identify the primary goals that we focused on in the area to try to improve or impact. Typically this is 2-3 goals and should not change from month to month. It should also be supported by data that identifies the areas that you need to work on improving (QSPR). Include timelines and person responsible.*

- Area 1 supervisors and family service workers will ensure 95% compliance with Priority 1 and 2 initiations on a monthly basis so that the safety of children is timely

assessed

- Area 1 staff will support a teamwork approach with providers, services to families, and improve child well-being outcomes through achievement of a 95% completion of quality monthly in home/out of home visits and maintain a 95% visit rate that addresses safety, well-being, permanency, and fosters open communication.
- Area 1 supervisors and family service workers will achieve a monthly 95% completion of PS/FC Case Plans and maintain a 95% case plan rate to ensure that clients and stakeholders are timely involved with the development of case plan goals and tasks to resolve current and prevent future child maltreatment
- Resource staff trained for In-House CPR/First Aid by July 2015, assist in the development of a Foster Parent Association, increase the number of new applicants by 10%, and maintain 90% retention rate of active foster home providers.

Additional CHRISnet reports reviewed include children on trial home visits, the number of days the visits have occurred, whether or not extensions need to be requested or if court orders need to be obtained to return custody to the parent. Reminders are forwarded to supervisors to bring case records into compliance as needed. Case management supervisors review the 120 visit report to address families/children who have not been visited in 3 months or cases which have no documentation of completed visits. The report also helps supervisors note which cases contain duplication of clients and take necessary actions to amend any duplicated clients in a case as this error will also negatively impact statistical outcomes.

Differential Response reports are forwarded to the Area Director and DR supervisor every month. For multiple months the AD and supervisor had to complete a written report for each referral not initiated timely. Although this report captures information pertaining to percentage of timely initiation rates, collateral contact rates, timely closure rates, and whether or not services were provided, the report does not adequately address the effectiveness of program interventions with a family e.g. was the reason for the agency intervention resolved, were safety factors identified --- what were the safety factors, what percentage of DR reports were referred for an investigation, etc. Until this information is evaluated, the true success of the program cannot be determined.

Quarterly and annual reports e.g. QSPR, QPR, Annual Investigation Report are thoroughly reviewed with supervisors to address practice issues and how we can improve the work that we do. Our supervisors also ask questions about how the information is captured to address validity and reliability of outcomes. As a management team we look at how staff turnover and high caseloads affect data outcomes, what we can do to promote staff retention and best practice while addressing high caseloads. As a result, supervisors are noting better documentation on investigation activities. Benton County also improved in the area of more timely completed court reports as noted by their Juvenile Court Judge. We have had brief cycles of caseload averages of 20 to 25 which have allowed frontline staff to focus on quality services instead of crisis interventions. This was correlated to additional allocation of staff to area 1 and a lower rate of vacant positions during those cycles.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.:**

Area 1 is under the directive of a PIP put into effect in October 2014. Performance issues in all units are being addressed through properly and thoroughly expressing expectations and giving directives during weekly unit staff meetings and supervision. Supervisors also utilize coaching through use of positive and motivational reinforcement. Area Investigations Unit supervisors are addressing timely closure of cases and overdue reports through issuing counseling statements as needed. However, what supervisors are observing is that punishment is effective for a short period before staff morale deteriorates. A correlation of staff leaving the agency has been noted when only punishment tactics are used. Supervisors are encouraged to build upon worker's strengths as a remedy.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

FSWs are adjusting to using CANS/FASTS. Most report they like the tool very much. CANS/FAST orientations will need to be scheduled on a regular basis for new hires.

An agency based Response and Recovery unit is much needed to help develop staff retention strategies and provide debriefing for staff when there is a child fatality, staff fatality, or high level of stress on units. Our staff report that although we are a human services agency, we do very poor job of taking care of our own staff. Although EAP is available to staff, this is not effective means of supporting staff in the moment or first days of the occurrence.

Annual training for investigation staff is an additional barrier that effects how we do the work we do. Because CFS does not investigate the higher levels of allegations, there is a lack of knowledge in identifying physical patterns of abuse. For the most part, investigation staff receives two weeks of training pertaining to child welfare investigations: one week of New Worker Training and one week of Child First training. Investigation staff does not receive in-depth sexual abuse training as most other states provide. Area Director recommends that at minimum two days of annual up-date training be mandatory for all investigation staff. Specifically, recognition of signs of physical abuse, factors and symptoms associated with neglect, and factors associated with sexual abuse. An updated Publication 357 is much needed as the last one printed was August 2013. Changes in investigation procedures such as mandating that at minimum one non-professional and two-professional contacts must occur for all physical and sexual abuse allegations.

In-house orientation for new staff was in the process of development, but placed at a lower priority as state-wide initiatives rolled out. Supervisors have requested the development of a local orientation to provide newly hired staff with knowledge on various forms that are not covered in new worker training.

Safety plan writing/wording and policy clarification update training is needed. A mandatory annual 3 hour SDM training for all staff via webinar would steadily improve staff's ability to quickly recognize safety factors.

Lack of available placements for foster children, whether entering care or encountering placement disruptions, has been one of our major barriers since October 2014. All of our

counties struggled to locate placement for foster youth who display significant behavior problems, significant mental health issues, have been incarcerated, or have history of criminal charges/convictions. This is a systemic problem statewide with lack of available placement resources to meet the challenges of caring for the population of youth who are not a good fit for incarceration nor foster home placement. Locating resource providers willing to care for infants, even healthy infants, has become a challenge as well since many providers consist of both parents working outside of the home. Additionally, Area 1 has experienced an increase in the number of children from other areas placed in facilities or foster homes in Washington and Benton Counties. CALL homes, which are recruited to specifically help keep children within their own communities, are now shared with other areas. This presents problems with overcrowding in foster homes or placing children in homes which are ineligible so that children do not have to sleep on a concrete floor and staff does not have to work excessive hours. Also, our staff is not trained in CPR. So if there is a medical emergency while a child is at an office waiting for placement, the situation could become critical in a short period of time. Area Director has advocated for foster/adopt applicant processing to be returned to the area resource staff until Centralized Inquiry unit is fully staffed, trained, and prepared to handle the state-wide volume of applications received weekly.

Placement options for certain foster care populations such teens, especially those who exhibit delinquent behaviors or have sexual abuse exempt findings as a perpetrator, pregnant teens, teens with infants, medically fragile children, children with PSMI and large sibling groups are difficult to obtain or non-existent.

Area 1, especially Washington County, has a large Marshallese population. There is a lack of interpreters to access when needed to communicate with our Marshallese clientele. Our area has a separate Purchase Order for Marshallese interpreters, but it is a challenge to obtain someone on a statewide basis to provide this service since the Marshallese community is more confined to NWA, and there is only one Marshallese interpreter who is court certified in AR to translate. One Washington County staff has attended in the past the Gaps in Services to the Marshallese Task Force at the Joes Center/Minority Health Commission. This supervisor demoted to an FSW in January. At this time no other staff has been identified to participate in task force. Additionally, conflicting information has been received as to the after-hours availability of services provided by Interpreters Unlimited contract provider.

Need for additional support staff, e.g. Program Assistants and clerical. Supervisors reported that FSWs spend much work time providing transportation for their foster care clients. This is taking away time they could be doing casework. With new laws pertaining to weekly sibling visits, additional program assistants in both larger counties is needed. Additional clerical staff would help print CHRIS case documents for attorneys or CASA requesting CHRIS records.

Our CHRIS data system has become more complicated over the past years with additional programs added and updates to improve documentation of case activities. When staff is assigned to specialized units, their individual knowledge of manipulating all CHRIS programs can be limited. This was noted when multiple seasoned staff attempted to complete a history search on a child fatality case. If names are spelled differently or no dates of birth are documented, this can create a gap in accessing all prior history on a family. Recommendations for improvement include an alert pop-up box for individuals whose parental rights have been terminated or have

committed an egregious offense against a child.

### **AREA 2 DIRECTOR-LISA JENSEN**

#### **Analyze current recruitment methods and identify areas for improvement:**

Each county supervisor has developed various strategies to assist with worker retention- in Logan County; for example, the supervisor recognizes birthdays, special events, extraordinary achievements, etc. with lunches out, bringing baked goods, sending praise. Logan County also has smaller workloads in comparison to many of the other counties in Area 2 so they are more able to provide services to their families and they have a higher sense of accomplishment for the jobs they do.

Crawford County Supervisor has instituted a COR day once a month, she recognizes accomplishments, brings a home cooked meal for her staff and they all eat together, and she protects them for the day so they can focus on entering documentation in the computer. She has obtained support from the community such as gift certificates and other prizes that are drawn for throughout the day.

Sebastian County has been working with the Psychology and Criminal Justice Departments at UAFS to identify students who are interested in child welfare and offering internships for credit so they can see what child welfare is about- this has helped identify potential future FSWs for the Division. One worker that started as an intern is now a supervisor in Sebastian County. Sebastian County also recognizes an employee of the month every month and they are rewarded with a parking pass in the parking deck for a month. Special events are also planned around holidays or special events; these usually include food and a drawing for a special prize. Local providers have also recognized the efforts of staff and shown their appreciation with breakfast being provided for all staff

#### **Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Supervisors poll their staff for issues then the supervisor addresses the issues directly with the provider if appropriate. Supervisors bring the issues to the Area Director's attention either by email or in the monthly report. Area Director will then schedule a meeting with the provider if the issues were not able to be addressed at the supervisor level.

Change for next year is for the Area Director and the supervisors to meet with the providers on a least a quarterly basis to address problems and issues as they arise and work together more cohesively.

#### **Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

##### *Recruitment efforts:*

- Speaking to community groups
- Radio announcements
- Foster parent word of mouth
- CALL in Crawford, Sebastian, Johnson and Franklin Counties- getting CALL in Yell County
- Face Book announcements of the need for foster parents
- Booths at community events

Area 2 is receiving a significant amount of inquiries to apply on line, but they are not being processed by central inquiry in a timely fashion and sent out to the field for IHC to be conducted.

*Expectations:*

Resource staff are to make quarterly visits to all resource providers

Return phone calls and emails promptly

Attend monthly foster parent support group meetings

Assist FSW in providing for concrete needs of child upon request of foster parents or FSW

*Accountability:*

RW are held accountable to make their quarterly placement visits, maintain current licensure for the homes on their workloads, assist foster care workers meet the needs of the children in the foster homes, attend monthly support meetings, and assist foster parents in completing their travel reimbursements properly.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Area Director was trained and given access to sites to perform record checks after hours and on weekends.

Resource Workers serve in the on-call rotation and can conduct IHCs on potential provisional homes after hours and on weekends upon request.

**Develop communication platform and tool kit:**

Area 2 will put together a workgroup to develop a communication platform and tool kit prior to 6-30-15.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

Area Director and supervisors explain to staff and community partners what the waiver interventions are and how they are intended to support the goals of the waiver.

Area Director ensures all supervisors are well versed in the interventions so they can support staff and talk to community providers,

Area Director provides direct coaching of staff in the interventions as necessary.

Area 2 conducts quarterly meetings for staff to improve skill levels for staff working with the various interventions

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

COR report is used by Area Director and all supervisors to see the overall efforts of the staff for any given month; however, this is “old” news when it comes to improving performance. This report is used to see where the errors have occurred and help staff understand what they have missed or possibly keyed incorrectly and how to key properly to get credit for work being done.

120 day PS and FC reports are used throughout the month to monitor what visits are being completed and documented by the staff on an ongoing basis. This report is used by supervisors to help staff organize their schedules in order to get visits completed timely.

Overdue investigation report is used daily by the Area Director to monitor how many investigations are not being completed timely and to identify which staff are struggling to keep up with job assignments. This report is also used to see which staff are able to assist other staff who are struggling.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.:**

Area 2 developed two PIP plans

- Improve practices for investigations. This plan focused on strengthening the work that was already being done well in the area. We identified ways to improve initiations and overall documentation. We provided 3 hour training for all investigation staff on how to document their interviews and where to document certain things such as observations of the interaction of the parent and child, etc. We also asked Linda Williams to come and address Protection Plans with the group. We provided handouts, power point presentation, investigation check list, and other helpful tools for investigators to use during their investigation process.
- Improving practices in PS cases. This plan focused on improving the frequency and quality of home visits and the documentation of such visits. We provided a documentation tool and coached the staff on its proper use. We also developed a supervisory review tool for supervisors to use during their case conferencing with the workers.

In addition to implementation of the PS PIP, two additional quarterly meetings have been held to work specifically with the in home staff to strengthen their practices and service delivery to the in home clients.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

The most significant gap in Area 2 is the lack of appropriate local placements for children who have to be removed from their homes.

Contract services are limited in the rural counties- basic counselling services are available locally, but capacity is an issue. Clients are not able to get appointments often enough to meet their current level of need and make timely progress toward their goals. Capacity is also an issue in Sebastian and Crawford Counties. There are several counselling agencies that are willing and able to work with the Department, but due to having to use the Local Mental Health for all foster care and all parents who need to be on contract, we are limited in the services we are provided and the timeliness of services. Services that are not available in the rural counties because the clients have to be transported out of county, either to Fort Smith or Russellville to receive the needed services (anger management, domestic violence intervention, parenting instruction, drug treatment, etc.). This increases the amount of time our staff spend on the road transporting clients for services and waiting for services to be provided before returning the client to their home.

The Psychological Evaluation contract is inadequate to meet the need for Area 2. We had one provider to service the entire area- she has now ended her contract due to medical issues and moving out of state to receive treatments. We are in the process of trying to identify a new provider to take over the remainder of the contract.

Yell County continues to partner with Hispanic Churches to provide services and support to Hispanic Families. Logan County has partnered with Marilyn Sanders from the Hamilton House to provide parenting classes locally for clients. She is also willing to work 1-1 with two clients with lower IQ that need more hands on instruction. Sebastian County continues to partner with STEPS to provide space for parent/child visitations, parent education, and other support for foster children. Sebastian County also has several volunteers that assist in the maintenance of a clothing closet for children entering care and file room organization and shredding files when able. Resource Staff continue to work with the CALL to recruit, train, and support foster parents. The new Community Engagement Specialist has been meeting key community leaders to discuss the need for foster homes and enlist participation with recruitment efforts. Franklin and Johnson Counties are working with volunteers to support parenting education for their clients. Sebastian County Staff have also supported all counties with parenting classes inviting all counties to attend the ongoing parenting instruction and the Spanish parenting class. Sebastian County also has two FSWs who are bi-lingual.

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

#### **Analyze current recruitment methods and identify areas for improvement:**

Area 3 DCFS is now ensuring all FSW applicants are reviewing the Realistic Job Preview prior to doing interviews and asking questions to see if they understood or had concerns on the video. DCFS Supervisors are reporting that they feel they have been getting better applicants since they started doing the specific county FSW advertisement instead of the continuously advertised positions. Additionally, having staff to better understand position interviewing for has weeded out some individuals that do not think they could do the job.

Area 3 has had a large number of vacancies in the last year. Supervisors have identified worker appreciation and worker retention as Areas to work on during Learning Circles. Area 3 is going to have another worker appreciation training day during September Quarterly Training and this will be held at the lake pavilion as it has in the past two years. During this worker appreciation day, each worker will receive a certificate recognizing their strengths and contributions. There will be a worker of the year that is recognized and this employee will be sent up for consideration for the statewide DCFS employee of the year.

During Learning Circles, Area Supervisors have also decided to do a survey for staff to include discussion on things that cause then stress on job, what can make job better and a few other questions to try to identify stress factors. Supervisors plan to use this information provided by staff during Learning Circles to work on creating plan for worker retention in the Area.

#### **Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Supervisors will report monthly in the monthly report any concerns during the month with contract providers. These concerns will be reported by the AD to Cindy Waller and Central office staff. Based on the nature of the concerns the concerns may need to be addressed on a local level with staff and contract providers or may be need to be addressed by central office contract staff.

Staff would like for there to be a more formalized method of review of the service providers with Area Supervisors and the Contract Managers before they review contracts to do RFP considerations and new contract agreements.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

Recruitment is a team effort. The resource workers regularly meet with volunteers from community organizations (Pure Commitment, Stiches of Unconditional Love and the CALL) to discuss group roles, missions, and recruitment. Resource workers continue to make presentations to various community organizations on the need for foster and adoptive homes within Area 3. Some successful strategies for the area involves the distribution of publications to local businesses within target counties, and also challenging current foster / adoptive families to assist with recruitment through their monthly foster parent association meetings. Resource worker have placed an advertisement for foster parent recruitment in the local county newspaper. All of the various recruitment tactics have been effective.

Suggested methods:

- Continue recruiting through speaking with stakeholders at variety of local events (county fairs, church activities, sport events and festivals).
- Resource workers will work closely with the newly hired Community Engagement Specialist to organize more recruitment events in all nine counties.
- Target recruitment on more foster families for all ages, but primarily for ages 0 to 5 years, as that continues to be largest age group of kids in care; especially have a need for a stay-at-home parent for infants unable to attend childcare.
- Target recruitment on more foster and adoptive families for large sibling groups and children over age 10.
- Continue to offer continuing education and regular monthly FP Association meetings to support existing families.
- Continue work with Pure Commitment, Stiches of Unconditional Love and the CALL to offer support to the groups and continue to recruit volunteers for both efforts

The current recruitment activities for Area 3 consist of monthly inquiry meetings, distribution of publications, making presentation to local business and church events, setting up booths at sport events, festivals and county fairs. Resource staff recently attended the grand opening for Child Advocacy Center in Clark Co.; maintaining a good rapport with community stakeholders (Pure Commitment, Stiches of Unconditional Love and the CALL). Resource staff meets monthly with the CALL to discuss any areas of concerns. Retention efforts continue to be the main focus for resource workers. By having monthly foster parent association meetings, resource workers are able to provide support and share information received at various training to foster parents. Staff hold monthly informational meetings for foster/adoption inquiries. If a person determines they are not interested in fostering or adopting, staff inform them of other ways they can help make a difference by becoming a volunteer. Resource workers provide volunteer packets to recruited volunteers so that information and background checks can be updated according to new DCFS Volunteer protocol. The resource staff is responsible for ensuring support to the foster and adoptive families through attending monthly Foster Parent association meetings. Resource workers notify foster and adoptive families of any new training opportunities. Resource

supervisor expects for the Resource workers to be available to assist by communicating updates to foster and adoptive parent via emails, meetings, and correspondence as needed.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

An on-call schedule for Resource workers has recently been implemented. Resource workers will be on call for their specific area and a back-up person is assigned to each area also. The procedure is listed below: The On-Call Supervisor will call the Area Director to let them know that they have identified relatives for consideration for provisional placement and provide about as much information about the family and discuss the CFS 450. Area Director will run the backgrounds checks and make contact back with the On-Call Supervisor, if favorable the Area Director will then contact the Resource Worker Supervisor immediately to request an in home consultation by the resource worker. Resource Worker Supervisor will make contact with the Resource Worker that is on call to immediately go to the home and complete the IHC after background check have been cleared and approved. Resource Worker will contact the Resource Supervisor of all findings and concerns if any. Resource Supervisor will contact the On Call Supervisor to let them know if the home is approved or not and if they can place the children. Some of the challenges are that not all of the relative placement will be able to be approved within 24; some many require policy and alternative compliance waivers. Since implementation Area 3 has had (2) two after hours calls to for consideration of placement with relative. One family was able to be approved and the other family had Central Registry history which excluded from consideration.

**Develop communication platform and tool kit:**

Much of this community engagement will be done with the hiring of the new Community Engagement Specialist. A new Community Engagement Specialist has just been hired for the area but is currently on FMLA and has not yet started job duties. When the Community Engagement Specialist returns to work, a meeting will be set up with resource staff and County Supervisors to discuss needs to be addressed within the Area. The team will develop quick reference guides and handouts to educate the community on how they can assist with meeting service needs for families served by DCFS.

All DCFS staff are being trained on the new IV initiatives. As workers engage families and the public they will be in positions to share new Child Welfare initiatives. The new Realistic Job Description video created as a tool for hiring can also be used to educate the community more on roles and responsibilities of a FSW.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

AD has had training on the new initiatives in monthly supervisors meetings to discuss upcoming rollout outs of initiatives and to discuss any problems or concerns that need to be addressed on any of the new IV waiver initiatives. AD also has Quarterly Trainings with all Area staff. As new initiatives are introduced the program managers or staff will come to the Area and discuss and explain to staff. As AD is made aware of any problems or concerns with supervisors or field staff these are addressed with the program managers over each of the IV initiatives.

Bullet point reference sheets provided by central office staff are helpful to staff to refer to for basic questions while learning new initiatives. This is also helpful for them to use when trying to explain these initiatives to families or to the public.

At Supervisors Meetings, AD also asks for staff to share any positives with new initiatives. This helps with the buy in for the initiatives when they can see that it has been effective to providing better services to families.

Due to the changes in the service delivery through DCFS in the past year, several of the supervisory staff have met with school and other community organizations to share more about DR, TDM and the Structured Decision Making process. NFA and PRT and CANS are all relatively new in the Area. Only one county has been having the PRT meetings until a recent rollout in Area 3 when three more counties starting the TDM meetings. With these recent rollouts we will have more opportunities to share with court staff, community providers, and other agencies the new services being offered to families.

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

Area 3 Program Coordinator sends out weekly CHRIS net reports to supervisors to assist them in monitoring cases and investigations. The most effective reports used are the PS and FC 120 day reports which show visits made on open cases within the last 90 days. Also helpful is the case plan reports showing cases with overdue case plans for FC and PS cases. For investigators, the supervisors maintain a daily log to show initiations and 5 day and 25 day conferences with staff. Reports are sent out twice weekly to show overdues and on Thursdays a CHRIS net report is sent showing upcoming due reports to work to key off before the weekend so they do not go overdue. It is also helpful to staff that now CHRIS does the automatic pop up at 25 days telling when an investigation is coming due. Supervisors also use the monthly COR reports to determine how their county and individual workers are doing in each of the COR elements so they can address areas of improvement needed with staff.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.:**

During this last year, an Area PIP plan was developed to work on increasing home visits to families. The 120 day report is sent out at least twice monthly to supervisors to assist them in monitoring HV to families. In addition, a new Home visiting form was provided to staff to use on HV to assist them in ensuring gathering needed info and addressing concerns during the HV. This tool is also used to assist supervisors in ensuring visits were occurring as needed with staff and to help with documentation of home visits.

Another PIP initiative was developed for investigative staff to assist with more timely initiations and completions on referrals. Supervisors are maintaining logs for initiations and 5 day and 25 day conferences. Also reports are being used to help to prevent overdues. Area 3 in general has made significant improvements with investigations but vacancies in the investigative unit have caused one larger county to continue to have significant overdues.

AD had training to Supervisors in September 2014 for Facilitating Innovative Practices to Insure Safety, Permanency and Well Being. This training with supervisors was focused on the crucial role of home visiting and the supervisor's role in integrating new practices into current work processes. This training helped the supervisory staff increase skills of monitoring, supporting and

teaching their casework staff more advanced skills of work and accountability with families in need.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

Area 3 has several small rural counties that do not have services available within the local community. Area 3 only has a drug treatment program in Garland County. If outpatient or inpatient needed clients have to travel to that county for services. This often creates a burden on DCFS staff as they are frequently required to provide transportation to families for these services out of county. IFS providers are limited on the numbers of families they can serve due to the numbers of hours needed for services and not enough IFS providers. There are local mental health providers in the community, but there is a lack of providers who can provide Trauma based therapy, especially for children in the Area.

Although there are local community health providers, there are service gaps with some of these providers in their ability to get children or clients in quickly for services and may not been able to see them with the frequency needed to address needs. In addition, at times it is difficult to get reports for court from some providers.

Another concern is for the time it takes now to get families in for psych evaluations in the Area as these are very time consuming and being ordered in more of the court involved cases.

**AREA 4 DIRECTOR-CHARLOTTE JEWELL**

**Analyze current recruitment methods and identify areas for improvement:**

The area is working with SAU and HSU to actively seek interns each semester to work in DCFS. The agency has seen a growing number of interns selecting DCFS in Area 4 to work their internship semester. Area IV just received its first stipend student for Union this fiscal year. We have had interns from SAU in four counties and two interns from HSU in Sevier County. All of the county supervisors are encouraged to speak at Career Days at local schools and Universities. Our IVE partner contract is with SAU so they encourage their social work students to work in the DCFS field. Columbia County is very involved in recruitment at SAU and career day.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Supervisors are responsible for reporting any non-compliance of providers to the Area Director and financial coordinator. The Supervisors report to the AD by telephone, email and in their Monthly Reports which are shared with central office. The supervisors are to initially attempt to resolve the issue locally if possible but it is an ethical issue or violation of policy, law or ethics, it immediately reported to the central office. Minor issues are resolved locally and then as a unit group in area meetings. Many times we have meetings with the providers to work out issues of non-compliance with our clients or workers to resolve the issue. All problems that cannot be resolved are shared with Anne Wells and central office staff. Any major issues are resolved with input from central office.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

The three resource FSWs are assigned three counties each to work for recruitment of foster and adoptive homes. The resource staff continues to place advertisement in the local newspapers about foster homes. They mail out letters to churches to ask them to advertise in their church bulletins about the need. The resource staff also has walked certain neighborhoods, placing door hangers on doorknobs of homes in the area, reminding them about the need. Resource and Supervisors have spoken on local TV stations about the need for foster homes. The CALL has been successfully established in three counties, Union, Ouachita and Columbia Counties; however, there are not a large number of foster homes opened at this time. The Area Director also encourages all staff in DCFS to make recruitment a part of their job duties but with the caseload size and job vacancies; they are not able to recruit effectively. The resource staff is responsible for reevaluations of foster and adoptive homes so they do not have adequate time to recruit effectively. There has been a problem with receiving new applicants since the centralized intake unit has been operational. The area is not receiving the same amount of applicants as previously received when the intake was completed locally. Even with all of the above said, many counties do not respond to working with the CALL or responding the request for foster parents. Miller County has had difficulty in recruiting homes for 30-40 years and even TFC programs have a difficult time recruiting in the city. There are also issues with the city being a border city. If recruitment is made in churches, many responses are from applicants who reside in Texarkana, Texas.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

The AD is now able to complete all central, criminal and driving record checks which allows the area to place children with relatives after hours. The AD and Resource Unit all have the agreement that we will be expected to make home visits to complete IHCs, record checks, home studies and evaluate homes 24-7 so that children can be placed with families. The Resource Supervisor and the Area Director participate and assist in these items so that placements can be made.

**Develop communication platform and tool kit:**

Supervisors are expected to attend local organizational meetings such as MDT, SOC, CCC, judges meetings to speak about DCFS and new programs. Each county will have their county statistics available for public speaking engagements. This is also a part of the Supervisors PPES and they are rated according to their community engagement s held monthly. They also report their community engagements in their monthly reports.

**Review and align the IV-E Waiver communication with the comprehensive communication platform.**

The AD messages and support the implementation of the waiver interventions (DR, TDM, PRT, NFA, Recruitment, CANS/FAST) through local meetings with MDT, CASA, judges meetings, SOC, CCC. The judges quarterly meetings are attended in each county by a large community group so that provides an opportunity to share the new programs. However, the community stakeholders are invited to meetings and trainings so that they can learn about the new programs.

They have also been invited to attend any meetings/trainings provided by central office or when the Director of DCFS spoke to our Area.

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

The main reports used to monitor and hold staff accountable are the monthly COR and then the 120 reports which indicates what families and children are seen each month. Foster care cases that have been open for 180 days are monitored to assess the movement towards the goal and to assure that data is accurate.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.**

The area has developed a PIP for investigations to improve the initiation time frames. We also wanted to improve the quality of the investigations while improving time frames. Supervision was changed to improve quality and child safety. The Area also completed a PIP in regard to improving services to parents, especially putative fathers, of children who are in foster care. The AD has established expectations that we should be 95%-100% on all Protective Services and Foster Care Visits, and also visits to Parents. The documentation of these visits must be assigned to a Program Assistant to check for the documentation of the visits as we believe that visits have occurred but were not documented timely.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

The area must have more foster homes for our children of all ages but to lessen the need for foster care placements we must develop drug prevention programs in the counties. The majority of the children entering foster care in Area IV are due to drug use. The drug prevention programs do not exist and/or not available. Treatment is not available to teenagers in the area and is greatly needed.

**AREA 5 DIRECTOR-JANIS MATLOCK**

**Analyze current recruitment methods and identify areas for improvement:**

Agency has the stipend student program. They may go to colleges and universities to recruit.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Report to Central office, Behavioral Health Manager, or Contract Manager. Document and address with providers.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

I expect staff to answer and return phone calls in a reasonable time frame make monthly and quarterly visits, support families as needed.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

AD's have been given the ability to complete record checks after hours so that we can look at completing Provisionals after hours.

**Develop communication platform and tool kit:**

All counties attend different community events to help educate community.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

Express to staff in meetings, and emails how important these new initiatives are and how they will better assist our families and children.

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

COR, and many of the CHRIS reports. 120 day visit reports, Clean these up reports, AFCAR errors.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc. Plan to improve timely completion of investigations and completing monthly visits for PS cases.**

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

Several of my northern counties do not have IFS services. There are no providers willing to provide services to these counties. Issues with substance abuse services.

**AREA 6 DIRECTOR-MILTON GRAHAM**

**Analyze current recruitment methods and identify areas for improvement:**

The current methods being utilized for the improvement of recruitment and retention of child welfare workforce is centers around continuous collaboration and communication. This activity and process involves the interviewing county and unit supervisor pre and post interview and selection of the of the most qualified child welfare applicants for that particular position. A thoughtful and careful review of a set of questions and scenarios which have been answered by the applicant prior to the interview, and during the interview is conducted. This accomplished by a panel of at least two interviewers which score the applicants answers and responses and is then evaluated and calculated. If the applicant which is being selected has prior work history with DHS/DCFS a thorough review of the official personnel file will be conducted by the hiring supervisor prior to submitting the applicant as the person selected. Three good work history references are required for applicants who do not have prior work history with DHS/DCFS. To aide in the retention of a qualified trained child welfare work force, mentors and, field trainers are assigned to new FSW staff. There is ongoing professional development opportunities offered. The Area Director personally seeks out to meet and welcome each new employee face to face in person. The Area Director encourages county and unit supervisors schedule and meet with their staff regularly and weekly with their staff. The area director does this through modeling this parallel process by meeting weekly with an area wide representation of county and unit

supervisors, and monthly meetings with county supervisors and other support staff that he directly supervises. The area director schedules quarterly area education meeting and provides direct communication from him to all area employees and answers questions from frontline staff that he normally may not interact with each day. The area director sets the agenda and includes presenters that provide practical needed work related information, continuing education as well as job motivation at each quarterly meeting. Area director seeks out services providers who will present information and provide food for the morning and lunch for the employees as an added incentive and token of appreciation to each worker.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

County and Unit Supervisors meet weekly with their county and units to discuss and report any non-performance of services providers. County and Unit Supervisors provide feedback during the weekly Friday Supervisor's Meetings with the Area Director and the Monthly County Supervisor's Meeting. This information is reported and included in the monthly report submitted to the Area Director which is provided to the DCFS Deputy Director.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

The "CALL" does most of the recruitment for our homes. There has been a new position added to assist in this for the area, thru the wavier. We are starting to have inquiry meetings again. We need TV commercials to go out state wide for recruitment.

Area director communicates weekly with the Community Engagement Specialists and invites the Community Engagement Specialist to the weekly Friday Supervisor's Meetings with the Area Director and the Monthly County Supervisor's Meetings. Area Director attends and is a member of the local C.A.L.L. Board and communicates regularly with the board members and director. The Area Director invites the Community Engagement Specialist and the C.A.L.L. Director to the Quarterly Area Education Meetings to discuss these issues with all staff in attendance. The area director regularly and continues to message to all staff that "Recruitment is everyone's business."

The current recruitment methods are in the process of changing since the hiring of the Community Engagement Specialist. This process and method has been slow to take affect however based on the model and plans set for this method the future is very promising. To improve upon this process it will take true collaboration with the field staff and the Community Engagement Specialist. This will involve a careful and honest evaluation of what was done previously that worked and what did not work. As momentum builds there will be a need for sustainable and continuous progress in this area. As the Area Director I plan to continue to message at all levels in the area in each meeting that "Recruitment is everyone's business". I will look for and explore new innovative ways to spread the message to all segments of the community in order to bring greater awareness to this very important and pressing problem until there are at least 3 beds for every child in foster care and there are zero children waiting for an adoptive home. I plan to utilize my recent appointment to the Governor's Steering Committee for the Faith In Action Summit to improve and increase placement stability and expedite permanency for children in foster care.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Area VI Resource staff are part of the weekly on-call rotation which is 24/7. The shortage of foster home beds to meet the increasing number of children entering foster care coupled with children in foster care staying in foster care for longer periods is a major challenge. The demand and stress of due to the nature of the child welfare profession presents additional challenges. The sometimes unrealistic expectations put upon DCFS field staff by the courts and AAL's including turnover of OPLS which hinders court prep presents more issues.

**Develop communication platform and tool kit:**

Area Director attends and is a member of the local C.A.L.L. Board and communicates regularly with the board members and director. The Area Director invites the Community Engagement Specialist and the C.A.L.L. Director to the Quarterly Area Education Meetings to discuss with all staff.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

The Area Director communicates regularly with the courts during the Judicial Leadership Meetings attends other community stakeholder meetings such as the CCC and utilizes opportunities that present themselves through public speaking and radio as a communication platform. Area director communicates weekly with the Community Engagement Specialists and invites the Community Engagement Specialist to the weekly Friday Supervisor's Meetings with the Area Director and the Monthly County Supervisor's Meetings. Area Director attends and is a member of the local C.A.L.L. Board and communicates regularly with the board members and director. The Area Director invites the Community Engagement Specialist and the C.A.L.L. Director to the Quarterly Area Education Meetings to discuss these issues with all staff in attendance. The area director regularly and continues to message to all staff that "Recruitment is everyone's business".

Please describe how you message and support the implementation of the waiver interventions. (DR, TDM, PRT, NFA, Recruitment, CANS/FAST)

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

120 Day Reports Viewed By Staff: This report captures how frequent reports are viewed by DCFS staff. In Home Visits Past 120 Days: This report captures all visits in the children's home that have not been removed. Foster Children Visits Past 120 Days: This report captures all visits to foster children in their placement provider (face-to-face)

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.**

The Area Director monitors the Continuous Quality Improvement through regular meetings with County and Unit Supervisory Staff weekly, monthly and quarterly with the entire area. The Area Director participates in the Monthly Area Director's Meeting with other Area Director's and the Deputy Director and other Executive and Central Office Support Staff. The Area Director communicates and reviews all provided reports and information provided with the area county, unit and frontline staff. The Area Director provides coaching, technical assistance and counselling to staff at all levels in the Area. The Area Director communicates with the CQI

Manager and develops program improvements plans and set goals and timeframes on a month to month basis. The Area Director reviews reports sent through e-mail from Program Administrator's and reviews the areas that are doing well and those that are deficient.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

There is a service gap for inpatient drug and alcohol treatment for adolescents and teenagers. There is a service gap for families with open protective and DR cases. Family mentoring, for parents and children. There is a gap in services for hard to place children entering foster care who have severe behavioral problems which do not rise to the level of needing residential inpatient or acute care according to value options. These service gaps affect children primarily ages 12-18 years of age. Area Director identifies regularly through hands on communication and participation with the Zero to Three Initiative, NFA implementation, ARCANS/ARFAST implementation which provide evidence based data regarding needed services in the area. The Area Director travels monthly to each of the five county offices and interacting with frontline staff discussing current needs for more community based services. The Area Director communicates with community mental health stakeholders and central office support staff regarding the need for more community based services and supports categorically.

**AREA 7 DIRECTOR-ANGELA NEWCOMB**

**Analyze current recruitment methods and identify areas for improvement:**

Current recruitment methods are done by another unit within DHS. We also utilize a video to show all job applicants for the FSW position that shows the realistic duties of the job. Great improvements are needed as we continue to get the same applicants on each list and when people come into interview, they state they just need a job. When there are more than 2 FSW vacancies, the county should be able to request to do mass interviews for the position.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Service providers are discussed monthly at the area supervisors meeting with the supervisors. Each supervisor is responsible for monitoring service delivery and discussing with staff. Area financial coordinator also monitors service expectations and reports directly to the AD if there are loops or non-performance issues. These issues can also be discussed in their county monthly reports.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

The CALL has just recently hired on a director in Jefferson County and we are in hopes that will assist with more recruitment efforts in that area. At this time, there is no local community engagement specialist to help in recruitment of foster homes and volunteers. Lonoke County also has the CALL that just started back up training families.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Processing background checks after hours has been implemented in Area VII. To assist with this we have created an on-call rotation for resource staff. The removing FSW contacts the on-call supervisor after a relative has been identified for possible placement. The removing FSW's ensures that all necessary background forms are completed. After the forms are completed the on-call supervisor contact the AD. AD runs background checks and if they are favorable the AD contacts the resource supervisor with the information. The resource supervisor then contacts the on-call resource worker to go to the home and conduct the IHC. IF the home is appropriate, placement is made that night.

**Develop communication platform and tool kit:**

Ongoing

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

Information is messaged through area meetings, staff quarterly training and county office visits. We have had additional training in the area in regards to SDM. We have not implemented TDM however supervisors and AD discuss with staff the program and expectation of staff when implemented. DR continues to have issues due to only having one DR worker for 9 counties at this time, however we have just recently hired on 2 more staff in other counties in Area VII that will work DR's to help improve DR in Area VII. We have also began to implement services in the investigations stage

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

QSPR and COR reports

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.:**

Corrective action plans are monitored monthly and discussed at area meetings with supervisors.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

Area VII has some very rural counties and there are not a lot of community based services and supports. The area is in need of more ways to identify community services that are currently available as well as ways to message/develop additional community based services in these counties.

**AREA 8 DIRECTOR-SUZANN HENRY**

**Analyze current recruitment methods and identify areas for improvement:**

Area 8 participated in two Job Fairs at Arkansas State University during the school year. The Recruitment Unit works with Area Director and Area Staff to set up booths in order to recruit student that are graduating and informing them of job opportunities with DCFS. Area Director also attended a forum for DHS Employment Opportunities and has spoken along with DCO staff to students at ASU. The Realistic Job Preview Video was shown and there was a question and answer session after the video. Staff speaks at Child Welfare Classes to inform students about

DCFS. We have the Stipend Program through the Social Work Department at ASU, which gives seniors in the Social Work Program an opportunity to receive financial assistance as well as being assured employment with DCFS upon graduation.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

County Supervisors in Area 8 submit a monthly report to Area Director and are expected to provide information as to any issues or concerns regarding contract providers. If there is an issue, Area Director will discuss with the supervisor and make sure that I understand the specific issues and concerns. Area Director then provides that information on my monthly report that is submitted to Central Office. Area Director and Supervisor will try to resolve any issues with contract providers at the local level. If this is not effective, then I notify the Contract Unit in Central Office.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

There has not been anything organized for the area regarding recruitment. The Resource Unit has provided information upon request by various community organizations for specific events. The Resource Unit works closely with Christian 4 Kids to support their recruitment efforts and assist with any activities or events that they sponsor. The Resource Unit visits the foster/adoptive families quarterly. Resource Workers are assigned to specific homes and the families contact them with any issues or concerns. If families are not able to get in touch with their case worker, they know they can always contact their Resource Worker. If it is a specific case issue, the Resource Worker will assist the foster/adopt family in making contact with the caseworker or their supervisor.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Area Director now has the ability to run Criminal and Driving Record Checks. Staff is required to identify any relatives or fictive kin that would be a possible placement for children entering foster care and refer to the Area Director and Resource Supervisor. If it is an appropriate referral, background checks are run and IHC completed to determine if child can immediately go into placement instead of having to go into a foster home. The Resource Unit has staff on call that are required to go out and do IHC's after hours and on weekends once background checks have been cleared. There has already been at least four occasions where this occurred and the children were able to go into provisional placement.

**Develop communication platform and tool kit:**

Staff work closely with school personnel in their communities to educate child maltreatment and mandated reporting. Staff has participated in lunch meetings with local counseling agencies to discuss effective ways to work with the families we serve. Staff attend Community Care Council Meetings quarterly and provide information and updates on child welfare especially the IV-E Waiver Initiatives.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

DCFS Director Cecile Blucker has come to our area and spoke with staff to educate them as to the IVE Waiver Initiatives. Area Director messages to Supervisors at the area meetings and through email.

Identify all management reports (CHRIS and HZA) used to monitor performance:

The 120 Day Visit for Protective Services and Foster Care / COR to monitor timely initiation and completion of investigations.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.**

Visits to PS and FC cases will be monitored by supervisors reviewing the 120 Visit Report at least twice monthly. Supervisors will conference with their staff and develop a plan to ensure that all families are seen at least monthly and documented in CHRIS. Workers are to complete a Visitation Log and provide to their supervisor and Area Director to explain any family not visited during the month. COR report is monitored monthly to determine if investigations are initiated and completed timely. Supervisors must review any investigation that has an error for timely initiation and provide an explanation as to the reason and their corrective action plan.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

We do not get qualify psychological evaluations from our current provider. The evaluator primarily takes the information from staff/ clients and provides a report based on this information. Staff and the courts need more comprehensive information in order to determine whether children can safely return to their parents. Area 8 has a significant, overwhelming drug problem, especially regarding methamphetamine. The counties that use HRA are not getting adequate services for their clients. They are required to travel out area to get outpatient services. There is a significant issue with clients that continue to relapse once they have completed treatment and children are returned home.

**AREA 9 DIRECTOR-CYNDI ROWLETT**

**Analyze current recruitment methods and identify areas for improvement:**

Area 9 holds monthly informational meetings in most counties for those interested in learning more about becoming a foster or adoptive home. Public Service Announcements are ran in several newspapers around the area for recruiting purposes. Agency staff also speak at local organizations regarding recruitment and needs for the specific counties.

We will continue with the recruitment efforts listed above, as well as now having the community engagement specialist in our areas that will be focused solely on recruitment and getting community involved with the agency and meeting their needs.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Any issues that staff are having with service providers are reported to AD either by email or by phone. They also report these in their monthly reports. AD then reports these issues/concerns to

the appropriate person in Central Office. Contract Manager and Behavioral Health Manager work real well with the staff in getting the issues brought to attention of provider and help in getting them resolved.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

Area 9 holds monthly informational meetings in most counties for those interested in learning more about becoming a foster or adoptive home. Public Service Announcements are run in several newspapers around the area for recruiting purposes. Agency staff also speak at local organizations regarding recruitment and needs for the specific counties.

We will continue with the recruitment efforts listed above, as well as now having the community engagement specialist in our areas that will be focused solely on recruitment and getting community involved with the agency and meeting their needs. Staff are expected to support area foster and adoptive families and responsive to them. Any issues that arise for lack of doing this, I address immediately with the supervisor.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Area 9 has implemented this and developed a protocol for staff to follow when having the need for a safety check and placement consideration of relatives. Since implementation of this, it has occurred very little after hours. During office hours we are very successful in getting Provisionals completed within 72 hours and children placed with relatives. Very few have met the protocol requirements for after hours. Some challenges to the after hour request is that laptops do not work well at home, and supervisors and AD cannot complete CHRIS checks outside of the office due to the limited accessibility of CHRIS out of the office.

**Develop communication platform and tool kit:**

Staff speak at local organizations and schools on awareness of child abuse, mandated reporting, and the needs of the specific county in regards to child welfare. Those counties having a foster parent association tend to get the message out to the communities very well. CASA also is a strong collaboration in getting education out in communities about child welfare. Several counties also have large churches that help in getting word out about child welfare and our goals, and needs.

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

All staff have attended meetings and trainings pertaining to each waiver interventions. Waiver leaders have come and spoken to staff at the area meeting and discussed with supervisors the interventions and programs. At the staff education day in September 2014, DCFS Director came and spoke to all area staff about the waiver interventions and implementations of each.

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

AD and all area staff use the CHRIS NET REPORTS for daily, weekly, and monthly monitoring of COR outcomes/compliance, and outcomes of performance. Each week the Photo report for foster children is sent out to all area supervisors to ensure that all foster children have a photo in

CHRIS and they are kept updated. Every day AD reviews the overdue investigation report to monitor the overdue investigations. AD will conference with each supervisor that has staff with an overdue to ensure progress and keying off. Supervisors review the 120 day reports monthly to ensure that staff are visiting and documenting both the PS and FC cases. If any element in COR falls below 80%, supervisors have to develop a corrective action plan for that element and it is reviewed the next month to see if progress has been made.

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.:**

A performance improvement plan was implemented in May 2014 due to a high number of overdue investigations. During the course of the year of the plan we have had a substantial decrease in overdue investigations, and found ways to ensure that investigations do not go over due. It has been a successful plan. Also during the year we implemented a PS log that is to be completed by the supervisors each month documenting when a PS had no visits in the home or meet the compliance factor of 3 diligent attempts at a visit. Since implementation our COR for compliance on PS home visits have risen and supervisors are holding their staff more accountable using this PS log and PIP.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

Area 9 has a huge service gap for Substance Abuse Treatment. Several counties have the same provider and they are not coming to the county for the service, do not answer phone for clients or agency, and overall do nothing for the clients that we serve. We only have one in patient facility in the area and this is 3 hours away for some counties. Same provider is our local community mental health provider for several counties in the area, and have same issues not providing adequate services for our clients. They have gone through restricting and being bought out this year by another provider, but service is still very poor. Our psychological evaluations have to be completed in a county outside of our area, and takes up to 3 hours for some counties to get to.

**AREA 10 DIRECTOR-CASSANDRA SCOTT**

**Analyze current recruitment methods and identify areas for improvement:**

Area X is a very rural area and this creates barriers for hiring. Recently we have utilized newspaper advertising in an attempt to gain a better selection of qualified applicants. Work is currently been done with the recruiting office to do some targeted recruitment in one of the counties in Area X.

**Establish a formal mechanism for reporting non-performance of service providers including feedback loops:**

Service providers are discussed monthly at the area supervisors meeting with the supervisors. Each supervisor is responsible for monitoring service delivery and discussing with staff. Area financial coordinator also monitors service expectations and reports directly to the AD if there are loops or non-performance issues.

**Establish local community/neighborhood councils for the recruitment and retention of resource families and volunteers:**

The CALL has launched in Drew County and that will assist with more recruitment efforts in that area. We are also exploring ways to implement the CALL in some of the smaller counties. Current recruitment methods are utilizing resource staff and county staff to recruit within their specified area of coverage. We also have a community engagement specialist on board and have met with her to discuss the needs of Area X. Great improvements are needed. Centralized inquiries have not proven to be beneficial at this point.

**Explore the option of 24/7 staff to conduct safety checks for the consideration of placement with relatives:**

Processing background checks after hours has been implemented in Area X. To assist with this we have created an on-call rotation for resource staff. The removing FSW contacts the on-call supervisor after a relative has been identified for possible placement. The removing FSW's ensures that all necessary background forms are completed. After the forms are completed the on-call supervisor contact the AD. AD runs background checks and if they are favorable the AD contacts the resource supervisor with the information. The resource supervisor then contacts the on-call resource worker to go to the home and conduct the IHC. IF the home is appropriate, placement is made that night.

**Develop communication platform and tool kit:**

Ongoing

**Review and align the IV-E Waiver communication with the comprehensive communication platform:**

Information is messaged through area meetings, staff quarterly training and county office visits. We have had additional training in the area in regards to SDM. We have not implemented TDM however supervisors and AD discuss with staff the program and expectation of staff when implemented. DR continues to go fine, however we are focusing more on services offered and the delivery of those services. We have also began to implement services in the investigations stage

**Identify all management reports (CHRIS and HZA) used to monitor performance:**

QSPR and COR reports

**Develop comprehensive CQI, performance monitoring plan with expectations re: frequency, responsibility, etc.:**

Corrective action plans are monitored monthly and discussed at area meetings with supervisors.

**Develop categories of current and needed community based services and supports including evidence-informed or evidence-based models utilized by providers:**

Area X is very rural and there are not a lot of community based services and supports. The area is in need of more ways to identify community services that are currently available as well as ways to message/develop additional community based services.

## ARKANSAS ROUND 3 CFSR: APRIL 2016 THROUGH SEPTEMBER 2016

DCFS established a CFSR planning team during SFY 2015, including the Planning Manager, Planning Specialist, CQI Manager, a Program Administrator from Community Services and, most recently, the Court Improvement Project Director from the Administrative Office of the Courts. The group met a few times during the year to walk through each of the CFSR Systemic Factors to prepare for the upcoming CFSR Statewide Assessment. New members are being added to the CFSR planning team, and this group will be used to coordinate the assessment of the functioning of Arkansas's child welfare system.

The team will access and evaluate available data and information as well as identify gaps in the data and formulate plans for acquiring the missing information. The CFSR planning team will coordinate all data gathering/interpretation for the Statewide Assessment, including engagement of stakeholder groups in the evaluation, e.g., service providers, tribes, the courts, etc. DCFS plans to use established meetings as well as surveys, focus groups, and other types of communication forums to engage and involve both internal and external stakeholders in the implementation and monitoring of the CFSP.

CFSR planning team meetings have been scheduled/calendared through December 2015, and specific agendas are being developed to ensure adequate planning for the Round 3 CFSR. DCFS has also established monthly calls with its federal partners and has included the CQI Manager in these calls to provide updates on the planning and preparation for the CFSR. The Planning Unit and the CQI Manager have been meeting at least quarterly since SFY 2013 to strengthen DCFS' CQI Plan, and the group has been discussing and preparing for the CFSR since SFY 2014. Below are the Division's initial comments as we begin to develop the Statewide Assessment.

Arkansas plans to utilize the APSR as the foundation for the CFSR Statewide Assessment

### *SECTION III: ASSESSMENT OF CHILD AND FAMILY OUTCOMES & PERFORMANCE ON NATIONAL STANDARDS*

#### **A. Safety**

- Safety Outcomes 1 and 2 – *please see QSPR section when available*

#### **B. Permanency**

- Permanency Outcomes 1 and 2 – *please see QSPR section when available*

#### **C. Well-Being**

- Well-Being Outcomes 1, 2, and 3 – *please see QSPR section when available*

### *SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS*

#### **A. Statewide Information System**

#### **B. Case Review System**

- Written Case Plan
  - *DCFS will use SFY 2015 QSPR data (and other supplemental information, as needed) to show how the system is functioning with regard to developing written cases plans for all children jointly with families.*
- Periodic Reviews
- Permanency Hearings
  - *DCFS will use SFY 2015 QSPR data and other information to show how the system is functioning with regard to holding permanency planning hearings for children in care.*
- Termination of Parental Rights
  - *DCFS will use SFY 2015 QSPR data and other information to show how the system is functioning with regard to the filing of termination of parental rights proceedings.*
- Notice of Hearings and Reviews to Caregivers
  - *The CFSR planning team has identified challenges in acquiring data to assess this element and is considering SACWIS enhancements to acquire the needed information, such as adding new pick list values for identifying how notice was given (e.g., text message).*

### **C. Quality Assurance System**

### **D. Staff and Provider Training**

- Initial Staff Training – *please reference AR DCFS Training Plan.*
- Ongoing Staff Training – *please reference AR DCFS Training Plan*
- Foster and Adoptive Parent Training – *please reference AR DCFS Training Plan.*
  - *The Division plans to conduct focus groups with foster parent support groups and/or foster parent associations and adoption coalitions across the State this fall to gather information about how well this systemic factor is functioning within our system.*

### **E. Service Array and Resource Development**

- Array of Services
  - *DCFS will use SFY 2015 QSPR data other information to show how the system is functioning with regard to making available the requisite array of services across all political jurisdictions.*
- Individualizing Services
  - *Data and outputs from the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy and Support Tool (FAST), DCFS' new functional assessments, will be used to identify the priority needs of children involved with the child welfare system. The CANS/FAST will provide us with client-specific data related to service needs and gaps for children in foster care as well as families in in-home cases.*

### **F. Agency Responsiveness to the Community**

- State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR

- *The Division plans to develop surveys and focus groups with various stakeholders to determine how well it is functioning on this systemic factor.*
- Coordination of CFSP Services with Other Federal Programs

**G. Foster and Adoptive Parent Licensing, Recruitment, and Retention**

- Standards Applied Equally
- Requirements for Criminal Background Checks – *please reference Criminal Background Check update*
- Diligent Recruitment and Foster and Adoptive Homes – *please reference AR Diligent Recruitment Plan*
- State Use of Cross-Jurisdictional Resource for Permanency Placements – *please reference the Adoption Section*

## SFY 2015 QSPR Performance Synopsis

The Service Quality and Practice Improvement Unit employs an ongoing, annual process for conducting case reviews in each of the Division's ten geographical service areas. 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. The "SFY 2015 QSPR Performance Synopsis" is based on the findings of these reviews.

DCFS is charged with protecting victims of child maltreatment from further abuse and neglect. The Division must address initial safety concerns at the onset of the Agency's involvement with families and then assess and address risk and safety concerns throughout the life of their cases. Although the SFY 2015 QSPR highlighted a lack of repeat maltreatment in Arkansas, infrequent caseworker visitation prevented the Division from effectively assessing and addressing risk and safety concerns in a number of the reviewed cases, particularly for children who remained in the family home. For those children who cannot safely remain with their families, DCFS must provide them with safe and stable living arrangements and work to sustain their important connections and help them attain permanency in the shortest amount of time possible. Regarding permanency, the State generally succeeded in establishing appropriate permanency goals for children in foster care in a timely manner and in placing them within close proximity to their families. The 2015 review also highlighted a lack of instances of children re-entering care within twelve-months of a previous foster care episode. Conversely, Arkansas had difficulty in maintaining familial ties and other important connections for children in care. In particular, DCFS struggled with providing children in care with stable accommodations and with promoting bonding between them and their parents through efforts beyond visitation alone.

In addition to ensuring children's safety and fostering permanent connections for children placed in care, DCFS must tend to their physical, mental health and educational needs as well as any others. On the subject of well-being, the Division did a relatively good job of ensuring that the educational needs of children receiving services were met. On the other hand, infrequent contact from caseworkers often prevented DCFS from properly assessing and addressing the needs of children and families and from engaging them in case planning. In fact, insufficient caseworker visitation was the source of many of the Agency's problems with casework practice in SFY 2015 (and in previous years). Caseworkers are not in clients' homes often enough and therefore cannot sufficiently carry out many of their assigned responsibilities. Since they are not frequently visiting with families, the caseworkers cannot properly assess strengths, needs, risk or safety, nor can they develop meaningful case plans or arrange for needed services.

The QSPR also made plain that inconsistencies in casework practices remain between in-home and foster care cases. Overall, significantly more in-home cases were found to be deficient on the safety and well-being measures than their foster care equivalents. This is concerning, because children who remain in the family home are more vulnerable than children in foster care. Therefore, Arkansas must continue to work to improve its in-home case practice. Efforts to bolster effective practice must necessarily focus on getting caseworkers into the homes of all clients on a regular basis to engage the families in their cases.

On the whole, casework in Arkansas is not sufficiently family-centered. Families are not adequately engaged in the decision-making concerning their cases. Caseworkers tend to make unilateral decisions about the cases, failing to recognize that families are essential to service planning. Family-centered practice begins with the assessment process, which forms the foundation of effective practice with children and families. Assessments should focus on the whole family, and family participation is critical to the process. Assessments should help families identify their strengths and needs and aid in the development of a case plan that assists them in caring for their own children without government intervention. Services should be tailored to best address the specific strengths and needs of individual families. Frequent, substantive communication between caseworkers and families will assist the family in achieving the goals and objectives outlined in the case plan and move them towards positive outcomes.

DCFS is now in the seventh 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 Program. These interventions, along with the Agency's other change initiatives, include many programs and strategies whose success hinges on effective communication between staff, families and providers. The Service Quality and Practice Improvement Unit provided DCFS leadership with the following recommendations to help guide change based on the findings from the SFY 2015 QSPR.

- **Recommendation 1:** *DCFS should work to ensure that caseworkers and supervisors are prioritizing workloads based on risk and safety standards to protect children involved with the Division.*

The population served by DCFS continues to grow, while the Division's resource levels remain the same. When considering foster care, protective and supportive services cases, the Division is responsible for ensuring the safety of more than 10,000 children each month. The average caseload for caseworkers in Arkansas is now approximately 29 cases. Given the Agency's performance around safety assessment and management, DCFS must focus on prioritizing its workload based on risk and safety to protect children.

Supervisors and managers must help family service workers with important decisions and hold them accountable for their work, including maintaining contact with children and families and assessing and addressing risk and safety concerns utilizing Structured Decision Making. The Division's wealth of management reports should be used to monitor performance, e.g., the Visits Past 120 Days reports, the Compliance Outcome Report (COR), etc. This will help to ensure that those children most at risk are contacted frequently and that any safety concerns are adequately addressed by the Agency.

- **Recommendation 2:** *DCFS should work to improve casework in its in-home cases by developing policy and procedures addressing the practice requirements specific to those cases and by increasing the ongoing monitoring of performance in these cases.*

Even though caseloads must be prioritized based on safety with the most vulnerable children receiving priority, all children involved in Arkansas's child welfare system should receive frequent communication and engagement from their assigned caseworkers. DCFS continues to struggle with maintaining consistent contact with and providing services to children and families involved in in-home cases.

As discussed in previous years' reports, DCFS policy is largely void of guidelines and procedures for casework practice in its in-home cases. The purpose of policy is to define the Agency's expectations of its staff and to provide consistency in decision-making across the organization. Without such guidance, staff are left unclear as to what is required in their dealings with families whose children remain in the family home. This creates inconsistency in service delivery across the state and often results in families not receiving adequate services.

DCFS recently hired an in-home services specialist and is currently establishing an in-home services unit. The in-home services specialist will be responsible for monitoring in-home case performance for the Division. In setting up the in-home services unit, DCFS will also develop policy and procedures specific to such cases. Policy should outline the guiding principles for working with families in in-home cases, including how the work is to be done and why it is important. Staff should then be oriented to the new policy and held accountable for adherence to it.

Given the number of children served by DCFS while remaining in the family home, new policy and procedures and monitoring at the State level will not be sufficient alone to improve casework practice in in-home cases. Improving casework will also take improved casework supervision. Supervisors must establish expectations, evaluate practice, provide feedback and coach caseworkers in those areas where they need improvement. DCFS has a wealth of management reports available to help supervisors monitor performance in in-home cases, such as *In-Home Visits Past 120 Days*, *Current CPS Clients without a Removal and Opened more than 30 Days with No Initial Risk Assessment*, *Protective Services Cases with Overdue Case Plans* and *COR*. DCFS must ensure that supervisors are using these and other management reports to monitor the actions of their workers and, just as caseworkers must be held accountable for their work, supervisors and managers must answer for the outcomes of their units and the performance of their staff.

| Statewide QSPR / CFSR Comparisons   |               |            |            |            |            |            |            |
|---|---------------|------------|------------|------------|------------|------------|------------|
|   | SFY 2015      | SFY 2014   | SFY 2013   | SFY 2012   | SFY 2011   | SFY 2010   | 2008 CFSR  |
| <b>Safety 1: Children are first and foremost protected from abuse and neglect</b>             | <b>81.89%</b> | <b>73%</b> | <b>75%</b> | <b>77%</b> | <b>85%</b> | <b>76%</b> | <b>77%</b> |
| ITEM 1: Timeliness of investigations  | 84.38%        | 78%        | 84%        | 85%        | 91%        | 83%        | 77%        |
| ITEM 2: Repeat maltreatment   | 94.81%        | 88%        | 86%        | 88%        | 83%        | 82%        | 95%        |
| <b>Safety 2: Children are safely maintained in their home when possible and appropriate</b>   | <b>62.92%</b> | <b>73%</b> | <b>64%</b> | <b>63%</b> | <b>62%</b> | <b>60%</b> | <b>59%</b> |
| ITEM 3: Services to prevent removal   | 73.21%        | 73%        | 73%        | 70%        | 67%        | 62%        | 68%        |
| ITEM 4: Risk of harm  | 63.84%        | 74%        | 66%        | 64%        | 63%        | 61%        | 61%        |
| <b>Permanency 1: Children have permanency and stability in their living situations</b>        | <b>56.88%</b> | <b>68%</b> | <b>65%</b> | <b>67%</b> | <b>66%</b> | <b>62%</b> | <b>41%</b> |
| ITEM 5: Foster care re-entry  | 96.00%        | 88%        | 97%        | 97%        | 85%        | 93%        | 100%       |
| ITEM 6: Stability of foster care placement  | 61.23%        | 70%        | 68%        | 74%        | 69%        | 74%        | 64%        |
| ITEM 7: Permanency goal for child   | 88.87%        | 89%        | 86%        | 90%        | 92%        | 84%        | 72%        |
| ITEM 8: Reunification/guard./place w/ relatives   | 83.67%        | 80%        | 91%        | 78%        | 88%        | 85%        | 72%        |
| ITEM 9: Adoption  | 68.45%        | 63%        | 54%        | 68%        | 71%        | 56%        | 33%        |
| ITEM 10: APPLA  | 83.51%        | 91%        | 69%        | 63%        | 77%        | 71%        | 57%        |
| <b>Permanency 2: The continuity of family relationships and connection is preserved</b>       | <b>67.73%</b> | <b>71%</b> | <b>67%</b> | <b>68%</b> | <b>67%</b> | <b>73%</b> | <b>54%</b> |
| ITEM 11: Proximity of placement   | 88.50%        | 86%        | 90%        | 93%        | 92%        | 90%        | 96%        |
| ITEM 12: Placement with siblings  | 73.94%        | 70%        | 85%        | 75%        | 83%        | 92%        | 82%        |
| ITEM 13: Visiting w/ parents, siblings in care  | 80.96%        | 76%        | 68%        | 73%        | 69%        | 69%        | 59%        |
| ITEM 14: Preserving connections   | 81.50%        | 86%        | 79%        | 77%        | 69%        | 87%        | 79%        |
| ITEM 15: Relative placement   | 85.88%        | 87%        | 77%        | 77%        | 69%        | 84%        | 67%        |
| ITEM 16: Relationship of child with parents   | 48.46%        | 73%        | 68%        | 70%        | 69%        | 70%        | 48%        |
| <b>Well-Being 1: Families have enhanced capacity to provide for children's needs</b>          | <b>51.77%</b> | <b>61%</b> | <b>52%</b> | <b>48%</b> | <b>45%</b> | <b>45%</b> | <b>28%</b> |
| ITEM 17: Needs assessment/service provision   | 66.26%        | 71%        | 65%        | 62%        | 56%        | 56%        | 37%        |
| ITEM 18: Involvement in case planning   | 57.06%        | 64%        | 61%        | 53%        | 49%        | 53%        | 31%        |
| ITEM 19: Worker visits with child   | 56.82%        | 68%        | 61%        | 52%        | 60%        | 54%        | 46%        |
| ITEM 20: Worker visits with parents   | 38.24%        | 48%        | 41%        | 42%        | 37%        | 42%        | 33%        |
| <b>Well-Being 2: Children receive services to meet their educational needs</b>                | <b>88.45%</b> | <b>88%</b> | <b>84%</b> | <b>80%</b> | <b>78%</b> | <b>75%</b> | <b>71%</b> |
| ITEM 21: Educational needs of child   | 88.45%        | 88%        | 84%        | 80%        | 78%        | 75%        | 71%        |
| <b>Well-Being 3: Children receive services to meet their physical and mental health needs</b> | <b>81.40%</b> | <b>88%</b> | <b>89%</b> | <b>79%</b> | <b>75%</b> | <b>69%</b> | <b>62%</b> |
| ITEM 22: Physical health of child   | 85.54%        | 92%        | 94%        | 90%        | 85%        | 84%        | 74%        |

**Statewide QSPR / CFSR Comparisons**

|                                 | <b>SFY<br/>2015</b> | <b>SFY<br/>2014</b> | <b>SFY<br/>2013</b> | <b>SFY<br/>2012</b> | <b>SFY<br/>2011</b> | <b>SFY<br/>2010</b> | <b>2008<br/>CFSR</b> |
|---------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|
| ITEM 23: Mental health of child | 85.31%              | 92%                 | 88%                 | 77%                 | 74%                 | 68%                 | 67%                  |

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

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

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

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

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

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

**FOUNDATIONAL ADMINISTRATIVE STRUCTURE**

DCFS is the designated State agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs in Arkansas. The DCFS Director manages and has administrative responsibilities for the Division. The Director is also an active member of the Child Welfare Agency Review Board. An Assistant Director oversees each of the operational subdivisions within the Division, including the Office of Community Services and the Office of Finance and Administrative Support.

The Division is comprised of the following program areas: Differential Response, Prevention/Support, Child Protective Services, In-Home Services, Behavioral Health, ARCCC, Foster Care, Adoptions, Transitional and Independent Living Services, Planning, CQI, Policy, and Professional Development. Together, these units are responsible for the provision of administrative and programmatic support for the State's network of child welfare services as well as short- and long-term planning and policy development.

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

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

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

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

*Public Laws:*

- 93-207 Child Abuse and Neglect
- 94-142 Handicapped Children Act
- 96-272 Adoption Assistance and Child Welfare Act of 1980
- 96-273 105-89 Adoption and Safe Families Act of 1997
- 110-351 Fostering Connections Act of 2008

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

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

functions of the child welfare system. CHRIS is accessible (desktop and 24-hour remote access) and supports the full scope of services provided by the Division. It serves as a centralized source to store information (e.g., client, legal and service information) and manage workloads (e.g., its tickler system for reminding workers/supervisors of time sensitive tasks). The information system also meets DCFS' needs surrounding federal reporting federal financial participation requirements, including those required for the Adoption and Foster Care Analysis and Reporting System (AFCARS). For data management, OST has moved from individual data warehouses to a consolidated warehouse with a decision support system and is working on dashboard capabilities for all Divisions.

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

#### **QUALITY DATA COLLECTION**

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

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

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

An increasing number of the Division's reports are being built around the three core goals of child welfare—child safety, permanency and well-being—while also considering and accounting for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.

As part of an effort to measure performance and outcomes on a localized basis, the DCFS Quality Assurance Unit conducts an annual meta-analysis of each of the ten service areas. As such, DCFS compiles, analyzes and reviews data regarding the children and families it serves within each Area, as well as measures the outcomes it achieves for the corresponding service population. Much like the federal Child and Family Services Reviews (CFSR), the primary issues on which this analysis focuses are safety, permanency and well-being; but it also places an emphasis on the personnel, contractual and foster care resources available to achieve these outcomes. The intent of these reports is to identify those practices and outcomes where each service area is producing well and can serve as a model for other Areas, as well as those practices and outcomes where each Area most needs to improve. At the conclusion of the ten Area-specific meta-analysis reports, DCFS also completes a statewide meta-analysis that measures DCFS' progress and overall transition over the most three recently completed calendar years. The Meta-Analysis reports continues to place a strong emphasis on performance at the county level for many of its measures. Focusing on local performance allows the Division to better identify and understand where casework is excelling and other counties where improvement is needed.

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

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

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

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

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

conjunction with other findings, will help the Division continue to shape and mold the program as it prepares to be implemented statewide in October 2013.

- **Summary of Garrett's Law Referrals** – On an annual basis, DCFS completes an analysis of Garrett's Law referrals received during the most recently completed state fiscal year. Garrett's Law refers to a bill enacted in 2005 that intended to address situations in which a mother gives birth to a child, and either the mother or the newborn is found to have an illegal substance in his or her system. According to the law, the presence of an illegal substance in either the mother or newborn is sufficient to substantiate an allegation of neglect. This study presents information on the Garrett's Law referrals received from SFY 2009 through SFY 2012. The report presents information regarding the number of Garrett's Law referrals received annually; the types of drugs cited in these referrals; how DCFS responds to Garrett's Law referrals; and whether the parents involved in these referrals receive any type of treatment.

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

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

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

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

children in foster care. Report content will be revised according to findings and need to monitor other aspects of medication utilization.

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

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

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

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

into the county offices for an onsite review. During the onsite review, the physical case files are reviewed and individuals pertinent to the cases are interviewed, e.g., children, parents, foster parents, ad litem, providers, etc. The quality assurance reviewers score the cases and write up their findings based on the totality of information collected during the review. Both the quantitative and qualitative data collected are used to describe the effectiveness of agency interventions and services. The manager of the unit, DCFS' CQI Manager, reviews all of the reviewers' scoring of the cases in the same way that someone reviews all of the cases in the federal CFSR process. When scores are not sufficiently well documented, staff are required to produce additional justifications for their scores. The intent is to ensure inter-rater reliability and fidelity to the process/protocol.

Following the formal rating of the thirty cases in each service area, specific deficient cases are targeted to provide coaching and guidance to caseworkers and supervisors as to how to improve casework and service provision to ensure compliance with all federal and state requirements and conformance with the Arkansas Practice Model. Specifically, coaching sessions are conducted with the caseworkers assigned to the targeted cases to help them internalize the federal standards and the guiding tenants of Arkansas' practice model and its role in practice improvement.

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

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

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

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

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

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

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

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

DCFS also utilizes workgroups to delve into data and research particular issues, such as the DCFS Permanency Workgroup. Such workgroups are an important component of DCFS' 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.

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. As noted in last year's report, 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.

Subsequent quarterly meeting agenda items include:

- Thresholds for advocacy council involvement
- DCFS Budget – What's in it?
- DCFS Budget – How can you help?

- Review and discussion of Annual Report Card
- Review and discussion of Quarterly Performance Reports
- Review and discussion of Garrett’s Law summary report
- Sharing of permanency video – Shane’s story
- Presentation by the Crimes Against Children’s Division
- Participation in the Child Abuse Prevention Rally held on the Capitol steps
- Discussions on child welfare issues and child welfare in AR – discussion was facilitated by Paul Vincent
- Policy discussion and feedback regarding approval requirements for foster and adoptive parents
- Presentation by our federal partners – 3<sup>rd</sup> round of CFSR and transparency of and use of data by the agency
- Adoption special report

The council continues to be an asset to the agency. Their level of understanding the complexities of the agency continues to grow coupled with their suggestions and comments and their connections make them so valuable to the agency.

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

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

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

#### *Overview*

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

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

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

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

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

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

***Target Populations***

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

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

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

***Demonstration Components and Associated Interventions***

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

- ❖ Goal 1: Safely reduce the number of children entering foster care
  - Differential Response
  - CANS

- Nurturing Parenting Program
- Team Decision-Making
- ❖ Goal 2: Increase placement stability
  - Targeted Foster Family Recruitment
  - CANS
- ❖ Goal 3: Expedite permanency for children in foster care
  - CANS
  - Nurturing Parenting Program
  - Permanency Roundtables

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

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

**Differential Response:**

*Expected Short-term Outcomes:*

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

*Expected Intermediate Outcomes:*

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

*Expected Long-term Outcomes:*

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

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

*Expected Short-term Outcomes:*

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

*Expected Intermediate Outcomes:*

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

*Expected Long-term Outcomes:*

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

**Nurturing Parenting Program**

*Expected Short-term Outcomes:*

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

*Expected Intermediate Outcomes:*

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

*Expected Long-term Outcomes:*

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

**Team Decision-Making (TDM)**

*Expected Short-term Outcomes:*

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

*Expected Intermediate Outcomes:*

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

*Expected Long-term Outcomes:*

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

**Targeted Recruitment**

*Expected Short-term Outcomes:*

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

*Expected Intermediate Outcomes:*

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

*Expected Long-term Outcomes:*

- 1) Placement stability of children in care is increased.

- 2) Permanency is achieved earlier for children and youth in foster care.

### **Permanency Roundtables (PRT)**

#### *Expected Short-term Outcomes:*

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

#### *Expected Intermediate Outcomes:*

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

#### *Expected Long-term Outcomes:*

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

#### Overall update of each waiver intervention:

### **DIFFERENTIAL RESPONSE**

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

The Division added a staff member to the Central Office DR Program Unit upon IDIR approval in July 2013. This employee primarily reviews all DR referrals and confirms they are assigned to the appropriate response pathway (i.e., DR or investigations). This additional support within the DR Program Unit allows the DR Program Manager to spend more time coaching and educating staff and stakeholders around the state about DR. The DR Program Manager's coaching sessions have been conducted during direct site visits as well as via conference calls with field and supervisory staff at all levels. Generally these sessions involve reviews of the DR policy, clarifications regarding the policy as needed, case scenario exercises, and discussions regarding the findings from the DR Program Unit's case reviews (see below for more information) including how the counties could improve upon those findings.

In addition to the coaching sessions the Differential Response Program Manager and Central Office staff provide, DR Staff Training is also provided by the DR Program Unit for newly hired DR Specialists or Supervisors. This training typically includes about 25 staff per training. The DR Program Unit also shadows current Differential Response staff for two days to help coach and facilitate best practice with families. Shadowing occurs on a monthly basis.

CHRIS meetings are set on an as needed basis to discuss future changes to the Differential Response CHRIS screens. There are currently nine revisions to the CHRIS system that have been requested and are still pending.

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

Another result of these case reviews at the Central Office level included suggesting and moving forward with needed revisions to the Differential Response Policy. The DR Policy previously mandated the DR Specialist to meet face-to-face with all household members within 72 hours of receipt of the Child Abuse Hotline referral in order to initiate DR. Given that homes often have multiple household members with varying schedules, this requirement proved challenging and negatively impacted DR initiation rates. The policy revisions that became effective in May 2014 allow the DR Specialist to initiate the DR referral by observing and/or speaking with the victim, child, and at least one parent/caretaker within 72 hours of receipt of the Child Abuse Hotline referral (the DR Specialist is then required to meet face-to-face with all other household members within five calendar days of the hotline referral).

The Division anticipated that this policy change would help improve initiation rates, and data shows that initiation rates have increased by approximately 6% since the policy change. CHRIS tracks initiation rates and Hornby Zeller and Associates (HZA) pull and analyze that data monthly which includes breaking down initiation rates by area and by individual DR Specialist.

There have been no additional reports to the hotline during the five day timeframe (i.e., the period from receipt of the hotline report, to DR initiation, to when the DR Specialist meets with any remaining household members, as applicable).

A workgroup was formed in order to facilitate discussions surrounding DR Policy changes and hot topics. The Differential Response Workgroup then works to provide structured direction and feedback regarding statewide Differential Response.

A stakeholder workgroup facilitated by Arkansas Advocates for Children and Families began meeting in September 2013 and concluded in July 2014 to study data and determine if additional allegations could be routed to Differential Response. Representatives from DCFS, the DHS Office of Policy and Legal Services, the Crimes Against Children Division, Hornby Zeller and Associates, Administrative Office of the Courts, Child Advocacy Centers, Arkansas Children's Hospital, the Commission on Child Abuse, Rape, and Domestic Violence, and others comprised this workgroup membership. After a thorough review, the workgroup agreed upon five new allegations to be assigned to Differential Response if any of these allegations occurred more than one year ago and/or the caller to the hotline cannot verify an injury either through physical signs(e.g., scarring), medical information, dated photographs, etc.:

- Human bites,
- Sprains/dislocations,
- Striking a child age seven or older on the face,
- Striking a child with a closed fist, and
- Throwing a child

If any of these allegations occurred less than one year ago, and/or the caller to the hotline can verify an injury either through physical signs (e.g., scarring), medical information, dated photographs, etc. then these allegations will still be assigned to the investigative pathway. This policy became effective January 1, 2015.

In order to increase accountability as well as improve Differential Response practices, each Area Director or designee continues to conduct DR case reviews of recently closed DR cases that were not initiated timely. This provides detailed county-by-county information regarding specific challenges as well as best practices that Area Directors share with their supervisory staff who, in turn, share it with frontline DR Specialists. For example, the initiation rate for DR referrals was stagnant at 68 percent for a few months but has trended upward in recent months and was at 75 percent at the end of January 2015. The timely initiation rate has improved through the specialization of the DR staff and through ongoing performance monitoring and coaching. These case reviews also provide opportunities to celebrate successes when appropriate. The DR Program Unit in Central Office conducts random reviews of closed DR cases based on the identified needs of the program. Some additional items that are tracked on a monthly basis are as follows:

- Percentages of each allegation type accepted for DR;
- Closure type reasons;
- Initiations;
- Services provided; and,
- Dispositions of DR cases switched at the program level from DR too investigation.

In addition, some Area Directors also continue to utilize processes within their respective areas to not only ensure timely DR initiations, but also in an effort to infuse best practices regarding family engagement and service delivery related to DR. For instance, some Area Directors have required their DR staff to review closed cases and conduct a self-assessment to determine how they could have improved their performance regarding those particular cases.

The results of these various reviews at both the Central Office and local levels have indicated that employees who are assigned to Differential Response while also serving in other roles (e.g., as investigators, foster care case workers, etc.) struggle with prioritizing the DR cases due to their diverse workloads. This generally results in overdue health and safety assessments and “triaging” practices for DR cases. To address these issues, Arkansas placed ten additional staff in the field to assist with specializing workloads for Differential Response as well as strengthening supervisory oversight to better assess the skills and practices of DR direct services staff. When making the decision to place additional DR staff in particular counties a review of the number of referrals each county received per month was considered. A consideration of geographical area was also brought in to the decision making process. Area 1 received the most waiver positions at 3, Areas 3, 4, 5, 9, and 10 were all given 1 position each while Area 8 received 2. The areas are attempting to specialize the local DR Units and this has been made possible due to the ten dedicated positions. Many areas that had specialized DR teams have found success and ownership of the program through this specialization.

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

The Kempe Center continues to lend technical assistance to Arkansas and many of the staff have begun using the tools/strategies learned during the quarterly meetings. The Division is reinforcing this new practice by reviewing materials shared by the Kempe Center at each of the quarterly meetings. Examples of strategies taught by the Kempe Center that DR staff have adopted include successful group consultations for staffing. The staff were trained to use group consultations in their work with families while supervisors modeled utilizing the group consultation method in the supervision of staff. The Kempe Center also presented information on the use of scaling questions and how that can benefit both staff and clients. The clients can be engaged in the process by using scaling questions to determine how comfortable they are with whatever subject is being discussed.

The DR Program Unit began shadowing and coaching DR field staff and supervisors in April 2014 and continues to do so. This has provided feedback not only to the DR Program Unit, but also to the staff who have been shadowed. The staff have shared their struggles with various issues as well as celebrated successes they have had with families.

The Differential Response Program Unit in Central Office will continue to complete random DR case reviews to assure quality and remain abreast of what is occurring in DR cases at the local level including the types of services and supports offered through DR. The services are tracked through DR case reviews as well as information received via email and phone calls from the field staff. Periodic emails are sent to staff requesting what types of services have been provided and information on successes with families. The services and supports provided through DR in Arkansas include:

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

- Intensive Family Services
- Wrap-Around Services

Arkansas Differential Response Data:

- Total number of DR referrals worked since inception: October 1, 2012 to May 31, 2015: 8,522
- DR referrals worked August 1, 2014 to May 31, 2015: 3,145
- DR referrals screened out August 1, 2014 to May 31, 2015: 329
- DR referrals reassigned to investigations August 1, 2014 to May 31, 2015: 869

\*Note the number of referrals that were switched to investigation or screened out appears to be high, however in Arkansas each DR referral goes through a second screening process.

*Summary of DR Activities:*

**July 2014**

- DR Program Unit Staff shadowing/coaching of DR Staff in Area 1
- DR information/data presented at the Area Director Meeting
- 'Evidence-Based Elements of In-Home Services' Webinar participation

**August 2014**

- Technical Assistance Planning Call for DR Quarterly Meeting
- DR information/data presented at the Area Director Meeting
- DR/CHRIS meeting

**September 2014**

- DR Program Unit Staff shadowing/coaching of Staff in Area 3 and Area 9
- DR information/data shared at the Area Director Meeting
- DR Staff Training Little Rock
- DR Workgroup Meeting
- Child Abuse Conference attended by DR staff

**October 2014**

- DR Policy change meeting
- DR information/data shared at the Area Directors Meeting
- DR Quarterly Meeting with DR Supervisors and Area Directors
- DR information presented at the Statewide Quarterly Supervisors Meeting
- Child Death Review Committee meeting held in which child/family involved had previous DR involvement

**November 2014**

- DR shadowing/coaching in Area 3
- National Differential Response Conference
- Webinar 'Leading the Way Supervisors Promoting Critical Thinking in FDGM Practice'
- New changes in the CHRIS database for DR tested

### **December 2014**

- CHRIS release overview
- DR Program Unit Staff shadowing/coaching of Staff in Area 3 and 4
- DR information presented at the Area Directors Meeting
- Meeting with DCFS Assistant Director about the DR program

### **January 2015**

- CHRIS meeting to discuss upcoming changes
- Child Death review meeting held in which child/family involved had previous DR involvement
- DR Program Unit staff shadowing/coaching of staff in Area 7
- Meeting with DCFS Assistant Director to discuss findings of the Educational Neglect review

### **February 2015**

- DR CHRIS meeting to discuss future CHRIS enhancements
- DR Training for new staff in Russellville

### **March 2015**

- Shadowing/Coaching staff in Area 9
- Conference call with North Carolina to discuss their DR program
- Federal Site Visit and discussion of DR progress
- Discussion of the Kempe contract with Casey Liaison
- Meeting to discuss upcoming policy changes for DR

### **April 2015**

- Area Director Meeting review of monthly report and upcoming policy changes
- Update of DR at Waiver COR Team meeting
- Planning call with Kempe Center for the upcoming DR Meeting for supervisors
- Policy and DR program updates given at 2 of the investigation meetings

### **May 2015**

- DR Workgroup meeting
- DR training held in Little Rock for new staff
- Internal Child Death Review on a previous DR case
- 2 days of shadowing/coaching in Area 8

### **PERMANENCY ROUND TABLES:**

The Permanency Roundtable (PRT) process in Arkansas is focused on providing permanency for youth who have been in foster care for 18 months or longer. The 18 month time frame gives the agency the opportunity to work with families to make necessary adjustments to reunify youth with their families. Some youth have been in care for extended periods of time and the Family Service Worker (FSW) has exhausted all avenues of finding permanency for the youth. The youth is then referred to the Area Coordinator to be scheduled for a PRT.

Arkansas adapted a model that will allow the PRT to be an internal support for FSWs and Supervisors who have faced challenges moving some youth to permanency. The state's external stakeholders (e.g., CASA and Attorneys-ad-litem) may participate in PRTs to support the case worker and supervisor but may not serve as an advocate for a case in which they are directly involved.

In the past six months, there have been numerous events and activities taking place in the Permanency Roundtable (PRT) process for Arkansas.

On August 14, 2014, a consultant contracted by Casey Family Programs and the state's Permanency Specialist conducted a statewide Achieving Permanency through Roundtables. The more than 120 participants included employees as well as external stakeholders for Arkansas. On August 25, 2014, the same Casey consultant and Permanency Specialist co-facilitated a Skills Building Training. As a result of this training, 40 people were identified as individuals who would actually participate as part of a team during PRTs.

During this reporting period the Division conducted PRTs in 8 of the 10 areas of the state. A total of 68 PRTs were conducted for young people across the state. All of the prior PRTs have been documented in CHRIS.

The state offers pre-consultation for FSWs when the case has already had a PRT but the youth has not been identified for a permanent placement. These consultations discuss activities that have or have not been completed as a part of the case planning process to allow the FSW the opportunity to complete these tasks before the youth's case returns to the PRT team. Pre-consultations may also be used for youth who have not had a PRT but may need one in the future. External stakeholders and youth are welcome to attend these meetings as advised by the FSW.

The state implemented a barrier buster team to be onsite during the PRT meetings. The barrier busters are the Area Director along with members from the executive team who will be available onsite or via phone to answer questions from the teams in "real" time.

Field staff have expressed that they enjoy the PRTs because it gives them the opportunity to talk with staff members from other areas to discuss how things are done in those other areas. They state they enjoy the thinking outside of the box because it gives them other options that may be used with cases other than the one that is being discussed during the PRT. Staff discussed that having the barrier buster's onsite to get answers to difficult questions in real time is a positive experience for them because they get to meet members from the executive team.

The Casey consultant referenced above stopped serving in that role as of December 2014. Arkansas is in negotiations with the Casey Family Programs to obtain another consultant. A phone conference has been scheduled to speak with the Arkansas Casey Liaison and a potential consultant. This change of consultants has created the challenge of scheduling the APR and Skills Building Trainings for the first quarter of 2015 which also impacts planning for sustainability.

The Casey Foundation has identified a new Consultant for the state. The Consultant is a previous employee of the Casey Foundation and now consults for the agency on a contract basis. The Casey Consultant and State Permanency Specialist has had 2 conference calls to discuss the future of PRT for Arkansas. One main component of the discussion was the PRT follow-up for Arkansas. The Consultant encouraged the Permanency Specialist to utilize the Supervisors as an bridge between the PRT and the follow-up due to Supervisors communicating with Family Service Workers on a regular basis. During the Fall Child Abuse and Neglect conference, the new Consultant and the Permanency Specialist will co-facilitate training on the importance of having life connections for youths leaving care.

The areas are having some difficulty adhering to the fidelity of the model resulting in inconsistencies in terms of how the teams are created and conducted. The state is in the final stages of creating a Achieving Permanency through Roundtables Guide which will give in-depth details of the PRT process for Arkansas.

There are also challenges with the information being documented in CHRIS. For instance, FSWs and Area PRT Coordinators have received error messages while inputting the data. The Permanency Specialist holds scheduled monthly meetings with the CHRIS developers to identify and implement needed enhancements to the PRT documentation process.

This CHRIS team is now in discussions of how to add brainstorming notes to the electronic documentation in CHRIS so that teams members will have the option to view brainstorming ideas in the future. This feature will serve as a reminder for staff who participated in the initial PRT but for whatever reason did not include some of the ideas or activities given during the brainstorming session in the action plan. They will be able to revisit these ideas at a later point in time to determine if perhaps some of the brainstorming information may not be more appropriate for that particular youth.

This same feature will also allow staff who may not have participated in the initial PRT to gain more insight into the conversation of the initial PRT and determine if they can now use some of the brainstorming ideas to move the youth to permanency if the original action plan created during the PRT is not successful in moving the youth to permanency. The Permanency Specialist has worked with staff members on a one-on-one basis to walk them through the documentation process. The CHRIS team is looking at how to provide additional training on how to maximize the various features of the PRT screens.

Area Directors, Supervisor, and FSW have expressed challenges with having to take time out of the field to be in the PRT meetings. The Permanency Specialist is working to make sure that the Area PRT Coordinators to alternate the staff who participates in each Permanency Roundtable event. For example, the Permanency Specialist has encouraged the Area PRT Coordinators to bring as many appropriate cases as possible for an FSW for one PRT so that a different FSW will participate in the following Permanency Roundtable.

#### **August 2014**

- Achieving Permanency through Roundtables (APR) Training ( co-facilitation with Casey Consultant)

- PRT Skills Training (Co-facilitation with Casey Consultant)
- Debrief of Training with Casey Consultant, Waiver Core Team and Permanency Specialist
- Preparation to kick fall PRT meetings

#### **September 2014**

- PRTs conducted in Area 4
- CHRIS meeting
- PRT process discussed at Area 2 Quarterly Staff Meeting

#### **October 2014**

- PRT conducted in Area 1
- PRT conducted in Area 2
- PRT conducted in Area 3
- PRT conducted in Area 7

#### **November 2014**

- PRT conducted in Area 6
- PRT conducted in Area 10
- Testing for CHRIS PRT enhancements
- Support and coaching provided to Area 3 regarding CHRIS enhancements screens

#### **December 2014**

- PRT conducted in Area 9
- PRT in Area 8 cancelled due scheduling conflicts with CANS/FAST training
- Support and coaching provided to Area 6 regarding CHRIS enhancements screens

#### **January 2015**

- Evaluation interview conducted by Hornby-Zeller Associates
- Phone Conference with Casey Liaison regarding assignment of new consultant
- Preparation for startup of 2015 PRT

#### **February 2015**

- Permanency Specialist attend the Nurturing Parents of Arkansas (NPS) training
- Area 5 had their first round of PRTs for the year.
- Permanency Specialist presented a PRT update to the Area Directors
- Permanency Specialist participated in Webinars on Trauma Informed Care and starting conversations with teens.
- Permanency specialist met with TYS state coordinator to discuss upcoming youth summit for teen youth.

#### **March 2015**

- Introductory phone conference with Casey consultant
- Area 1 PRT cancelled due to inclement weather

- Understanding Youth with Sexual Behavior Problems training cancelled due to inclement weather
- Phone consultation with Area 9
- Face to Face consultation on 2 teen youth with Area 9
- Meeting with Youth Advisor Board to discuss policies of various service provider agencies throughout the state
- Meeting with Transitional Youth Services State Coordinator to discuss annual youth conference.
- Attended quarterly meeting with Resource Workers and Adoption Specialists

### **April 2015**

- Attended FASD presentation in Area 7
- Area 1 PRT
- Area 1 Consultation
- Phone conference with Area 6 coordinator to discuss upcoming PRT schedule
- Introductory meeting with new Area 4 Coordinator
- Attended Central staff meeting

### **May 2015**

- Area 1 PRT
- Conference call with Casey Consultant to discuss strategy for PRT follow-up
- Participated in webinar Supporting Permanency for LGBTQ youth in foster care
- Area 2 PRT
- Area 10 PRT
- Attended state graduation ceremony for 2015 foster care graduates
- Meeting with evaluators from Hornsby Zeller Associates
- Attended forum on Children with Problematic Sexual Behaviors
- Area 7 PRT cancelled due court conflict
- Trained new Area 4 Coordinator on scheduling PRTs and expectations of teams members during PRT

### **TEAM DECISION MAKING:**

Arkansas launched the Annie E. Casey Foundation model Team Decision Making (TDM) in Pope and Sebastian Counties as of March 16<sup>th</sup>, 2015. In preparation for launching the final eight counties in the first TDM cohort, Annie E. Casey provided a one day staff orientation that taught staff the philosophy and core components of TDM. The TDM facilitators for Area 5 and Area 3 provided a three hour TDM policy and procedure training. Initially Crawford County staff in Area 2 were invited to the orientation and training because the county is close in proximity to Sebastian and cases often overlap between the two counties. Since all staff had been trained on TDM the decision was made to include Crawford County in the first TDM cohort. On May 4, 2015 TDM was launched in Crawford, Garland, Hot Spring, Perry, Miller, Lafayette, Union, Columbia, and Greene Counties.

To date, there have been one hundred and thirty-six TDM meetings in the 18 implementation counties:

- Crawford 5
- Sebastian 4
- Garland 16
- Hot Spring 1
- Saline 20
- Miller 2
- Union 2
- Conway 11
- Faulkner 20
- Pope 5
- Pulaski 32
- Craighead 10
- Greene 3
- Lawrence 1
- Randolph 4

In all but four of the TDM meetings to date the final outcome of the meeting was for the children to remain in the home.

The Area 4 TDM facilitator was not hired at the time Annie E. Casey Foundation provided the three-day facilitator training in December 2014. Annie E. Casey Foundation made arrangements for the Area 4 TDM facilitator to attend a three-day TDM facilitator training in Denver, Colorado. The TDM facilitator hired for Area 6 resigned in March 2015. The Area 5 facilitator is currently covering Pulaski, Conway, Faulkner, and Pope Counties until a new facilitator can be hired. In March 2015, a hire freeze approval request was submitted to fill the vacant position and was not approved until June 2015.

Annie E. Casey Foundation continued to provide technical assistance to Arkansas until May 2015. This included providing consultation and support on identification of triggers, communication, establishment of infrastructure, data collection and reporting. Annie E. Casey assisted with training and adapted a curriculum for Arkansas for the TDM facilitator training, TDM orientation for all staff and supervisors, and Community Partner Orientation. Annie E. Casey provided Post-Training Support that included peer-to-peer learning, topical presentations and live case consultations. Groups also served as a feedback loop for emerging implementation issues. A Training of Trainers (TOT) was held in April 2015 with the TDM facilitators, Supervisor, Manager, MidSOUTH trainer, and one back up facilitator. The sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented statewide.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities. The TDM facilitators are developing a community/stakeholder resource list to invite to future TDM stakeholder sessions in each of the implementation counties. Due to priority enhancements needed for other waiver interventions; CHRIS staff had not been able to develop the TDM Quarterly Report. Annie E. Casey Foundation, CHRIS staff, and Wildfire Associates held multiple meetings to discuss the TDM quarterly report. The Quarterly

Report is designed to help guide the implementation. CHRIS staff began developing the TDM quarterly report and a CHRISnet report for monitoring in May 2015 to guide future implementation and expansion of TDM statewide.

### **February 2015**

- Team Decision Making Implementation workgroup
- Case Consultation meeting led by Annie E. Casey
- Conference call with Wildfire Associates and CHRIS staff to discuss data collection and TDM quarterly report
- Group and Individual supervision meetings with TDM facilitators
- Meeting with CHRIS staff to discuss TDM CHRIS enhancements and reports

### **March 2015**

- Team Decision Making Implementation workgroup
- Case Consultation meeting led by Annie E. Casey
- Conference call with Wildfire Associates and CHRIS staff to discuss data collection and TDM quarterly report
- Group and individual supervision meetings with TDM facilitators
- Submitted freeze request approval for Area 5 TDM facilitator position
- TDM Policy and Procedure Training for Pope and Sebastian Counties
- One-day TDM orientation in Garland, Hot Spring, and Perry Counties
- Columbia County TDM Facilitator attended Three-day Facilitator Training in Denver
- Meeting with Bowen School of Law Mediation Clinic and TDM Sponsor to discuss back up facilitators and future training needs

### **April 2015**

- Case consultation meeting led by Annie E. Casey
- Group and Individual supervision meetings with TDM facilitators
- Two-day Annie E. Casey TDM Training of Trainers (TOT) for DCFS facilitators, Supervisor, Manager, MidSOUTH trainer, and Bowen Law School Back-up Facilitators
- TDM Policy and Procedure Training for Garland, Hot Springs, Perry, Miller, Columbia, Lafayette, and Union Counties
- One-day TDM orientation for Greene County
- Met with Policy and Professional Development Manager to discuss needed revisions to policy
- Team Decision Making Implementation workgroup
- Conference call for Peer-to-Peer learning with Connecticut TDM Facilitators
- TDM training by provided at the Statewide Investigations training
- Met with Annie E. Casey to discuss future technical assistance needs

### **May 2015**

- Case consultation meeting led by Annie E. Casey
- Group and Individual supervision meetings with TDM facilitators
- Met with Crimes Against Children Division (CACD) to discuss training for CACD investigators

**CHILD AND ADOLESCENT NEEDS AND STRENGTH/FAMILY ADVOCACY SUPPORT TOOL:**

As reported in our previous Semi Annual Report, the Division shifted the originally planned phase-in approach for the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) intervention to an implementation in two counties in November 2014 followed by all remaining counties in the state in January 2015. The original goal for statewide implementation was January 2015. However, the Waiver Core Team pushed the statewide implementation date back to February 12, 2015 due to CHRIS developers needing more time to complete the CANS, FAST, and case plan screens in CHRIS.

The Waiver Core Team made the decision to essentially implement CANS/FAST statewide in January/February 2015 after many discussions and considerations specifically around the capacity to operate two training systems. The Waiver Core Team determined that phasing-in small groups of counties at various times throughout the year would simply not be manageable. New Staff Trainings (NST) are often comprised of staff from various counties across the state. As such, a slow phase-in CANS/FAST implementation would have resulted in NST comprised of some staff that would have needed to learn the Family, Strengths, Needs, and Risks Assessment (FSNRA) in order to complete the required assessment tool for their county. Meanwhile other staff members in the same NST would have been required to learn the CANS and FAST for those counties that had already implemented this intervention. This arrangement would have been burdensome on curriculum developers, trainers, supervisors, staff, as well as judges who hear cases in multiple counties. In addition, a multiple stage phase-in approach would have been complicated given that several different assessment tools and case plans would have been utilized in CHRIS.

As a result, Arkansas scheduled meetings with CANS/FAST developer John Lyons as well as its IV-E University Partnership to discuss and plan for a statewide implementation. This planning included discussions around capacity-building and sustainability planning for DCFS and its IV-E University Partnership to eventually train and coach of the tool.

The first phase of implementation counties for the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy Support Tool (FAST) functional assessment tools were Pulaski and Miller Counties. The decision to implement the assessment tools in these two counties were based on several factors. Pulaski County is the largest urban county (by population) in the state while Miller County is a rural county in Arkansas. Pulaski has a high enough volume of cases and has a well-balanced case-to-worker ratio to effectively implement the tools. Moreover, the Miller County Supervisor participated in the national CANS training in 2013 and certified on the CANS assessment tool. Therefore, she was able to support staff and guide them on the use of the tools.

Pulaski and Miller counties had the opportunity to participate in the web-based CANS/FAST training beginning in early October 2014 (this online training is an introduction to the basic philosophy and concepts of the CANS/FAST tools). They were then required to attend an in-person training led by Dr. John Lyons, developer of CANS in late October 2014. The Waiver Core Team CANS/FAST Lead (and, as of January 2015, now the CANS/FAST Program Manager), Brooke Harris also completed training at the local county offices with staff in late October and early November to ensure they had a working knowledge of the tool. Ms. Harris

also taught staff how to develop and format the new paper case plan during these local trainings. The agency stayed in constant communication with the leadership in the two implementation counties on next steps and ensuring their readiness to begin utilizing the tools for their cases beginning in November 2014.

The Arkansas CANS Workgroup and its subcommittees (i.e., training, communication, IT/CHRIS, and case plan) continued to meet regularly during this period. The workgroup completed and finalized the Arkansas CANS 0-4 and the Arkansas CANS 5 years and older as well as the Arkansas FAST manual and scoring sheet.

The two initial implementation counties, Pulaski and Miller, used paper copies of the CANS/FAST and case plans until the tools could be fully integrated into CHRIS. The Case Plan Subcommittee developed these paper forms for the implementation counties to document their assessment work until CANS/FAST went live in CHRIS. The Case Plan Subcommittee also developed the new case plan format for CHRIS that is CANS/FAST driven. The CANS/FAST and New Case Plan screens were integrated in CHRIS on February 12, 2015 which is the same date that CANS/FAST became the official assessment tools for foster care and in-home services cases, respectively, for the entire state.

Also during this reporting period, a new Arkansas CANS/FAST Implementation Committee formed that includes several community stakeholders as well as other key agency representatives. The Implementation Committee's purpose is to facilitate and get buy-in for the new CANS/FAST tools. The committee will also help guide the implementation of the new tools into the Arkansas child welfare system.

The Communication Subcommittee developed a one-page "talking points" flyer to be used by Division Executive Staff and other partners when communicating about the use of the new tools to the public and also drafted an email for the Division Director to announce the use of the tools to staff and stakeholders. DCFS also invited agency stakeholders to attend informational sessions (the first two hours of each of the CANS/FAST trainings in October 2014 and January 2015) with Dr. Lyons to learn more about the tools and encourage them to spread the word to other community partners. The CANS/FAST Program Manager also attended several meetings across the state with various stakeholder groups to introduce CANS/FAST and answer questions (including court teams and CASA Directors statewide). The Program Manager assured the Area Directors that if they need support at any stakeholder event, then they can request the Program Manager's attendance.

Dr. John Lyons, the developer of CANS/FAST, will continue to serve as the consultant for Arkansas. He not only assisted Arkansas in the development of the CANS/FAST implementation plan, but has also served as the primary trainer for the two initial counties and the Academic Partnership for Public Child Welfare (i.e., IV-E University Partnership) in October 2014 and for the remainder of the statewide staff in January 2015. Dr. Lyons has also assisted by being a part of several statewide supervisor coaching calls since implementation.

The IV-E University Partnership participated in the CANS/FAST training and certified at the trainer level in October 2014. This allowed the partners to begin integrating the CANS/FAST

training into the Division's New Staff Training classroom and on-the-job (OJT) curricula. Incorporating the CANS/FAST training elements into the classroom-based NST provided by MidSOUTH Training Academy and the OJT activities provided by the other members of the IV-E University Partnership will allow Arkansas to sustain the ongoing training of the CANS/FAST functional assessment tools in the child welfare system. The CANS/FAST Manager has had the opportunity to work closely with Midsouth on the curriculum development and also attend the first round of NST which incorporated CANS/FAST into training curriculum to ensure fidelity of the model in training and assist in the initial trainings.

The Division has offered ongoing support for this IV-E Waiver initiative by continuing to add front line field staff to counties where the caseload-to-worker ratio is still high (above 25 cases) and, as referenced above, hiring a Central Office Program Manager dedicated solely to CANS/FAST to ensure fidelity is monitored as well as to provide ongoing support to the field throughout implementation. Arkansas also secured a contract with Chapin Hall at the University of Chicago to provide on-site coaching and technical assistance as the Division continues to move forward with the statewide implementation of CANS/FAST.

CANS/FAST Practice Guides developed by MidSOUTH Training Academy for New Staff Training were created and are available to staff. There was also a Family Engagement Tool developed and provided to staff to guide the assessment and interview process in a family-centered way. Midsouth is also developing an Engagement Training to strengthen the way workers engage with families in practice.

Employees were given a goal of certifying by the end of January 2015 in preparation for the statewide implementation date on 2/12/2015. All staff that needed to be certified were certified by the end of March; this is with the exception of new staff who will certify by the end of their NST.

### ***Summary of CANS/FAST Activities:***

#### **August 2014**

- IT/CHRIS Joint Application Design (JAD) Workgroup meetings
- CANS/FAST Conference call
- Case Plan Subcommittee meetings
- Development of the first mock-up Arkansas case plan layout initiated
- Conference Call with CANS Developer and Waiver Core Team

#### **September 2014**

- IT/CHRIS (JAD) Workgroup meetings
- Case Plan Subcommittee meeting
- CANS/FAST meetings with MidSOUTH
- CANS/FAST Development Workgroup
- Case Plan Subcommittee

- Case Plan Subcommittee finalized case plan document and sent to the Waiver Core Team for approval
- Phone call with Dr. Lyons
- Sponsor/Lead and Co-lead meeting
- Meeting regarding CANS/FAST communication with DHS Communication Director
- Waiver Core Team meeting focusing on CANS/FAST

### **October 2014**

- CANS/FAST Implementation Committee meeting to develop charter and review goal and basic elements of CANS/FAST
- Meeting held with members of Case Plan Subcommittee
- Conference call held with Tennessee and Praed Foundation/Chapin Hall coach
- Meeting held with CANS/FAST Leads/Co-leads to discuss upcoming trainings and the implementation
- Dr. Lyons trained all Pulaski and Miller County workers as well as IV-E University Partners and some Central Office staff
- IV-E University Partnership members and some Central Office staff also attended a Train-the-Trainers in October to become certified to train CANS/FAST in order to allow Arkansas to embed the training of CANS/FAST into New Staff Training in the future
- Meeting held with the CANS/FAST Leads/Co-leads
- CANS/FAST case plan trainings held in five of the implementation county offices
- Meeting with the CANS/FAST Leads/Co-leads and Policy Manager held to discuss policy changes relating to CANS/FAST
- Meetings with CHRIS staff on the development of the tools
- Waiver Core Team met to discuss communication strategies in preparation for statewide implementation and feedback from the October CANS/FAST trainings
- Program Manager position for CANS/FAST approved and recommendations for a team to send to the Annual CANS Conference in Chicago also approved

### **November 2014**

- Conference call held with Casey Family consultant to develop the agenda for the Implementation Committee Workgroup
- Case Plan Sub-Committee meeting held
- IT/CHRIS Workgroup meeting held
- Make-up CANS/FAST/Case Plan training held
- CANS/FAST Implementation Committee held
- Meeting with IT/CHRIS held to discuss the timeframe CHRIS needed for final changes to the manuals/tools
- Team from Arkansas attended Annual CANS Conference in Chicago

- Case Plan Subcommittee met for the last time to finalize case plan (Case Plan Subcommittee completed its task/mission)
- Conference call with Dr. Epstein held to discuss an agenda for upcoming Coaching Call
- Coaching Calls began: Implementation County supervisors invited to participate in coaching calls to provide feedback to Central Office on the implementation process
- Conference call held with Utah and IV-E University Partnership members
- CANS/FAST Leads and Co-leads met to plan for statewide CANS/FAST trainings in January

### **December 2014**

- CANS/FAST Training Planning meeting held
- All staff in the two implementation counties completed certification as of December 4, 2014
- Coaching calls ongoing throughout the month to discuss implementation
- Training Skills Development Team (TSDT) met and determined that a family engagement tool is needed to assist workers in the CANS/FAST interview process
- New workgroup developed and will begin meeting after the statewide trainings in January 2015 to draft a family engagement tool
- Phone conference with Dr. Lyons held to discuss CANS/FAST Supervision and the Arkansas review and feedback process given to workers who had completed CANS/FAST; Dr. Lyons reported Arkansas is providing appropriate feedback/supervision to the field regarding the use of CANS/FAST
- IT/CHRIS meeting held to discuss progress of development of tools within CHRIS
- Waiver Core Team determined that statewide roll-out would need to be pushed back to February 12, 2015 in order for the tools to be ready in CHRIS
- Waiver Core Team met to discuss Hornby Zeller baseline case review for CANS
- Hornby Zeller evaluator on-site in implementation counties for interviews
- Emails sent out statewide regarding registering for January trainings and general updates on CANS/FAST and the implementation process

### **January 2015**

- Coaching calls ongoing throughout the month Program Manager for CANS/FAST hired
- Dr. Lyons trained DCFS staff over five days across the state; Stakeholders were invited to the orientation session of the training so (i.e., the first two hours of each training)
- Staff given a deadline of making first certification attempt within 72 hours of attending the CANS/FAST training and informed that goal was to have all relevant staff certified in CANS/FAST by the end of January 2015
- CANS/FAST Training-of-the-Trainer (TOT) held by Dr. Lyons
- Meeting held with IT/CHRIS to review progress of developing tools in CHRIS
- Implementation Committee meeting held

- CANS/FAST contract renewal for the next fiscal year submitted
- Conference call between new CANS/FAST Program Manager and Casey Family Programs liaison
- Staff informed of upcoming statewide CHRIS trainings to learn the CANS/FAST/case plan screens in CHRIS and some of the Arkansas practice rules for CANS/FAST
- Meeting held with IV-E University Partnership representatives
- Waiver Core Team meeting held
- New CANS/FAST Program Manager took over role of CANS/FAST Sponsor for WCT
- Manuals finalized and provided across the state
- CHRIS/IT JAD sessions completed
- CHRIS testing to take place the last week of January/first week of February

### **February 2015**

- Workgroup to develop Engagement tool met several times
- Manager attended Area 1, 7, 8, and 9 supervisor meetings to discuss CANS/FAST supervision and best practice
- TOT was held for the new CHRIS screens for CANS/FAST/New Case Plan for Midsouth Trainers
- Trainers were held statewide for CHRIS CANS/FAST/New Case Plan screens
- Manager was able to attend at least one training at each site to ensure consistency in training and provide support/answer any questions
- Ongoing CHRIS meetings leading up to the release and after the release to begin planning future enhancements and prioritize future changes
- CANS/FAST/New Case Plan released in CHRIS system on 2/12/15
- Waiver Core Team Meetings ongoing
- Meeting with Jefferson County Judge to discuss CANS/FAST concerns and expectations
- Practice Guides went out to the field to guide best practice and the CANS/FAST assessments
- DCFS all email sent out with CANS/FAST tips
- Manager met with Casey Families technical assistant for implementation support

### **March 2015**

- Manager met with Pulaski supervisors to discuss implementation in CHRIS system and deadlines for entering all data done during initial implementation period outside of CHRIS
- Meeting was held after the CHRIS screen trainings with Midsouth Training supervisor to discuss any concerns or changes that need to be made moving forward
- Engagement Tool Workgroup meeting several times
- Manager and an identified supervisor from Area 6 had opportunity to go to Austin, TX for a site-to-site peer learning opportunity with Casey Families and Houston DCFS

- Manager met with Casey Families technical assistant for implementation support
- Ongoing CHRIS meetings to discuss updates and changes to the tools and case plan in the next CHRIS enhancement
- Waiver Core Team Meeting
- Evaluators completed baseline interview
- Implementation Committee Meeting
- Manager held meeting with identified Champions in Area 6 to discuss a plan for co-facilitating future statewide coaching calls.
- Manager attended Area 2 and 3 supervisor meetings to discuss CANS/FAST supervision and best practice
- The field given deadline of having all data entered into CHRIS that was done during initial implementation period by the end of the month to ensure that data is reflected accurately in AFCARS report
- DCFS all email sent out with CANS/FAST tips

#### April 2015

- CANS/FAST Make-up Training was held
- Manager met multiple times with Midsouth staff to work on curriculum development during the process of embedding CANS/FAST training into NST
- Manager met with Casey Families technical assistant for implementation support
- Implementation Committee Meeting held
- Waiver Core Team Meetings
- Family Engagement Tool finalized after sharing with TSDT (Training and Staff Development) Workgroup.
- Family Engagement Tool provided to staff statewide at statewide Supervisors Meeting
- Statewide Supervisor Coaching Call held-facilitated by Manager and identified Champions
- Champions identified in each area of the state
- Manager held meeting with County Supervisors in Area 6 to discuss concerns of CANS/FAST practice in the area
- Manager held a small group training with workers in Jefferson County (Area 7) reviewing actual assessments with the workers
- Manager attended Garland County Court Improvement Meeting to share information on CANS/FAST
- Manager attended NST in Little Rock to assist/oversee the facilitation of CANS/FAST in NST for the first time. Manager will be attending this at all five training sites
- Manager attended statewide CASA Directors meeting to share information on CANS/FAST
- Ongoing CHRIS meetings to discuss updates and changes to the tools and case plan in the next CHRIS enhancement

- DCFS all email sent out with CANS/FAST tips
- Manager working on flyers/one-pagers for the field to use when introducing CANS/FAST to stakeholders and the court teams
- Manager spoke at Statewide Supervisors meeting; discussed that Champions have been identified and opportunities for Champions

### May 2015

- DCFS all email sent out with CANS/FAST tips
- Statewide Supervisors Coaching Call co-facilitated with manager and identified Champions in Area 6
- Curriculum Review Meeting with Midsouth to discuss how the first run-through of training went with CANS/FAST embedded into training
- Manager attended Partnership Meeting and discussed CANS/FAST; Partnership held workshop to identify implementation strengths and issues
- Manager met with Casey Families technical assistant for implementation support
- Waiver Core Team Meetings
- Manager attended Court Improvement Training in Pulaski County regarding Case Planning
- Manager attended Area 2 and 3 supervisor meetings to discuss CANS/FAST supervision and best practice
- Supervision Tip Sheet was provided to supervisors across the state
- Ongoing CHRIS meetings to discuss updates and changes to the tools and case plan in the next CHRIS enhancement
- Manager, 3 identified Champions from the field (supervisors from area 2, 7, and 8), and two Midsouth staff had opportunity to go to Nashville, TN to attend a Stakeholder Training and meet one-on-one with the DCFS CANS Team in the state for a peer learning opportunity
- Manager working with Midsouth to develop CANS as a standalone (one day) training as well for when we have re-hires or staff that need CANS training but will not go through all of NST

### **NURTURING PARENTING PROGRAM:**

February 1, 2015 – May 31, 2015 saw the Nurturing Parenting Program (NPP) in Arkansas move from the planning phase to initial implementation.

In February, MidSOUTH NPP representatives and members of the Waiver Core Team completed the half-day regional NPP Orientations for Family Service Workers (FSWs) and any supervisor or Program Assistant (PA) who did not participate in the NPP TOT that took place from January 20-23, 2015. This orientation aimed to ensure that FSWs and supervisors have a thorough understanding of the NPP referral process, DCFS and MidSOUTH roles and responsibilities as related to NPP, and a basic concept of the NPP parenting constructs and values. A total of 19 NPP Regional Orientations were held statewide in January and February

2015 with 56 PAs, 266 FSWs, 89 supervisors, 23 IV-E Partnership members, and 6 Central Office (excluding Central Office/Waiver Core Team members who assisted with conducting the Regional Orientations) attending.

On March 2, 2015, the Nurturing Parenting Program officially launched statewide in Arkansas. The Waiver Core Team sent an email to all DCFS staff across the state to not only announce this launch, but also to remind staff of the NPP referral criteria:

- Non-court involved protective services case;
- At least one child in the home who is 5-11 years of age; and,
- Substance misuse is not a current issue in the home or parents/caregivers are participating in substance abuse treatment.

State-level and local MidSOUTH NPP staff also began traveling the state to attend various DCFS meeting forums in an effort continue messaging and awareness regarding NPP as well as allow the local MidSOUTH NPP staff to meet local DCFS county staff.

Initially referrals to NPP were extremely low. The feedback the Waiver Core Team received from both local DCFS staff as well as the MidSOUTH NPP staff indicated some confusion in the field regarding the NPP referral criterion related to substance abuse. By and large staff thought that if there were any substance misuse issues in the home, then a referral could not be made to NPP until the parents was actively participating in treatment. While Waiver Core Team (WCT) had messaged parameters regarding the use of substance misuse when making referrals to NPP, WCT did not intend for this criterion to serve as a hard and fast rule to block NPP referrals simply because a parent tested positive for an illegal substance or alcohol. Rather, WCT intended for it to be a guideline connected to how drug and/or alcohol use impacts a caregiver's ability to parent and understand information presented in NPP classes. The parent must be stable enough to actively participate in and benefit from the NPP curriculum.

Therefore, the Waiver Core Team sent an email to all DCFS staff to this effect clarifying that while some parents may test positive for drugs and/or alcohol and may not yet be in treatment, those involved in non-court ordered cases with at least one child ages 5-11 in the home who could still engage and learn in the NFA session should be referred as soon as possible to NPP. Waiver Core Team did not want the sometimes considerable wait for a drug and alcohol assessment and entry into treatment to be a barrier to parents participating in NPP if the worker assessed that, despite drug and/or alcohol use, a parent could still benefit from NPP.

After Waiver Core Team sent this email to the field, referrals began to increase significantly. MidSOUTH NPP administrative and direct service staff also continued to make contacts with local DCFS staff through MidSOUTH Regional Team Meetings, local DCFS staff meetings, and the monthly Area Director meeting.

As of May 31, 2015, MidSOUTH has:

- Received 109 NPP referrals from local staff with 84 of those meeting the referral criteria
- Conducted 73 Comprehensive Parenting Inventory (CPI) assessments
- Reported that:
  - Three families have completed six NPP sessions,

- Five families have completed five NPP sessions
- Ten families have completed four NPP sessions
- Five families have completed three NPP sessions
- Ten families have completed two NPP sessions
- Seven families have completed one NPP session.

Due to rural location of many of the referrals, several of the NPP sessions are single family sessions; however, as more referrals have been received, MidSOUTH has started to increase the number of group sessions. All NPP groups and home visits are scheduled with each family's needs in mind (e.g., after school and scheduled around the parents' work schedules). There is one group that occurs on Friday nights because that is the best time for the families involved in that particular cohort.

DCFS has received questions from MidSOUTH about serving families who fall outside of the identified target population (e.g., cases that began as Family In Needs of Services (FINS) cases which are technically court-involved, families with children who are within a couple of months of turning five-years-old). These requests are handled on a case by case basis. The NPP Sponsor requested that MidSOUTH clearly document in their database when cases do not meet the standard referral criteria. If any of these cases are pulled as part of the Hornby Zeller Associates (HZA) evaluation, they will be removed from the evaluation sample since they do not meet the referral criteria set out in Arkansas's IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR).

After the NPP program had been running for approximately two months, DCFS and MidSOUTH requested that Casey Family Programs facilitate a Business Process Mapping (BPM) session to help the agencies carefully review the NPP referral process and other initial aspects of the program. The goal of the BPM session was to identify early successes as well as barriers and ensure that both DCFS and MidSOUTH have a consistent understanding and expectation of all decision points related to the NPP referral process and initiation of NPP services. Casey Family Programs facilitated the NPP BPM session on May 12, 2015. Participants included three members of Waiver Core Team, the DCFS NPP Lead, a DCFS Area Director, two DCFS Supervisors, a DCFS FSW, a DCFS Program Assistant who had been trained as a Parent Coach, and four MidSOUTH NPP staff.

Participants found the mapping process extremely beneficial in terms of identifying initial successes and challenges to implementation. For example, many staff thought that the completion of the Family Advocacy Support Tool (FAST) with a rating of a 2 or 3 for any of the eight NPP related criteria (i.e., *Family Role Appropriateness, Caregiver's Empathy with Children, Caregiver's Supervision, Caregiver's Discipline, Caregiver Alcohol/Drug Use, Knowledge of Child, Developmental, Safety*) generated an automatic email referral to MidSOUTH. In actuality, as of March 15, 2015, it is the completion of an approved case plan with NPP selected as a service type that generates the email referral to MidSOUTH (though referrals can be made prior to completion of the case plan in CHRIS if the FSW Supervisor emails the referral to the MidSOUTH NPP Programmatic Lead). In addition, DCFS and MidSOUTH also discovered in the BPM session that many staff did not realize an NPP-specific service now exists in the Children's Information Reporting System (CHRIS) case plan services

drop-down menu despite an earlier email from CHRIS staff to this effect. As such, the Waiver Core Team sent another email to all DCFS staff on May 25, 2015 to ensure all staff members are aware of these points as well as to give other general updates about NPP in Arkansas.

The BPM session also helped DCFS and MidSOUTH to clarify the finer points of the NPP referral process. Another BPM Session is planned for fall 2015 to review and clarify processes related to NPP service delivery and management such as the process for assigning PAs as Parent Coaches to families who are participating in NPP. The Waiver Core Team and MidSOUTH decided to hold this BPM session at a later date to allow both DCFS and MidSOUTH staff time to experience the delivery of the entire NPP core curriculum (i.e., 16 sessions) to families.

As previously reported, the Waiver Core Team determined during the planning phase for NPP that selected DCFS Program Assistants (PAs) will serve in the role of NPP Parent Coach when office capacity allowed. The PAs do not provide the NPP classroom curriculum itself to families. The role of the Parent Coach is designed to provide additional support to those families participating in the Nurturing Parenting Program. Assigned Parent Coaches make additional home visits (a minimum of every other week) to assess the parents' perspective of the lessons taught during the NPP classes, how effectively parents transfer the skills they learn in class to the home environment, and to assist parents, as needed, with their NPP home practice assignments (e.g., 30-45 minutes of dedicated play between parent and child not to include television or phones). The information the Parent Coaches gather from their home visits is shared with the Family Service Worker as well as the MidSOUTH NPP Parent Educator.

Initially only 35 PAs were trained as Parent Coaches at the NPP Training-of-the-Trainer (TOT) held from January 20-23, 2015 since not all Program Assistants across the state could be in the same training for 3.5 days as that would severely limit the Division's daily operations. Due to the relatively small number of PAs trained for the Parent Coach role prior to the launch of NPP, there have only been a handful of PAs assigned as Parent Coaches at this point in time. Moreover, there is also a potential barrier to PAs being assigned as Parent Coaches in larger counties due to the fact that often the FSWs who refer a family to NPP and the PA in that county who is trained as a Parent Coach have different supervisors. Therefore, communication may be impaired and the different chains of command hinder PA assignment to families participating in NPP.

However, as previously reported, there will be additional NPP TOTs to ensure that all DCFS Program Assistants receive the Parent Coach training. After debriefing the initial 3.5 day NPP TOT, the Waiver Core Team and MidSOUTH NPP administrative staff determined that length of training is not necessary. WCT, along with MidSOUTH NPP administrative staff, condensed the NPP TOT curriculum to one full day of training for remaining PAs and their direct supervisors (if the supervisor did not participate in the January NPP TOT). The morning session will provide an overview of NPP as well as review both DCFS and MidSOUTH NPP staff roles and responsibilities. The afternoon portion of the training will provide the PAs with an opportunity to focus on their role as Parent Coach by participating in facilitated role plays and debriefing sessions. The afternoon segment will also feature small focus groups of the supervisors in attendance to discuss potential opportunities and challenges related to NPP and how they will support the PAs in the Parent Coach role.

The second round of NPP TOTs will be held at regional locations to ensure manageable class sizes and will begin on July 15, 2015 and run through August 14, 2015. A third and final round of NPP TOTs is planned for fall 2015.

During this reporting period DCFS has also worked to improve documentation of NPP activities in CHRIS. DCFS has received permission from the Department of Human Services Privacy Officer to allow MidSOUTH staff access to CHRIS so that they may directly input NPP assessment scores and classroom observations into the CHRIS contact screens. In addition, the Waiver Core Team requested the CHRIS staff to develop NPP-specific contact options in the drop-down menu of contact types. This will allow Waiver Core Team to more easily track and manage reports related to staff NPP services. The expected release date for this CHRIS enhancement is July 30, 2015.

In anticipation of working with more Spanish speaking families, MidSOUTH requested and received approval to adjust some budget line items in their contract to allow them to hire two additional Parent Educators who are bilingual in Spanish and English. These two Parent Educators will serve as “roving” Parent Educators. MidSOUTH is currently in the process of hiring these two additional positions.

Finally, MidSOUTH and the Waiver Core Team have also discussed the possibility of increasing funds in the SFY2016 contract to allow MidSOUTH to hire an additional Child Specialist at each of the five MidSOUTH Training Academies. This would allow an even number of direct service staff at each location (i.e., two Parent Educators and two Child Specialists all of whom would be cross-trained) which, in turn, would allow for more sessions to occur concurrently since there must be one Parent Educator and one Child Specialist at each NPP session. DCFS and MidSOUTH will continue to monitor the number of referrals as well as the locations from which the referrals are received to determine at what point during SFY2016 such a budget increase to allow for the additional Child Specialists may be necessary.

Overall both DCFS and MidSOUTH are pleased with the initial implementation phase of NPP in Arkansas. Despite small, initial challenges, feedback regarding the NPP program from DCFS staff, MidSOUTH staff, and families participating in NPP has been resoundingly positive. DCFS and MidSOUTH look forward to the continued progress of the Nurturing Parenting Program in Arkansas.

### **February 2015**

- DCFS Waiver Core Team and MidSOUTH NPP Staff completed NPP Regional Orientations
- MidSOUTH Administrative NPP Staff continued hiring process for local NPP direct service staff

### **March 2015**

- NPP launched statewide in Arkansas on March 2, 2015
- MidSOUTH Administrative NPP staff provided a week of intensive training to newly hired NPP direct service staff regarding the Arkansas NPP curriculum
- MidSOUTH Administrative NPP staff continued hiring process for local NPP direct service staff

### April 2015

- NPP Lead, NPP Sponsor, and MidSOUTH Administrative NPP staff met with Casey Family Programs representative to review the NPP work plan and progress to date and plan for the May NPP Business Process Mapping session
- NPP Update email sent to all DCFS staff
- NPP staff met with DCFS Area Directors at the monthly Area Director meeting
- NPP staff presented at DCFS Statewide Quarterly Supervisor meeting
- MidSOUTH Administrative NPP staff continued hiring process for local NPP direct service staff
- NPP Lead, NPP Sponsor, and MidSOUTH Administrative NPP staff held phone conference with Casey Family Programs to prepare for NPP Business Process Mapping session

### May 2015

- MidSOUTH successfully filled all initial NPP direct staff service positions but began hiring process for two additional Parent Educators who are bilingual
- NPP Business Process Mapping led by Casey Family Programs held
- NPP Update email sent to all DCFS staff
- NPP staff met with DCFS Area Directors at the monthly Area Director meeting
- NPP Lead and Sponsor met with MidSOUTH Administrative staff to assess progress of Arkansas NPP

**TARGETED RECRUITMENT (ARCCC):** Please see Foster Parent Recruitment and Retention Activity Update

## **ARKANSAS CAPTA PLAN**

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

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

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

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

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

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

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

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

### **CAPTA funding specifically supports**

*Case management including ongoing case monitoring and delivery of services and treatment to children and their families through:*

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

*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;

**During the last fiscal year (FY 2015), the activities for CAPTA are listed below:**

The FASD Task Force continues to meet monthly with leadership of community and state organizations that are committed to improving the lives of children and families who are living with an FASD. The FASD Task Force along with David Deere, Partners for Inclusive Communities have continued to sponsor the FASD online anonymous support group as well as the monthly support group held locally. The FASD Taskforce has also continued to take the lead in Arkansas for the FASD Awareness Day Proclamation signed by the Governor of Arkansas.

Several speaking opportunities this year for the program staff include: Pulaski County Special School District, Arkansas Fatherhood & Family Coalition, Zero to Three Safe Babies Court Team, Opportunities, Inc. monthly meeting for therapeutic foster children, Children of Arkansas Love for a Lifetime-CALL support group meetings, FASD statewide support group, Statewide FASD trainings for Agency Staff to include: FSW’s, FSWS’s, County Supervisors, HSW’s, Investigator’s, and Resource Specialists;

The FASD Task Force supported the efforts of one of its members the March of Dimes, who lobbied in 2015 for the Alcohol and Pregnancy Awareness Act, which allows for education and awareness signage on Fetal Alcohol Spectrum Disorder (FASD) to be posted in ALL alcohol-serving establishments in the State of Arkansas. The State Senate recently passed SB 785, but did not pass in the House.

*Goal: Develop and implement a Differential Response Program (DRS) in Arkansas. This goal is completed and is now reflected in the Waiver Update section and will be deleted from this section in the next APSR.*

- 1) Identify specific DRS allegation types. (Completed)
- 2) Establish a workgroup to assist in development and review of program. (Completed)
- 3) Develop functional job descriptions for staff working with DCFS DRS. (Completed)
- 4) Outline roles/responsibilities for hotline and providers of DRS. (Completed)
- 5) Develop Request for Proposal (RFP) for potential DRS providers. (Completed)
- 6) Coordinate technical assistance with Casey Family Programs. (Completed)
- 7) Develop DRS policy and procedures. (Completed)
- 8) Develop initial and ongoing DRS training. (Completed)
- 9) Develop an oversight process to evaluate DRS implementation and sustainability of DRS program. DCFS is reinstating the steering committee and assessing to determine

if we have the right members that helped shape the DR program. We plan on inviting some of the old members as well as add new ones. Hornby Zeller and Associates are currently conducting a study on the first six months of DR to determine how effective the implementation of the program is, whether staff are referring based on the identified need and to appropriate services, and recidivism of referrals. (*HZA methodology can be accessed on site*)

*Goal: Address McKinney-Vento Homeless Act in DCFS practice.*

- 1) Review DCFS policy to assure it reflects McKinney-Vento Homeless Assistance Act and revise as necessary.
- 2) Create a Question and Answer format to address specific questions from DCFS staff about McKinney-Vento.
- 3) Develop practice guide for field staff on how to best serve the homeless youth population.

Although this goal continues to be a priority in DCFS, little progress was made this past year. As mentioned last year, the Division hired an Education Specialist in 2015 and she has begun the work of developing the Education program to include the above activities and many others in order to strengthen the partnership and collaboration we have with the Department of Education and the local school districts.

The Education Specialist participated in the Education Committee that is coordinated by the Administrative Office of the Courts and has coordinated a MOU with the Department of Education so that DCFS has access the children in foster care educational records. She has also been developing a directory that includes the Homeless Liaison and other key positions within the education system that would serve the child welfare population. Another focus this year will be to work with legal and the DOE on a true interface and data exchange.

If at any time Arkansas changes policies, procedures, or statutes that impact CAPTA requirements, the Children's Bureau will be notified and the State will make any corresponding changes to the APSR.

### **Specific Activities related to Services & Training utilizing CAPTA & Prevention Support Funding**

- Contracted Language Interpreter services provided statewide for county staff with families who are not proficient in English. Interpretation and telephone services were provided 24 hours a day, seven days a week. This service assists staff in the translation of documents and provides an avenue by which family service workers are able to communicate with Non-English speaking families. DHS legal department use the language interpreter contract for appeals hearings in maltreatment cases. Translation of documents continue to be used by the policy and legal department. There are no planned changes to this service.
- Contractual agreements with the Family Treatment Program provided opportunities for parents and caregivers of sexually abused children to receive treatment services. Participants receive an assessment, a diagnostic interview, a psychiatric review and individual and or group psychotherapy. Services were offered state wide and there are no planned changes to this program.

- Intensive Family Services (IFS) was modified to become more prevention focused. Providers and caseworkers continue to assist families in identifying their own needs. When families are engaged in the identifying their supports and needs staff can expect change and improvement.

### **Update on Arkansas's IFS program**

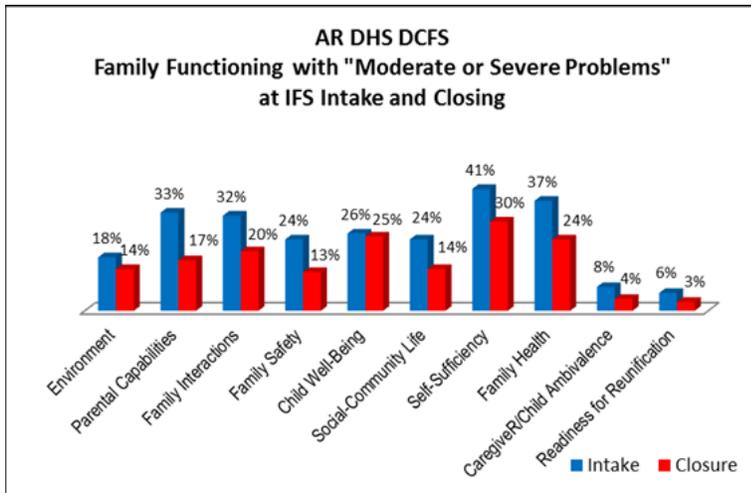
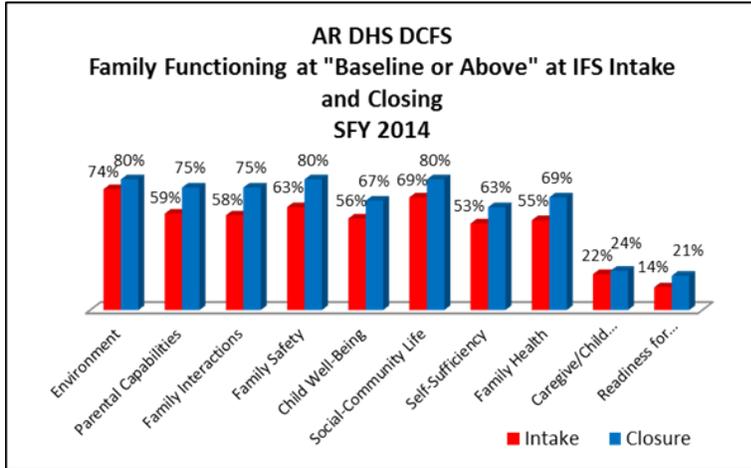
Intensive Family Services (IFS) offers an array of services including time-limited intensive counseling, skill building, support services and referrals to resources that target the needs of the family. The primary intent of IFS is to prevent out of home placements of children; however, it is also used for reunification of children with their families. Services are available for up to 6 weeks for 24 hours a day, 7 days per week, and are provided in family homes or in alternative natural environment settings. DCFS procures contract providers throughout the state as a means to offer IFS to appropriately referred families.

Since 2010, the AR Department of Human Services Division of Children and Family Services has used the North Carolina Family Assessment Scale (NCFAS) as the evaluation instrument to track the functioning status of families that participate in IFS. The NCFAS was developed by the National Family Preservation Network and is being used to monitor child welfare programs throughout the United States. There are 8 general domains included in the NCFAS (i.e. Parental Capabilities, Family Safety, Child Well-Being and etc.) and each family is rated in each domain. There are 2 additional domains (Caregiver/Ambivalence and Readiness for Reunification) that are applicable only to families with the goal of reunification.

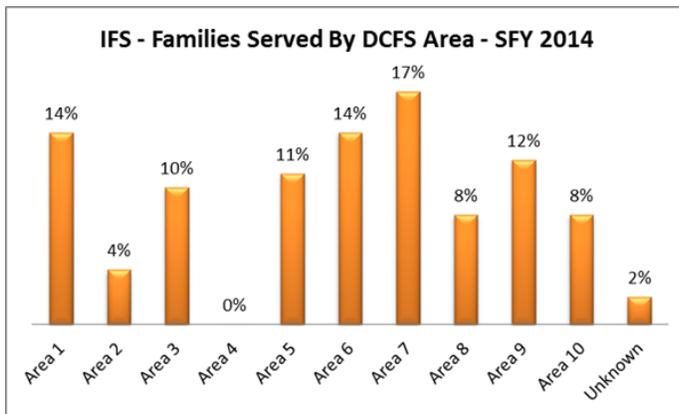
To measure the functioning status of families who have completed IFS, DCFS has conducted an annual data analysis since 2011. A comparison has been made between the overall rating scores in the NCFAS domains at intake and at closure. Only families with both an intake and closure NCFAS record have been included in the annual reports. Beginning with the annual report for SFY 2014, demographic and DCFS Area-specific information that is captured on the IFS Intake/Tracking Form has been added to the annual IFS report.

Each year, data in each domain of the NCFAS have shown that families have experienced improved family functioning after receiving IFS. However, according to the National Family Preservation Network, "Adequate/Baseline" is the family functioning level where families have no reason for intervention, and over half of the families who have been in the IFS program begin services at or above this level. IFS is intended to serve families with existing problems in family functioning. IFS contract providers and DCFS director services staff have been contacted to address ways to decrease the number of clients receiving services that appear to not be in need of the intervention. Quarterly conference calls with IFS contract providers and DCFS staff are scheduled to begin during SFY 2016 and referral appropriateness will be an on-going agenda item.

Please see the statistics for State Fiscal Year 2014 (July 1, 2013 – June 30, 2014) below:



Families showed **progress** in each NCFAS domain at the closing of IFS  
 Families showed **fewer problems** in each NCFAS domain at the closing of IFS



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

CAPTA funded 4 Citizens Review Panels (CRP) operating in Carroll, Lonoke, Logan and Ouachita Counties.

The panels are active and work diligently to evaluate child protective services. The Panels play a very important role in the success of this initiative. Some of the responsibilities of the Panel include: convening meetings of the MDT; ensuring agreements of confidentiality are signed by members; coordinating information on all Hotline calls that meet the protocol for review by the MDT; reviewing information on pending child maltreatment investigations; making recommendations for services on each investigation reviewed at the MDT meeting and submitting to DCFS within seven days of the MDT meeting.

In SFY 2015, oversights of the CRPs were moved to Differential Response (DR) Coordinator in Central Office. Differential Response has now been implemented statewide and this change in oversight will enable more coordination and communication at the local level to implement recommendations by CRPs. It is the expectation of the agency that the information and input provided by the panels will be used to improve practice and improve outcomes for the children and families served.

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

### **Outline of Activities for FY 2016 supported by CAPTA**

- DCFS will continue to maintain a prevention website. Prevention unit will continue to research topics and upload to the website those that might be of interest to the public and assist in bringing about awareness regarding the prevention of child maltreatment.
- DCFS will purchase promotional items and prevention materials to target the reduction of child abuse and community awareness on the importance of prevention. These materials will also continue to be distributed to DCFS staff and community stakeholders to raise the community’s knowledge of the need to protect children.
- DCFS Program Assistants will be trained and certified through Mid-South in Parenting Education.
- Additional parenting training resources will be made available to field staff for guidance in providing services to families
- DCFS will continue to support the Citizen Review panels.
- Statewide Language Interpreter Services contracts for county staff with families who are not proficient in English.
- Continue with the FASD and Strengthening Families work
- Intensive Family Services (IFS) contracts

**Foster Care Services:**

Foster Care Services are represented by several programs and units in DCFS which include: Permanency Specialist who coordinate Permanency Round Tables; a Permanency Specialist that coordinates the Subsidized Guardianship Program; Transitional Services Unit which coordinates events and best practices for working with youth; Specialized Placement Unit whom coordinates the Interdivisional staffing and locates and assures specialized placement for youth with special needs as well as the keying and monitoring of contract TFC placements and DDS placement; foster care unit staff who manage the board payments, out of state birth certificates processing, keying and monitoring of safety check for private providers; the eligibility unit; policy unit who assures we have policy and procedures as well as assisting with best practice guides; the adoption unit; and many others. All of these units are critical to the success of the foster care program in DCFS.

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

Recruiting and retaining quality foster homes continues to be a top priority for DCFS. The agency continues to seek input from foster parents and other foster care providers on how we can improve in meeting their needs. DCFS received the Diligent Recruitment Grant October 1, 2013. DCFS has proposed to implement the Family to Family model that includes a customer service model. We also plan on accessing the Geo spatial technology through UALR as a way to target the recruitment.

**FOSTER CARE DATA-** *This data shows children who entered during 07/01/2014 until 06/12/2015*

**Ages of All Children Who Entered Foster Care During SFY 2015**

| Age Category       | Count       | Percentage (%) |
|--------------------|-------------|----------------|
| 0 to 1 Years       | 932         | 25.90%         |
| 2 to 5 Years       | 966         | 26.84%         |
| 6 to 9 Years       | 706         | 19.62%         |
| 10 to 13 Years     | 490         | 13.61%         |
| 14 Years and Older | 503         | 13.98%         |
| Unknown            | 2           | 0.06%          |
| <i>Total</i>       | <i>3599</i> | <i>100.00%</i> |

**Race/Ethnicity of All Children who Entered Foster Care During SFY 2015**

| Race         | Count       | Percentage (%) |
|--------------|-------------|----------------|
| WHITE        | 2331        | 64.77%         |
| BLACK        | 674         | 18.73%         |
| MULTIPLE     | 330         | 9.17%          |
| HISPANIC     | 219         | 6.09%          |
| UTD          | 25          | 0.69%          |
| AIAN         | 9           | 0.25%          |
| ASIAN        | 7           | 0.19%          |
| NAPI         | 4           | 0.11%          |
| <i>Total</i> | <i>3599</i> | <i>100.00%</i> |

**Removal Reasons for All Children who Entered Foster Care During SFY 2015**

| Removal Reason(s)                      | Count       | Percentage(%) of Removals in which Reason was cited |
|--|-------------|---|
| Neglect (Alleged)                      | 1870        | 51.96%  |
| Drug Abuse (Parent)                    | 1651        | 45.87%  |
| Incarceration of Parent(s)             | 703         | 19.53%  |
| Physical Abuse (Alleged)               | 410         | 11.39%  |
| Inadequate Housing                     | 338         | 9.39%   |
| Sexual Abuse (Alleged)                 | 261         | 7.25%   |
| Caretaker ILL/ Unable to Cope          | 166         | 4.61%   |
| Alcohol Abuse (Parent)                 | 143         | 3.97%   |
| Abandonment                            | 103         | 2.86%   |
| Child's Behavior Problem               | 100         | 2.78%   |
| Truancy                                | 66          | 1.83%   |
| Drug Abuse (Child)                     | 59          | 1.64%   |
| Death of Parent(s)                     | 16          | 0.44%   |
| Sexual Offender                        | 12          | 0.33%   |
| Child's Disability                     | 10          | 0.28%   |
| Child of Teen Parent in Foster Care    | 8           | 0.22%   |
| Relinquishment                         | 5           | 0.14%   |
| Alcohol Abuse (Child)                  | 4           | 0.11%   |
| Court Ordered Foster Care in FINS Case | 2           | 0.06%   |
| <i>Total Reasons</i>                   | <i>5927</i> |   |
| <i>Total Children</i>                  | <i>3599</i> |   |
|  |             |   |

**Gender of All Children who Entered Foster Care During SFY 2015**

| Gender       | Count       | Percentage (%) |
|--------------|-------------|----------------|
| Female       | 1803        | 50.10%         |
| Male         | 1796        | 49.90%         |
| <i>Total</i> | <i>3599</i> | <i>100.00%</i> |

**Foster Parent Recruitment and Retention Activity Update**

During the year, DCFS has established a Program Unit for the Recruitment and Retention of Foster and Adoptive Family Homes and Volunteers. This unit is known as Arkansas Creating Connections for Children or ARCCC. It is our approach to shifting the practice of recruitment of foster and adoptive parents as well as volunteers to a community/neighborhood level with a strong customer service component. It is a shift from general recruitment to target and child specific recruitment primarily for foster families and strengthens the targeted and child specific recruitment for adoptive families.

As of October 2014, we have fully implemented the Centralized Inquiry (CI) Unit so that all applicants interested in fostering or adopting are consistently screened and are clear of all background checks prior to assignment in the field for further assessment that includes the In Home Consultation, Training, and Home Study. The goal of centralizing inquiries is to shift the administrative responsibilities of these activities to central office to provide more time for the frontline staff to have face to face contact with applicants and increase the quality of the time spent with applicants. It also allows for a consistency in messaging and considerations for the many different situations and circumstances of families that do apply.

The CI unit had a difficult implementation due to the underestimated number of inquiries anticipated as well as the number of staff needed to handle the call volume and the background check process. After beginning with only 2 staff members in July of 2014, we now have 6 staff members. The CI unit is able to respond to all inquiries with an initial call within 2-4 working days. We have recently adapted the follow up process to establish a sense of urgency for completion of the packet and commitment to the process. Our goal is to close applicants within 45 days, so, if families are not ready to make the full commitment, we will close their application to avoid having applicants lingering in the system for significant amounts of time. The families are always encouraged to contact the agency when they are ready to make the full commitment and we can simply reinstate their application. This process allows the Division to assess the family’s commitment level and initiates the resource home development process more quickly to decrease the time it takes for approval from a 9-12 month time frame to a 4-6 month time frame. The Centralized Inquiry process must be time limited to allow for the In Home Consultation, Training, and Home Study processes to have sufficient time to complete.

During implementation, we have many lessons learned about our process, including the inconsistencies that were being considered in the field. In turn the Division was able to establish processes to have consistent messages and assess all applicants with the same standards.

The Division has conducted joint quarterly Adoption and Resource Worker meetings where we have the opportunity to provide updates, discuss best practices, strategies to increase the number and quality of homes, clarify policies, and build better team work.

DCFS recognizes that supporting foster parents significantly impacts retention and begins with the recruitment of new homes. DCFS continually works with staff regarding their role in recruiting and supporting foster parents. In addition to the support provided by staff, including Resource Workers who monitor the foster homes, DCFS provides the following resources to foster parents:

- After-Hours Medical Resource Line – a telephone number that foster parents may call if they have questions related to the medical needs of the children (through a partnership with the Division of Medical Services, Arkansas Children's Hospital and the University of Arkansas for Medical Sciences).
- Volunteer State Foster/Adoptive Parent Liaison – provides resources and assistance to resource families in Arkansas, including suggestions for navigating through the system, information and resources for educational issues, active listening for compliments or complaints.
- Foster Parent Groups and Associations – provides a medium through which foster parents may connect with other resource families in their local communities.
- Annual Foster Parent Conferences held at the local level to provide the opportunity for foster parents to receive required training and network with other foster parents.

The Foster Care, Adoption Unit, and Specialized Placement Unit provide the following services and supports to foster parents which include but are not limited to:

- Technical assistance in resolving board payments for foster and adoptive families
- Technical assistance in resolving issues with out of state birth certificates needed for adoptive families
- Responding and routing calls from foster parents to appropriate staff to address the concerns or issues that they have
- Periodic mail outs to foster parents in regards to policy updates and events
- Technical assistance and case consultations on specific behaviors problems and/or prescription medication issues
- Follow up assistance and guidance with educational issues
- Developing and coordinating opportunities for specialized training at the local level
- Website with information and resources listed

Supports in development for the 2015/2016 Year:

- Travel Reimbursement Guide/Support (*In development*)
- Individual meetings at request to discuss and problem solve issues (*In progress*)
- Timely follow up on issues regarding board payments/over-payments (*In progress*)

**Foster Care Recruitment and Retention Plan**-this plan provides the updates while the Division has been shifting to the newly formed ARCCC Unit which has a work plan that incorporates the goals of the strategic plan and will be what the Division will report from in the next APSR.

**Recruitment and Retention Planning for 2015-2016:**

The Division of Children and Family Services (DCFS) is in the beginning stages of implementing Arkansas's Creating Connections for Children (ARCCC) statewide in each service

area. The Family Service Worker (FSW), Community Engagement Specialists (CESs) were hired during this reporting period in all 10 service areas, the Division also hired the ARCCC Program Manager (PM) and the ARCCC Program Lead who lead and report the activities of the Diligent Recruitment Grant.

The ARCCC Program Manager was hired November 17, 2014. The PM will coordinate all recruitment/retention from Central Office and will serve as the authority on the Annie E. Casey Foundation, *Family to Family* Model within the Arkansas child welfare system. The Division has paired the ARCCC Program Manager with a mentor to provide training for ARCCC's program development. The ARCCC Program Manager's mentor is currently acting as the Principal Investigator for the Diligent Recruitment of Families for Children in the Foster Care System Grant and also serves as Arkansas's Planning and Foster Care Manager.

The ARCCC Program Manager has diligently worked to:

- Hire a Community Engagement Specialist (CES) in each targeted service area
- Identify appropriate agency and child protective service work trainings
- Develop effective communication and collaboration strategies for ARCCC staff
- Initiate technical assistant support from Annie E. Casey Foundation (AECF) Family to Family model
- Identify state level community partnerships
- Identify potential modifications to policy and procedures
- Identify CES support to DCFS Centralized Inquiry
- Initiate technical assistant support from the National Resource Center for Diligent Recruitment (NRCDR)
- Scheduled an onsite technical assistance meeting with NRCDR And AECF
- Facilitate Monthly ARCCC Unit meetings
- Initiated statewide activities in regards to Foster Care Month, "Drive by Donation Drive" and Reunification Day at the Zoo, "Reunification Heroes"

The ARCCC Program Lead for the Diligent Recruitment Grant was hired on August 4, 2014 to lead the functions of the Diligent Recruitment Grant. The primary function of the Program Lead is to report all activities on the approved work plan and trends to the Federal Project Officer in writing, ensure the activities of the work plan are being carried out, and monitoring the budget. Specific reports include: Semi-Annual Reports, Financial Reports, Continuation Reports, other reports in Grant Solutions when necessary such as Carryover Reports, and the PM-OTOOL as stated in the cooperative agreement with the Children' Bureau. The ARCCC Program Lead is responsible for the contact with the Federal Project Officer.

The ARCCC Program Lead works close with the Community Engagement Specialist in the grant areas (1, 2, 6, and 8), shadowing them to provide coaching and support during community events and activities. The ARCCC Program Lead has created tools for the toolkit and Practice Guides to be utilized for implementation of the ARCCC Program. The ARCCC Program Lead holds the master copy of the toolkit and orders more tools as necessary. The ARCCC Program Lead initiated contact with The Design Group for a branding and logo to be developed. During this

year, The Design Group was selected and approved to create a brand and logo for ARCCC. The ARCCC Program Lead is also very involved with the development of the Geographic Information System website and the SACWIS enhancements that will enhance the Centralized Inquiry and provide screens for the ARCCC Team to report daily activities so reports can be drawn.

In addition, the ARCCC Program Lead works closely with the ARCCC Program Manager, providing support and collaboration with orientations/trainings, leadership, and various meetings regarding Targeted Recruitment. The ARCCC Program Lead was involved in the interview and hiring process for the Area 1 CES position that was advertised 5 different times.

In January 2015, the ARCCC Program Manager ensured the Community Engagement Specialists attended an orientation and training regarding various DCFS Policy, Procedures, and Programs. The CES group attended this comprehensive three-day training from January 21, 2015 through January 23, 2015. The training provided the CESs with information to begin developing techniques and strategies for initial Community Outreach and Development. The training also ensured the CESs understood the action steps that align with goals set out for recruitment implementation. During this orientation the ARCCC PM and CESs set communication protocols that require them to meet monthly as a group and weekly by telephone conference calls.

As liaisons between DCFS and local communities, the Community Engagement Specialists have been tasked with taking the lead on local community outreach and development. This includes forging the partnerships needed to serve children and families within their own communities. In February 2015 the CESs will be expected to begin the early stages of community outreach and development by:

- Shadowing DCFS Staff
- Supporting DCFS Centralized Inquiry System
- Collecting data to identify the characteristics of children currently in foster care and characteristics of the communities in each service area
- Identifying community needs and supports
- Compiling a Community Outreach Directory
- Identifying DCFS current recruitment challenges
- Developing initial recruitment materials

The Community Engagement Specialists have started carrying out these functions by observing field staff in a variety of roles as well as current DCFS resource recruitment efforts. The ARCCC team is tasked with meeting prospective resource providers by attending resource recruitment informational meetings as well as other DCFS meetings. The CESs are also gathering data pertaining to their specific service areas and are attending community events to aid in identifying characteristics, supports, and needs of their communities. All of these tasks will lead to the development of initial recruitment materials and adaptation of current materials.

The direct recruitment of resource families' component of Targeted Recruitment has not been fully implemented because of delays in the hiring process and the relatively recent hire dates of

the Community Engagement Specialists. However, the Community Engagement Specialists are preparing for this component by learning about the DCFS system as a whole. For example, the three-day orientation and training held in January 2015(referenced above) included an orientation on Structured Decision Making (SDM). The CESs learned about the importance of assessing for safety and risk throughout the life of a case – including assessing the safety of and risks to children in foster and pre-adoptive placements. This introduction to Structured Decision Making is one example of the ARCCC team gaining an understanding of the broader DCFS system to help them better assess and support the targeted stakeholders and resource providers who are partners with the agency, and those who are being recruited to become partners with DCFS.

The ARCCC team has begun implementation of the final component of Targeted Recruitment, which is Retention and Support of Resource Families. For example, in January 2015 the ARCCC Program Manager began identifying potential training opportunities to provide the ARCCC team with a customer service training based on the *Family to Family* Model. In addition, the CESs are in the initial stages of identifying current supports and assisting with developing new supports in each of their service areas. Some examples of current supports would include identifying current foster parent support groups or associations, identifying schools that have funding for community services, and making contacts with local newspaper and radio stations about opportunities for recruitment.

#### **April 2014**

- ARCCC Quarterly Call
- ARCCC Workgroup Meeting
- Pilot Centralized Inquiry in Area 8

#### **May 2014**

- Area 6 Community Engagement Specialist hired

#### **June 2014**

- Pulaski County Meeting at MidSOUTH Training Academy
- Meeting to walk through Recruitment Navigation tool
- Diligent Recruitment call
- Meeting with Area 5 resource staff to prepare for the new centralized inquiry processes

#### **July 2014**

- Meeting w/ CHRIS staff re: centralized inquiry development
- Area 2 Community Engagement Specialist hired Meeting with Area 2 resource staff to prepare for the new centralized inquiry processes
- ARCCC quarterly call
- ARCCC evaluation meeting
- Area 8 Community Engagement Specialist hired
- Meeting with Area 6 resource staff to prepare for the new centralized inquiry processes
- Area 5 Centralized Inquiry Launched
- Initial policy review for resource family development

- Area 2 Centralized Inquiry Launched
- Meeting with Area 8 resource staff to prepare for the new centralized inquiry processes
- Area 6 Centralized Inquiry Launched

#### **August 2014**

- Project Lead Hired
- Meeting with Area 9 resource staff to prepare for the new centralized inquiry processes
- ARCCC Statewide Workgroup Meeting
- Area 9 Centralized Inquiry Launched
- Update to Area Directors on ARCCC project
- Meeting with Area 10 resource staff to prepare for the new centralized inquiry processes
- Meeting with Area 1 resource staff to prepare for the new centralized inquiry processes

#### **September 2014**

- Area 1 Centralized Inquiry Launched
- Area 7 and 10 Centralized Inquiry Launched
- Policy review meeting for resource family development
- Meeting with GIS Lab staff
- GIS contract finalized
- Meeting in Area 3 resource staff to prepare for the new centralized inquiry processes
- Meeting with CHRIS staff regarding Centralized Inquiry screens and GIS
- Area 3 Centralized Inquiry launched
- Meeting with Area 4 resource staff to prepare for the new centralized inquiry processes
- Area 4 Centralized Inquiry Launched
- Policy review meeting for resource family development
- SAFE Training (Home Study) (CES in Areas 2, 6, and 8)
- Meeting to debrief Centralized Inquiry implementation
- Area 2 Foster Parent Conference – ARCCC Overview
- Mandated Training dates for Project Staff:
- New Family Service Worker Training for CES
- Leadership/Supervisor Training for Project Lead

#### **October 2014**

- ARCCC Lead completed New Supervisor Training
- Community Engagement Specialists complete New Worker Training
- Internal Business Card Design Meeting
- Diligent Recruitment Quarterly Conference Call
- CHRIS meetings
- Meeting with MidSOUTH regarding PRIDE Trainings
- Provider Issues Meeting
- ARCCC Team Meeting
- Area 8 Foster and Adoptive Family Conference

### **November 2014**

- CHRIS Meeting
- Meeting with The Design Company for branding
- Diligent Recruitment Quarterly Conference Call
- CHRIS Meeting
- ARCCC Program Manager hired
- ARCCC Team Meeting to discuss Overview PowerPoint
- The CALL Meeting to discuss Centralized Inquiry
- The CALL PRIDE Orientation (ARCCC Lead attended)

### **December 2014**

- CHRIS Meeting
- Meeting with UALR Geographic Information System (GIS) Lab
- HZA Evaluators onsite at Central Office
- CHRIS meeting
- Monthly Call with HZA Evaluators
- ARCCC Overview presented to Executive Staff
- Phone Conference with one of the developers of the Family to Family Model for Technical Assistance
- Meeting for printing initial toolkit

### **January 2015**

- Area 7 & 10 Resource Staff Meeting
- Area 1 Interviews
- Diligent Recruitment Technical Assistance Webinar
- Meeting for printing initial toolkit
- Branding/Logo Development with The Design Group
- Monthly call with HZA Evaluators
- 3 day ARCCC Unit Meeting and Orientation
- Conference Call for TA
- ARCCC Lead complete PRIDE Training with MidSOUTH

### **February 2015**

- CHRIS Meeting
- Initial Meeting for Provisionals with MidSOUTH
- Conference Call with Philadelphia to decide whether they are a site for Arkansas to shadow
- Area 1 Interview
- Conference Call with Grants Management Officer regarding the Carryover process
- Conference Call with Taffy to discuss Recruitment Trainings
- Meeting with DHS Communications Office regarding Social Media recruitment
- Demonstration mapping with UALR Geographic Information System (GIS) Lab

### **March 2015**

- Internal GIS Meeting to discuss issues
- ARCCC Lead submitted a Carryover request in Grant Solutions
- ARCCC Lead attend and complete SAFE Training
- AdoptUSKids Diligent Recruitment TA Planning Call
- Internal GIS Meeting
- Conference call with Taffy Compain for ARCCC Lead and ARCCC Program Manager to be oriented on Cooperative Agreement and other grant requirements
- Technical Assistance request to NRCDR
- Resource and Adoption Worker Statewide Meeting

### **April 2015**

- NRCDR Technical Assistance request approved
- ARCCC weekly phone call
- Foster Care/Planning Unit Meeting
- ARCCC Monthly Unit Meeting
- CHRIS Prioritization Meeting
- Child Abuse Awareness Prevention Rally at the State Capitol
- ARCCC Lead attended the biweekly CHRIS-Inquiry meeting
- Area 8 CES individual meeting
- ARCCC DR3 Team Meeting
- Area 1 CES' first day with DCFS
- CES meeting with DCFS Director
- Area 1 CES first day in Area 1 office
- Technical Assistance Meeting
- Phone conference with the ARCCC Evaluator

### **May 2015**

- Data Training with CQI Manager and DCFS Director
- Continuation Report Review/Submission
- ARCCC Branding and Logo Meeting with the Design Company
- Meeting DHS Communications to discuss Foster Care Month activities.
- ARCCC Orientation – Area 1
- ARCCC Lead shadowed, Area 1 CES
- Drive-By Donation Drive at Central Office
- Conference Call with Diligent Recruitment Evaluators, ARCCC Program Lead, and ARCCC Program Manager
- Meeting with ARCCC Manager and DHS Communications
- ARCCC Orientations – Area 6
- Shadowed Area 6 CES
- ARCCC Orientations - Area 1
- Area 1 CES Individual Meeting
- ARCCC Orientations- Area 1

## June 2015

- ARCCC Monthly Meeting
- Little Rock/Pulaski Co. ARCCC Orientation
- Area 6 Foster Parent Conference – provided ARCCC orientation to Area 6 Foster Parents
- Monticello ARCCC Orientation
- Arkadelphia ARCCC Orientation
- Internal logo/branding brainstorming meeting
- Jonesboro ARCCC Orientation
- Reunification Day at Little Rock Zoo
- Annual Diligent Recruitment Meeting
- Technical Assistance Meeting with NRCDR
- Jonesboro ARCCC Orientation

Arkansas's Creating Connections for Children has experienced challenges in regards to hiring, data, and development of the ARCCC *Family to Family* curricula. The Division had difficulty finding and selecting a qualified applicant to serve as the Community Engagement Specialist for Area 1. The CES position in Area 1 was advertised five different times before a selection was made. The CES position in Area 3 was advertised 2 times until a selection was made.

Fortunately, the Community Engagement Specialist positions for these positions have been filled. Currently, there are two vacancies within the ARCCC unit. The PM is in the process of interviewing applicants for the area 7 FSW, CES position and the statewide foster parent travel Administrative Assistant position. The Administrative Assistant will be primarily responsible for the statewide foster parent travel reimbursement. However, the PM is currently interviewing applicants for these positions.

## Recruitment Ideas, Strategies, and Tools

The ARCCC team will use multiple strategies to target recruitment efforts outside of general recruitment. Such strategies include utilization of the Geographic Information System (GIS), community outreach, continuous development of recruitment material, press releases, articles for local newspapers, and partnering with local television and radio talk shows to educate various audiences about the child welfare system and shortage in resource families to care for the amount of children currently in the state's custody.

A timeline for development of recruitment tools is as follows:

- July 2014 – Geographic Information System contract
- December 2014 – Recruitment at its Best Cards – Areas 1, 2, 6, 8, and Statewide
- December 2014 – ARCCC Fact Card – Areas 1, 2, 6, 8, and Statewide
- December 2014 – Arkansas Approach to Recruitment and Retention– Arkansas Practice Model Crosswalk
- December 2014 – Recruitment is Everyone's Business
- December 2014 – ARCCC IMPACT/Area Map with CES contact information
- December 2014 – Area 2 brochure
- December 2014 – Area 6 brochure
- December 2014 – Area 8 Post Card
- April 2015 – Recruitment at its Best Card – Area 4

- April 2015 – Area 4 Brochure

DCFS entered into a contract with the University of Arkansas at Little Rock (UALR) on July 1, 2014. This contract requires UALR to develop and implement a Geographic Information System (GIS) website for the Division to use in recruitment and retention efforts. The following is a timeline of the GIS development activity:

- 9/2014 – DCFS met with UALR for the initial design of the GIS website.
  - The Division has yet to see a final product or a concrete timeframe as to when a final product will be available.
- 12/2/2014 – DCFS met with UALR and it was reported that 80% of the data did not match due to incomplete or mismatched addresses. DCFS was promised that a demonstration would be provided by the end of January 2015.
  - Unfortunately, this presentation did not occur at the end of January 2015. Since
- 2/20/2015 – DCFS met with UALR, and a GIS demonstration was provided. Several technical issues were noted during this demonstration
- 3/3/2015 – DCFS met internally to discuss the issues with the GIS website that was noted during the demonstration. During this meeting, DCFS began an internal issues tracker to report issues on the GIS website that would be discussed when meeting with UALR staff. The tracker was sent to UALR via email.
- 4/23/15 – DCFS viewed a second demonstration of the GIS site and found that data sets and information are in place with minor technical issues pending resolutions
- 6/8/2015 – DCFS met internally to discuss the issues. The site is currently undergoing security changes to insure that sensitive data information is protected and safety measures are being implemented to insure the confidentiality of the information on the website. DCFS requested UALR to provide the agency with a final product by July 1, 2015.
  - At this time UALR has reported the site will not be ready for release by July 1.\

Due to the delay in completion of the GIS website, the CESs are relying solely on SACWIS reports, DCFS staff, and community-level data to identify the characteristics of their communities and the children who are in foster care. ARCCC will utilize the GIS to not only analyze specific data, but also to provide effective visual representations of various data analyses. With the delayed development of DCFS GIS site, identifying vital data for specific recruitment strategies has also been put on hold.

Finally, ARCCC has also experienced challenges with identifying trainings in regards to the ARCCC customer service approach and targeted recruitment strategies due to delays in identifying a technical assistant center to assist Arkansas with implementation. The ARCCC Program Manager initiated communication in December 2014, but did not receive a response until the end of January 2015. By the end of this reporting period, the PM and Consultant have completed two conference calls pertaining to potential *Family to Family* Model trainings for ARCCC staff.

The PM has begun presenting ARCCC orientations statewide. The orientations have taken place at the 5 UALR MidSOUTH sites across the state. The goal of the orientation is to introduce staff to the DCFS Recruitment, Retention, and Volunteer Services Program by educating them about

strategies that can be used to augment and change current practice to achieve better, measurable outcomes for children and families resulting in integration of recruitment into their daily job duties.

The PM has included the Diligent Recruitment Grant Lead and a CES in each of the orientations to provide staff with an understanding of the various roles of the team and to convey that Recruitment is everyone’s Business. The ARCCC Team plans to conduct several sessions in each area to assure understanding of the *Family to Family* Model as well as the roles and responsibilities of DCFS and external partners as related to ARCCC’s approach for recruitment and retention of resource families in Arkansas.

Our recruitment/retention plan is a reflection of a team approach to recruiting and retaining quality resource families to provide care to our children in foster care and supporting those homes currently available to accept our children.

***The following information is the close out updates as we transition our recruitment plan into a separate Diligent Recruitment Plan as required by APSR.***

Although Recruitment and Retention Plan was closed out in the 2010-2014 CFSP, there were still activities that were in process and not completed that we wanted represented as a part of the recruitment and retention plan in Arkansas. The new plan has been developed and integrated the activities that we want to sustain or enhance and is attached in a separate document. So, addressed is the final status of all completed activities through December 2014.

*Timelines associated with these goals will change as information is reviewed.*

| Goal: Recruit foster families in sufficient numbers to meet the needs of children in foster care. |  |   |   |
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| <i>Objective 1</i>  |  | 2013 Status   | 2014 Status   |
| <i>Increase awareness and education of DCFS and DHS staff concerning foster care needs.</i>       | 1. Utilize reports matching preferences of foster parents to demographics of children. | The permanency team has reviewed and analyzed data reports to determine the characteristics of children in foster care and the characteristics of children accepted by families AR needs to recruit children 0-1 years of age as well as youth older than 12 years of age. AR also is piloting a Foster Care matching system. | <b>The new ARCCC Unit has been accessing and analyzing reports to be able to recruit for the specific need in communities. There are several data elements that must be developed and reports that are needed to get to</b> |

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|  |   |  | <b>the level of the matching preference of foster and adoptive parents. DCFS has the basic demographic but has to manually pull specific characteristics.</b>   |
|  | 2. Through meetings with resource workers determine specific /targeted needs such as medically fragile, teenagers, large sibling groups, etc. | Monthly Resource Worker meetings are conducted. We have assessed the recruitment material this past year and gathered the type of recruitment activities that are currently taking place to assess and determine what is needed in regards to strategies over the FFY 2014 year. | These are now quarterly Adoption/Resource staff meetings with plans to establish monthly phone conferences with Resource Supervisors.<br><b>These meetings continue.</b>  |
|  | 3. Develop necessary recruitment materials to meet the specific needs as defined in steps 1 and 2   | Development of recruitment material is pending. We do have general recruitment material and partner with Adoption recruitment in regards to “A Place to Call Home” for special needs.  | <b>There has been quite a bit of recruitment material developed in the new ARCCC Unit that includes specific pamphlets and flyers for communities across the state. The ARCCC staff work closely with the DHS Communication Director.</b> |

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|  | <p>4. Work with local staff and stakeholders to determine best location for recruitment efforts</p> <ul style="list-style-type: none"> <li>a. Venues</li> <li>b. Forums</li> <li>c. Audience to target for best results</li> </ul> | <p>The resource workers continually do this at the local level.</p>   | <p>With the award of the Diligent Recruitment Grant, utilizing the <i>Family to Family</i> model, Community Engagement Specialists will focus on community outreach and development for the recruitment and retention of resource families.</p> <p><b>The Community Engagement Specialist are using the work plan activities to guide their work See the updates under ARCCC.</b></p> |
|  | <p>5. Work with Communications Specialist to develop appropriate messaging for the individual counties needs</p>   | <p>AR did have some opportunity this year to have local media interview active foster parents during Foster Care Month.</p> | <p>DCFS does not have a Communication Specialist in 2014.</p> <p><b>DCFS works closely with the DHS Communication Director.</b></p> <p><b>During the 2015 year, the ARCCC Manager has been compiling articles and talking points for the CES to relay information to media sources. This has been</b></p>   |

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|  |   |   | <p><b>utilized in regards to community outreach and recruitment.</b></p>  |
|  | <p>6. Determine best location for the most effective use of recruitment informational brochures and recruitment of foster homes</p> | <p>Recruitment material is utilized in many different forums and many different events. During the May 2013 Foster Care Month we placed ribbons on the River Bridge and had material available during River Fest.</p> | <p>During the 2014 Foster Care Month, we distributed a post card of “thanks” to all foster parents and held a balloon release in honor of all 4,000 children in foster care.</p> <p><b>During the 2015 year, a Drive-by Donation Drive was called to action for Foster Care month in May 2015 and Reunification Day is at the Little Rock Zoo in June 2015. In addition, Community Engagement Specialists are providing community awareness by reaching out to civic organizations, sharing the amount of children and the demographics of children that are in foster care in their local communities. This is done through various speaking</b></p> |

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|  |  |   | <p><b>engagements and providing the organizations with literature regarding the foster care system and the need for more homes at their sites as well as setting up informational tables at local public schools and churches</b></p>                                      |
|  | <p>7. Review where inquiry meeting notices are being posted</p>  | <p>Pending. Currently posted on web site.</p> | <p><b>Inquiry Meeting invitations are included in the Packet #1 to the applicants. During July 2015 the Community Engagement Specialists have begun promoting ARCCC Community Outreach Meetings in neighborhoods and communities where children are being removed.</b></p> |
|  | <p>8. Work with local staff on best locations for posting meetings and upcoming foster care events</p> | <p>Pending.</p>                               | <p>We have made a concerted effort in 2014 to announce events in the quarterly Connections Newsletter of the</p>   |

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|  |  |                | <p>mini-newsletter.</p> <p><b>Foster Care Unit has an article in the Connections Newsletter each quarter and the ARCCC Unit now assures that there is information in the Newsletter about ARCCC and the need for resource families and volunteers. ARCCC also works with the Communications Director to promote information about events on the agency Facebook page and local newspapers.</b></p> |
|  | <p>9. Review current locations for inquiry meetings to ensure they are in a location convenient and conducive to professional meetings</p> | <p>Pending</p> | <p><b>Community Engagement Specialist are partnering with the local county staff and communities to assess the best approach for inquiry meetings. The Community Engagement Specialists have identified the counties of which children are being removed and have little to no foster homes.</b></p>   |

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|  |  |  | <p><b>The Community Engagement Specialists are conducting meetings in locations within those neighborhoods and during times that accommodate applicants work schedules.</b></p>   |
|  | <p>10. Establish a listing of locations to rotate inquiry meetings to garner more community awareness of foster care and the needs of the agency</p> | <p>Pending. Strategy in development to have Inquiries managed from the Central Office with specific protocols for follow up and support.</p> | <p>Began implementation of the Centralized Inquiry Process. We have conducted a cross walk of the policy and procedures as well as developed a protocol for this function.</p> <p><b>The Community Engagement Specialists are partnering with libraries, churches, and community centers in neighborhoods to establish locations for ongoing community outreach meetings statewide in</b></p> |

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|  |  |   | <b>each service area. The outreach meetings will be inclusive of inquiries, volunteers, and recruiters and involve other agency staff.</b>  |
|  | <p>11. Review tracking log for barriers to timely opening/approving of foster homes</p> <ul style="list-style-type: none"> <li>a. Training schedules</li> <li>b. Fingerprint checks</li> <li>c. Home studies</li> <li>d. Other barriers</li> </ul> | <p>This is a continual process that the Permanency Team and Executive Team have focused on. We made adjustments last year to streamline the process and have aligned the Criminal Record checks for foster and adoptive families during this legislative session.</p> | <p>The Centralized Inquiry positions will be coordinating all the background checks for resource families at the front end as well as when they are due. The only exception is for provisional families. The foster care unit continues to explore strategies for improved or enhanced training as well as timely and quality home studies.</p> <p><b>This remains the same</b></p> |
|  | 12. Promote relative placements  | Ongoing   | <p>In the 2013 legislative session, fictive kin was added to the provisional definition.</p> <p><b>DCFS continues to</b></p>  |

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|  |  |                | <p><b>search for relatives and consider provisional placements for fictive and relative families.</b></p> <p><b>The ARCCC team is developing more recruitment material and establishing relative support groups to promote and support relative placements.</b></p>   |
|  | <p>13. Conduct local community meetings to share information regarding foster care, statewide numbers, local demographic information, barriers, successes and needs of the agency and communities can help with these needs.</p> | <p>Ongoing</p> | <p><b>This work has been implemented by the Community Engagement Specialist and is being reported on a monthly basis. The Community Engagement Specialists are building partnerships with stakeholders, nonprofit organizations and other state agencies to develop supports regarding the needs of</b></p> |

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|   |  |             | <p><b>children in foster care. In July 2015, the Community Engagement Specialists are beginning to conduct local Community Outreach Meetings where they will the number of children that are in foster care in their communities and the demographics of the children. They will share ways the community can be involved and share in problem solving to break barriers. The Community Engagement Specialists will also share statewide numbers and trends</b></p> |
| <i>Objective 2</i>  |  | 2013 Status | 2014 Status   |
| <i>Enlist the support of DCFS Foster Parents to assist in recruitment efforts</i> | <ol style="list-style-type: none"> <li>1. Communicate needs of the foster care system to local stakeholder groups</li> </ol> | Ongoing     | <p>This is a priority topic for the Advocacy Council.</p> <p><b>The needs of the foster care system have been shared in</b></p>   |

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|  |  |   | <p><b>various forums to include Advocacy Council, community meetings across the state, conferences, etc.</b></p>  |
|  | <p>2. Communicate needs of the foster care system to local foster parents</p>                                    | <p>Pending. AR is looking at developing a data report that can reflect the needs within school districts and neighborhoods where by partnering with UALR and the GIS program.</p> | <p>This contract is in place and we will begin the sharing of data so that we can develop specific and targeted recruitment plans across the state.</p> <p><b>See update of GIS in the ARCCC section</b></p>  |
|  | <p>3. Engage foster parents in local areas about how to generate more interest in fostering, mentoring, etc.</p> | <p>Ongoing</p>  | <p>Foster parents are on the Diligent Recruitment workgroups as well as the Advocacy Council.</p> <p><b>Community Engagement Specialist are in direct contact with foster parents, re-recruiting resource families that have closed, as well as using</b></p> |

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|  |  |  | <b>foster parents for recruitment and retention strategies</b><br><b>During 2015 the ARCCC Manager will educate current and newly recruited foster parents about messaging in regards to reunification partners and supports that DCFS has available for them.</b> |
|  | 4. Invite foster parents to attend inquiry meetings to share their experiences and to answer questions from prospective/interested parties | Ongoing  | <b>Ongoing across the state</b>  |
|  | 5. Invite foster parents to attend foster/adopt pride training   | Ongoing. The work this last year has been to improve consistency with attendance.        | <b>Ongoing across the state</b>  |
|  | 6. Engage foster parents regarding where the best opportunity for recruitment is in their communities                                      | Ongoing  | <b>Ongoing across the state with the Community Engagement Specialist specifically engaging active and open foster families</b>   |
|  | 7. Distribute foster recruitment brochures to foster parents for them to hand out  | Ongoing. The work here is to have consistency and available material in the local county | <b>This is ongoing and will continue to grow as the Recruitment</b>  |

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|  |   | offices.   | <b>Toolkit expands</b>  |
|  | 8. Communicate to current foster families their role in recruitment | Ongoing    | <p><b>The ARCCC Team is messaging “Recruitment is Everyboy’s Business” to all internal and external stakeholders and community partners. This includes Foster Parents as they are the best recruiters.</b></p> <p><b>As toolkits are being developed, they will be available for foster parents to distribute in their communities or recruitment events. Foster Parents will know the profile of children in their own communities. In addition, Foster Parents are encouraged to assist with creating tools or bringing ideas to the team for recruitment material.</b></p> |
|  | 9. Work with Division to sponsor community foster                   | AR has had | <b>All the previous</b>   |

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|  | care awareness activities   | many events for awareness during Child Abuse and Neglect Prevention Month, Foster Care Month, Adoption Awareness Month, and for the first year has sponsored a Reunification Month Event. | <b>awareness opportunities are still in place but are expanding with the implementation of ARCCC</b><br><b>In addition, the agency is partnering with the community to assist with sponsoring foster care activities and donating goods and services.</b> |
|  | 10. Encourage foster parents to invite interested individuals to inquiry meetings | Pending   | <b>Ongoing. Many applicants select foster parents as how they heard about the need for foster and adoptive families</b>   |
|  | 11. In areas without foster parent associations, work to develop                  | Ongoing   | Very little work was completed in regards to this in 2014. DCFS has plans to conduct focus groups and work with Resource staff and local foster parents to assure that each area has at least one Foster Parent Association, group, or meeting time       |

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|  |  |   | <p>where they can be provided DCFS updates, new policies, and/or receive training hours and network.</p> <p><b>This has been a slow but steady progress and will increase in promoting the need with the Community Engagement Specialist.</b></p>                              |
|  | 12. With current active foster parent associations encourage their participation in recruitment  | Ongoing   | <b>Ongoing</b>   |
|  | <p>13. Recruitment of volunteer foster parent to serve in role as statewide volunteer liaison</p> <ul style="list-style-type: none"> <li>a. Develop job descriptions</li> <li>b. Outline parameters with in which they work</li> <li>c. Role of the position</li> <li>d. Develop procedures and guideline for position to follow when handling calls</li> <li>e. Development of messaging to foster parents and staff regarding the function of this role <ul style="list-style-type: none"> <li>i. When to call, what to forward to this position, etc.</li> </ul> </li> <li>f. Development of information to reported monthly</li> <li>g. Development of how information will be shared and used to guide systemic change</li> </ul> | Currently have a Volunteer Statewide Foster Parent Liaison and have completed these activities. | <b>DCFS plans to move this forward but at this point in time, we have not been able to focus on this. Each Community Engagement Specialist will assess and determine whether there is a foster parent in each area that is willing and able to assume this volunteer role.</b> |
|  | h. Explore the development and role of statewide foster care advisory board  |   | Foster Parents serve on the Advocacy Council. DCFS plans to utilize  |

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|  |  |                                       | the Diligent Recruitment Stakeholder group as well as the local Recruitment Groups for consultation and guidance.<br><b>This plan is still in place.</b>  |
| <i>Objective 3</i>   |  | 2013 Status                           | 2014 Status   |
| <i>Increase awareness and education of the community concerning foster care needs.</i> | 1. Activities under Objective 1 and 2 will address these issues as well  |                                       | <b>Same</b>   |
|  | 2. Encourage local community awareness campaigns <ol style="list-style-type: none"> <li>a. Booths at local functions</li> <li>b. Presence of foster care workers and foster parents at local events</li> <li>c. Church and school functions</li> <li>d. Articles in local newspapers of successes</li> <li>e. Article in local newspapers of needs <ol style="list-style-type: none"> <li>i. Christmas time</li> <li>ii. Beginning of school year</li> </ol> </li> <li>f. Development of local PSA's</li> <li>g. Being involved in local speaking engagements</li> </ol> | Ongoing. See Resource Worker updates. | <b>General Recruitment continues with the Resource Staff and local DCFS staff. Community Engagement Specialist support General Recruitment Activities as well as scheduling and coordinating targeted and child specific recruitment activities.</b><br><br><b>Community Engagement Specialists will identify the communities most of the children in foster care come from</b> |

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|  |   |                | <p>through the GIS website. They will target those areas by hosting awareness events in the identified communities and neighborhood, speaking engagements with local churches and schools, writing articles for local newspapers, newsletters, church bulletin, etc. In addition to hosting events, the Community Engagement Specialist will attend other events in the community hosted by others to share information in different community settings.</p> |
|  | <p>3. Partnering with local community groups/organizations who are interested in helping out the organization (ex. Beki’s Kids project)</p> | <p>Ongoing</p> | <p><b>Ongoing</b><br/>The Community Engagement Specialists are identifying organizations in the communities</p>  |

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|  |  |   | <b>who are interested in partnering with the Division to assist with community awareness, mentoring birth parents and children in foster care, and providing other services such as collecting backpacks and personal hygiene products for children in foster care.</b> |
|  | 4. Utilizing a Place to Call Home TV segment which promotes foster home recruitment when they introduce the segments featuring our children.                   | Ongoing   | <b>Ongoing</b>  |
|  | 5. Keeping foster parent website updated as Channel 11 has added a foster care banner on their website which provides a direct link to foster care information | Ongoing   | <b>Ongoing</b>  |
| <b>Objective 4</b>   |  | <b>2013 Status</b>  | <b>2014 Status</b>  |
| <i>Support area and county recruitment plans and efforts</i> | 1. Ensure community has local contact information to access information regarding foster parenting, locations and times of inquiry meetings, etc.              | Ongoing. DCFS provide recruitment material during the monthly Resource Worker meetings or upon request. | <b>Ongoing. Increased with the Community Engagement Specialist role at the local level</b>  |
|  | 2. Encourage county supervisors and area directors to attend local inquiry meetings occasionally to show support   | Ongoing   | <b>Ongoing</b>  |
|  | 3. County staff participate in local recruitment   | Ongoing   | <b>Ongoing</b>  |

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|  | activities   |   |  |
|  | 4. As part of routine staff meetings, discuss foster home needs, recruitment of specialized homes,   | Ongoing   | <b>Ongoing</b>   |
|  | 5. Encourage timely responsiveness of all staff to foster parents calls and needs  | Ongoing   | <b>Ongoing</b><br><b>The Division will implement a Customer Service Model for staff. Customer Service is the customers' perception of the way they are treated, the responsiveness to the needs identified and the extent to which they are engaged and valued in teamwork to meet the needs of children and families.</b> |
|  | 6. Ensure foster parents are given contact information of local staff  | This is provided during the opening of foster home.                               | <b>Ongoing and updated periodically throughout the year. Central office will be implementing an annual update July 1, 2015.</b>  |
|  | 7. Share in staff meetings issues staff may have heard in the community regarding foster care and if appropriate develop messaging to counter act any negative comments and share with staff any positive comments received in the community | Ongoing. shared in monthly reports or case by case with AD of Community Services. | <b>Ongoing</b>   |

| <i>Objective 5</i>                       |   | 2013Status   | 2014 Status   |
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| <i>Support of current foster parents</i> | <ul style="list-style-type: none"> <li>• Addition of foster parent liaison position will provide avenue and voice for foster parents</li> </ul>   | Ongoing  | <b>Ongoing. Currently one volunteer serves in this role and 3 foster parents serve on the Advocacy Council.</b>   |
|  | <ul style="list-style-type: none"> <li>• Send annual surveys to foster parents to obtain feedback               <ul style="list-style-type: none"> <li>a. Practice</li> <li>b. Needs</li> <li>c. Suggestions for improvement</li> </ul> </li> </ul> | We have utilized the Foster Home study HZA conducted recommendations over the last two years and will not conduct a survey until July 2014. We are revising the closure survey and will implement that survey around January 2014. | <p>DCFS will conduct focus groups during the summer and fall of 2014 to gather feedback and engage with resource families to have them more involved in development of recruitment plans, retention plans, and active members to help support resource families within their communities.</p> <p>Effective July 2014, a new welcome packet will be sent to any resource family that is approved as a DCFS Foster or Adoptive Family. DCFS did implement and has the option of Direct Deposit for board payments</p> |

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|  |  |  | for all provides<br><b>This activity will be incorporated into the CFSR planning activities and currently is part of the evaluation process of the Diligent Recruitment Grant and the Demonstration Waiver Evaluation.</b> |
|  | <ul style="list-style-type: none"> <li>Promoting local foster parent conferences</li> </ul>  | Each Area has an annual foster parent conference   | Leadership assures that central office is represented at each Foster Parent Conference.<br><b>Ongoing</b>  |
|  | <ul style="list-style-type: none"> <li>Promoting statewide foster parent conference</li> </ul>   | DCFS did not have a state level conference. There are plans to have some type of state level event for foster parents in SFY 2014. | DCFS did not have the resources to have a State Foster Parent Conference.<br><b>Funding not available for a State Level Conference. Local Conferences are supported throughout the year</b>                                |
|  | <ul style="list-style-type: none"> <li>Recognition of foster parents – Foster Parent of the Year awards and local recognition for their</li> </ul> | These are usually during the Local   | <b>Recognition of Foster Parent</b>  |

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|  | support and help in events, etc.   | foster parent conferences. | <b>at local conferences and periodically a foster parent is spotlighted in the MidSOUTH Foster Parent Newsletter.</b>  |
|  | <ul style="list-style-type: none"> <li>Encourage timely responsiveness of all staff to foster parents calls and needs</li> </ul> | Ongoing                    | <b>Ongoing<br/>The Division will implement a Customer Service Model for staff. Customer Service is the customers' perception of the way they are treated, the responsiveness to the needs identified and the extent to which they are engaged and valued in teamwork to meet the needs of children and families.</b> |
|  | <ul style="list-style-type: none"> <li>Ensure foster parents are given contact information of local staff</li> </ul>             | Ongoing                    | <b>Ongoing.<br/>Effective July 1, 2015 Central Office will send out a current directory of Central Office staff and local Resource Workers.</b>  |

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|                    | <ul style="list-style-type: none"> <li>Develop most effective method to communicate information to foster parents</li> </ul>  | Ongoing   | <b>Ongoing. This will become a focus in the next year as the ARCCC Unit continues to implement strategies on the work plan.</b>   |
|                    | <ul style="list-style-type: none"> <li>Ensure foster parents have the most current information regarding DCFS policies and procedures</li> </ul>  | Available on line and DCFS completed mail outs with any new information involving foster parents. | <b>Ongoing. Available on line. DCFS will send e-mails to foster parents as well as mail outs when there are significant changes in policy. Also effective December 2015, Central Office will mail out the current Foster Parent Handbook on an annual basis</b> |
|                    | <ul style="list-style-type: none"> <li>Using information collected when calling foster parents who have elected to close their home <ul style="list-style-type: none"> <li>a. Practice issues</li> <li>b. Experience</li> <li>c. Needed supports</li> <li>d. Why they elected to close</li> <li>e. How we could have made their experience better</li> <li>f. Improvements needed in the system</li> <li>g. Things working in the system</li> </ul> </li> </ul> | Pending/In Revision   | <b>Currently random calls are made as foster parents close but will become a focus as the ARCCC work plan is implemented.</b>   |
| <i>Objective 6</i> |   | 2013Status  | 2014 Status   |
| <i>Coordinate</i>  | <b>1. Invite Adoption specialists to inquiry meeting</b>  | <b>Ongoing</b>  | <b>Ongoing</b>  |

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| <i>with Adoption recruitment activities</i> | 2. Promote working as a team on foster/adoptive recruitment | Ongoing | Adoption Supervisor and Specialist are now under the supervision of Area Directors. We are also shifting to Resource Family Homes who will provide either foster or adoptive services or perhaps both.<br><b>Ongoing</b>   |
|   | 3. Coordinate speaking events                               | Ongoing | The Foster Care Manager and Director speak at several events over the year in regards to the needs of foster families, resources to support as well as recruit. We have data that allows us to know beds available for children as well as the characteristics of the children needing placement.<br><b>This is ongoing, however, the Community Engagement Specialist will strengthen and increase the</b> |

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|  |   |         | <b>opportunities to educate and share information about the needs in child welfare</b> |
|  | 4. Joint local community awareness campaigns                          | Ongoing | <b>This will be strengthened with the work of the Community Engagement Specialist</b>  |
|  | 5. Encourage monthly staff meetings between foster and adoptive staff | Ongoing | <b>Ongoing</b>   |

**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%202014%20FINAL.pdf>

Below are some Early Intervention /Well Being strategies and initiatives to improve the lives of Infants and Toddlers in Arkansas Child Welfare System

## ***Zero to Three Project, the Arkansas Pilot Court Team Project***

### *Initiative between:*

- Division of Child Care/Early Childhood Education (DCC/ECE)
- Division of Children and Family Services
- Zero to Three Project

### *Purpose:*

- To reduce the occurrence of abuse and neglect
- Increase awareness of the impact of abuse and neglect
- Improve outcomes for vulnerable young children

### *Criteria for AR Pilot Court Team Project:*

- Children between 0 – 3
- Parents who are incarcerated for less than a year
- Minor mothers
- Drug and alcohol exposed population
- Children with special needs
- Homeless population

## ***Fetal Alcohol Spectrum Disorder:***

Funded by SAMHSA - contract between DCFS and Northrop Grumman for a period of 4 years 10 months – beginning February, 2008 ending in May, 2012. The FASD program funding was extended one month to allow for final data to be collected and sent to Northrop Grumman – after June of 2012 funded was ended. The Division of Children and Family Services saw the value in continuing efforts to screen children in foster care for FASD and needed to provide services to children who would be reported through the new CAPTA law amendment which now includes reports to the hotline on children affected by alcohol exposure. *Pilot project looking only at Pulaski County children in foster care between the ages of 2 to 7.* See age change below and note that the referrals are accepted statewide not just in Pulaski County.

*The project staff screens all children who came into foster care in the target age range in Pulaski County.*

*If they screened positive, meaning there was some reason for concern, we worked with the UAMS PACE team who perform a comprehensive evaluation on all children in foster care and had them to take a closer look at the children who screen positive for an FASD.* Another change is because we do not know when a referral will come in, the PACE may have already taken place, therefore the FASD program staff will refer children who screen positive for an FASD to either ACH genetics clinic, or Dr. Field or Dennis Development Center, both having experience in FASD.

- 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). Screenings will be done by project staff on children ages 0-18 in the states custody, or receiving services from

DCFS, when a referral is made by DCFS staff to the FASD program. Referrals will be accepted on children who are symptomatic of an FASD and have documented history of alcohol exposure during pregnancy. The FASD program staff will also handle the CAPTA law referrals from the hotline and offer supportive services to those families.

- Provide and communicate comprehensive, coordinated and timely case planning, case management, and follow-up to insure appropriate care for children with FASD and their families in order to decrease secondary disabilities.
- The FASD program is located within the Division of Children and Family Services in the foster care unit.

As a result of the CAPTA (child abuse prevention treatment act) amendment in the 2010 legislative session, Arkansas has the following new law affective July 2011 (Arkansas Law ACA 12-18-310):

- Mandates that all health care providers involved in the delivery or care of infants shall:
  - 1) Contact the Department of Human Services regarding an infant born or affected with a Fetal Alcohol Spectrum Disorder;
  - 2) Share all pertinent information including health information, with the department regarding an infant born and affected with a fetal alcohol spectrum disorder.
- The department shall accept referrals, calls, and other communications from health care providers involved in the delivery or care of infants born and affected with a fetal alcohol spectrum disorder.

By identifying FASD early in life we can prevent the secondary disabilities that often occur when children are not diagnosed and appropriate interventions do not happen.

*Children in foster care effected by FASD, experience difficulties in infancy and early childhood by exhibiting the following:* poor habituation, irritability in infancy, poor visual focus, sleep difficulties, feeding difficulties, mild developmental delays, distractibility and hyperactivity, difficulty adapting to change, and difficulty following directions as well as other medical related issues.

*Secondary disabilities associated with FASD include:* Mental Health Problems, Disrupted School Experience, Trouble with the Law, Confinement – either inpatient treatment for mental health problems, or incarceration in the jail or prison system, Inappropriate Sexual Behavior, Alcohol/Drug Problems, Dependent Living, and Problems with Employment.

*Protective Factors include:* living in stable and nurturing home, being diagnosed and receiving early intervention service before age 6, not being a victim of violence, and receiving developmental disabilities services.

The goal to serving children between the ages of 0 to 5 with FASD characteristics are:

- Identify children as early as possible to begin the necessary interventions
- Stabilize the home environment as much as possible
- Facilitate permanency planning with their biological family whenever possible or with an adoptive family when reunification is not possible.

Since the implementation of Arkansas Law ACA 12-18-310:

- *# of referrals - 6 CAPTA law referrals to date*
- *Ages of children assessed - newborns*
- *# of care of safe plan developed – 4 plans of safe care have been developed – 1 family we were unable to locate – 1 child came into care at the time of the report – the hospital made 2 reports one CAPTA report and one Garrett’s law report*
- *# of open cases as result of assessment of need -2 supportive services cases opened*
- *# in foster care – 2 foster care cases – one of the cases that was opened up as a supportive case became a foster care case due to the mother’s alcohol abuse which was endangering the children in the home and the plan of safe care could no longer protect the children. Mother needed in-patient treatment.*

Arkansas staff are currently providing secondary case work services on the 2 foster care cases that are still open. Other cases have been closed.

### *Project PLAY*

Positive Learning for Arkansas’ Youngest

Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services to facilitate collaboration between early childcare programs and specially trained mental health professionals.

The goals of Project Play are to:

- Promote positive social and emotional development of children through changes in the early learning environment; and
- Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.

### **Key Goals for Project PLAY**

*Ensure that foster children have access to high quality, stable child care.*

- Outreach to Better Beginnings approved child care centers in targeted areas to identify high quality centers that are currently serving foster children or may be appropriate for future placements for foster children.
- Work to increase quality in centers at the lower levels of Better Beginnings that are currently serving foster children.
- Use Project PLAY staff to educate biological parents, foster parents, DCFS workers, and other on the importance of a high quality child care environment that remains consistent for the child regardless of changes at home or custodial changes.
- Ensure that child care professionals have the support they need to maintain foster children in quality care settings.
- Educate the childcare professionals about what to expect when working with children who may have experience trauma, and the importance of their role as a stable figure in the life of the child.
- Provide support for the caregivers regarding ways to manage difficult behavior and support healthy social and emotional development.
- Promote communication and consistency between home and school.

- Provide one-on-one education to biological and foster parents about the importance of continuity of child care when the child is transitioning between homes, or if a change in child care cannot be avoided, assist with the transition.

***Child Care & Child Welfare Partnership Toolkit:***

- This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible.
- Included in the toolkit:
  - A brief article about the impacts of trauma on young children and what caregivers can do to help.
  - An Information Exchange guide designed to ‘jump-start’ the sharing of information between the child care provider and the family service worker. You may choose to use this communication guide as is, or incorporate pieces of it into your normal paperwork. The important thing is to share information for the good of the child.
  - A Child Progress Update form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child’s case plan and in reporting to the court.
  - Information about how to obtain Immunization records when needed.
  - “Saying Goodbye” – Suggestions for creating a smooth transition when it is time for the child to leave the center.
  - A Developmental Milestones handout with information on typical behavior for children of different ages and suggestions for teachers/caregivers/parents to promote healthy development in young children.

***Natural Wonders/Home Visiting Services***

- Dept. of Health received \$1.2 M Maternal, Infant and Early Childhood Grant
- Infant Mortality/Support for infant death review and investigation
- Injury Prevention/Safety Baby Showers

***Strengthening Families & TIPS***

**Arkansas Strengthening Families Initiative:** The Strengthening Families Initiative originated from the *Center for the Study of Social Policy*, and is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five Protective Factors that also promote healthy outcomes. Those five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. The FASD Specialist has joined the leadership team in efforts to strengthen collaborations with DCFS and the Strengthening Families Initiative. This team meets

periodically throughout the year to discuss action steps to continue to promote healthy outcomes for families within the state of Arkansas. DCFS Program Staff has collaborated with Mosaic Network regarding the community based partnerships with strengthening families in order to assist with the newly developed strengthening families evaluation portal. This portal will allow Agencies to evaluate their implementation process of the strengthening families framework as well as other functions. DCFS is currently reviewing the resources that have been provided to determine in what capacity this information will be utilized within the Agency.

### **TEACHING IMPORTANT PARENTING SKILLS (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

### **Other Early Childhood and Child Welfare Initiatives**

Our project is officially called the AR Collaboration for Maltreated Children's Care. This project is a response to the Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement grant opportunity. This project seeks to improve access to high-quality child care for foster children by two strategies.

- First, it brings together leaders from the early child care and child welfare systems along with other experts on children's well-being to review existing policies of both agencies. Funded project staff has/will also conduct(ed) qualitative interviews with stakeholders such as infant and child mental health providers, Part C early interventionists, court officers, child welfare workers, early child care providers, and other collateral professionals. These interviews will address the status of the current systems as well as the stakeholders' knowledge of child development and the impact child maltreatment has on child development. From these data sources, the project team is evaluating options for change, developing proposed changes, and supporting representatives from child welfare and early child care in implementing policy (or potentially other systemic) changes.
- Second, training across the state will be proposed to raise the quality of care provided by as many center- or home-based early child caregivers as possible. This project aims to leverage the Arkansas Better Beginnings initiative to raise the number of credentialed

providers and increase statewide access to early child care for foster children (the project priority) and all children in Arkansas (a valuable side benefit).

## **Adoptions**

### ***Recruitment***

For a child, there is nothing more important than having a parent to protect, love, and care for them. There are over 600 hundred children in Arkansas who have no permanent family to give them the stability, safety, and commitment they deserve. That is why Arkansas created the Arkansas Heart Gallery, partnered with our local CBS affiliate, thv11, Cumulus Radio, Conway Rotary, Wendy's Wonderful Kids, and other community partners to recruit homes for specific waiting children. We truly agree with Wendy's Wonderful Kids that "Unadoptable is Unacceptable" and make sure our waiting children are featured, promoted, and recruited for. The Wendy's Wonderful Recruiter works with between 18 to 21 children per month. The WWK workload consists primarily of children from the central Arkansas area; however, it does include children statewide. The recruiter works closely with the child's permanency team and uses child focused recruitment, targeted on placing children in foster care in the most appropriate and loving adoptive homes that best meet the needs of the child/children.

Our success rate for children who are featured on A Place To Call Home on THV11 being placed for adoption is 60%. This partnership has been one of our most successful child specific recruitment tools we have.

Arkansas also has a need for African American families for our children in foster care. Since Cumulus Radio, Praise 102.5, has a spot with a primary audience of African American Families, they agreed to highlight the need for these families to assist with increasing the proportionality. Cumulus Radio is a religious program featuring contemporary religious music. Billy St. James is the host and he features Pastors discussing Adoption and reference scriptures concerning Adoption. He highlights the need for specific minority families and he also features segments in which he interviews our older waiting minority youth and this has proved to be successful.

Conway Rotary celebrates waiting children and waiting families yearly with a picnic, as does Project Zero with their annual Disney Extravaganza. The River Valley Adoption Support group and Ft. Smith Rotary have held their second annual picnic for waiting children and families. Each of these recruitment activities are encouraging to waiting families and children. Many matches have been successfully made through the picnics.

### ***Registry***

Each licensed adoption agency in Arkansas is allowed by law to establish an adoption registry. Qualified persons may register to be identified to each other or to receive non-identifying information about the genetic, health, and social history of adoptees placed by their agency. The Arkansas Mutual Voluntary Adoption Registry is operated by the Division of Children and Family Services Adoption Support Unit.

### **Post-Adoption Services**

Adoption is a major "life event" for families and affects them in many ways. Most adoptions are successful and endure. The Arkansas Department of Human Services Division of Children

and Family Services (DCFS) is aware that adoptive families may experience challenges after an adoption is final and may need support.

Support is key to achieving the goal of finding permanent, safe, stable, committed, and loving families for children. Parents need information that will strengthen their families and enable them to handle the challenges of adoptive parenting. DCFS provides assistance for adoptive families facing challenges, including:

- Adoption Subsidies & Medicaid if eligible
- Information & Referrals
- Adoption Education & Training
- Respite care
- Therapeutic Counseling
- Mental Health Services, both in-home and residential.
- Crisis Intervention services
- Resource Library
- Case Management
- Arkansas Mutual Consent Voluntary
- Adoption Registry (MCMVAR)

### **Inter-Country Adoptions**

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

### **Adoption Incentive Money:**

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

**CFDA#93.603** – Adoption and Legal Guardianship Incentive Payments Program

**Grant Award #-** 1401ARIPP - Amount- \$ 2,280,000.00

**Grant Period-** 10/01/2014 – 9/30/2016

These funds must be obligated no later than 09/30/2017 and liquidated no later than 12/31/2017.

During the first three quarters of SFY 2015, adoptions were finalized for 474 children. Fourth quarter finalizations will be available in mid-July and we will update this during the revision period.

As of June 30, 2015, the 1301ARIPP adoption incentive award has unobligated funds in the amount of \$691,585. The unobligated funds were fully expended during the fourth quarter of FFY 2015.

Also, as of June 30, 2015, the 1401ARIPP adoption incentive award has unobligated funds in the amount of \$2,275,150. Arkansas does not anticipate having any troubles expending these funds.

The Adoption Incentive money was spent on a variety of services that include post-adoption services, home studies, adoptive and foster parent recruitment activities, and other services permitted under Titles IV-E and IV-B.

Arkansas Adoption Program will continue to invest resources in the following activities:

- To partner with THV 11 for their “A Place to Call Home”, featuring children available for adoption. The cost includes thirteen weekly segments that will run from September through November and a monthly feature for one year. This is a valuable recruitment tool for adoptive families and we include information on fostering, mentoring teens transitioning out of care, and other areas of need. They also refer viewers to our Heart Gallery Website with banners for viewing the Foster Care and Preventive Services Website. We have three 30 minute specials per year to include a special Christmas party in December where the children are presented gifts from Santa. One feature for this year was all about fostering and featured two foster families who have fostered several children over the years and have worked with birth parents.
- Cumulus radio specifically for the recruitment of African American families.
- Promotional items and updating adoption informational material, specifically our brochure about Post-Adoption Services, to be used at Heart Gallery presentations, recruitment activities, all DCFS staff, resource applicants and for other adoption events.
- Child specific contracts for Reactive Attachment Disorder (RAD) therapy for pre and post adoption services.
- Respite for post adoption services.
- Other services either not covered by Medicaid or for children who do not receive Medicaid and are permitted under Titles IV-E and IV-B.

Recruitment includes annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate.

The Adoption Manager has developed a plan to assess the targeted recruitment strategy for the children that have been waiting the longest for adoption. Strategy plan below:

**Statewide Plan for Permanency for Waiting Children**

***The Goal is to Place/Review the top 100 Children who have been waiting for Adoption***

| <b><u>Strategy/Action</u></b> | <b><u>Source</u></b> | <b><u>Next Steps</u></b> | <b><u>Data/TA needed</u></b>               | <b><u>Dates</u></b> | <b><u>Challenges</u></b> |
|-------------------------------|----------------------|--------------------------|--|---------------------|--------------------------|
| 1. Request Report             | Chris Price          | Review Report            | Report on goals of children in Foster Care |                     | <u>N/A</u><br>Completed  |

|  |   |   |                                  |                                       |   |
|--|---|---|----------------------------------|---------------------------------------|---|
| 2. Compose list by Name, county, area, Adoption Specialist & Adoption Supervisor | <b>CHRIS Support Staff</b>  | Distribute to staff, review by A.S. and Supervisors<br><br><b>Share with Permanency Roundtable Manager</b>  | N/A<br><br><b>Yearly updates</b> |                                       | Completed<br><br><b>Ongoing</b>   |
| 3. Schedule Permanency Roundtables   | All persons involved with Child – A.S., FSW, AAL, CASA, Supervisors, OCC, Facilitator and child for part of the review if appropriate                         | Mine cases to determine if there are any relatives, fictive kin, or others who may be a viable placement. May require court’s permission in some cases. | N/A                              | <b>In Progress and continuing</b>     | Involvement by all needed participants and agreement on assignments and plans |
| 4. Intensive Child Specific Recruitment  | <b>Adoption and Resource Staff</b><br><br><b>Arkansas Heart Gallery</b><br><br><b>Schedule child/children as needed on A Place To Call Home, Praise Radio</b> | Review goal   | N/A                              | N/A<br><br><b>In Progress Ongoing</b> | Finding an appropriate permanent placement                                    |

**Adoption Recruitment and Retention Plan:**

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

**Ages of All Children with Goal of Adoption at End of the third quarter SFY 2015**

| Age Range          | Count      | Percentage (%) |
|--------------------|------------|----------------|
| 0 to 1 Years       | 32         | 6%             |
| 2 to 5 Years       | 119        | 21%            |
| 6 to 9 Years       | 135        | 24%            |
| 10 to 13 Years     | 164        | 29%            |
| 14 Years and Older | 117        | 21%            |
| <i>Total</i>       | <i>567</i> | <i>100.0</i>   |

**Gender of All Children with Goal of Adoption at End of the third quarter SFY 2015**

| Gender       | Count      | Percentage (%) |
|--------------|------------|----------------|
| Male         | 336        | 59%            |
| Female       | 231        | 41%            |
| <i>Total</i> | <i>567</i> | <i>100.0</i>   |

**Race/Ethnicity of All Children with Goal of Adoption at End of the third quarter SFY 2015**

| Race/Ethnicity | Count | Percentage (%) |
|----------------|-------|----------------|
| WHITE          | 317   | 56%            |
| BLACK          | 125   | 22%            |
| MULTIPLE       | 74    | 13%            |
| HISPANIC       | 47    | 8%             |
| ASIAN          | 2     | 0.5%           |
| AIAN           |       |                |

|              |            |              |
|--------------|------------|--------------|
| UTD          | 2          | 0.5%         |
| <i>Total</i> | <i>567</i> | <i>100.0</i> |

**General recruiting plans:**

- To continue to use Websites and media to display information regarding adopting a child out of foster care and to offer education and support to adoptive parents-This would include Heart gallery websites, THV 11 and Cumulus Radio specifically for children of color.
- Contact with local civic and professional groups to include Rotary Clubs, 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 parents to plan activities for children available for adoption to include Annual Disney Extravaganza, The Conway Rotary Picnic, and the Annual Picnic in North Arkansas, 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, and community events.

**Recruitment of families of Minority:**

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

**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 THV 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.

Adoptions collaborates with our local CBS affiliate television station thv11, Cumulus Radio – Praise 102.5, local Rotary Clubs, and Project Zero, a faith based entity that takes photos of our waiting children and displays these portraits at church and civic events.

### **Workforce Demographics**

| <i>Information on Child Protective Service Workforce as of June 2015</i>  |                   |                       |     |                                   |     |
|---|-------------------|-----------------------|-----|-----------------------------------|-----|
| <i>For child protective service personnel responsible for intake screening, assessment, and investigation of child abuse neglect reports, we have the following data available:</i> |                   |                       |     |                                   |     |
| <i>DCFS averages:</i>   |                   | <i>CACD averages:</i> |     | <i>Hotline Operator averages:</i> |     |
| Female  | 87.3%             | Female                | 78% | Female                            | 89% |
| Male  | 12.7%             | Male                  | 22% | Male                              | 19% |
| <i>Race:</i>  |                   | <i>Race:</i>          |     | <i>Race:</i>                      |     |
| Caucasian   | 55.0%             | Caucasian             | 92% | Caucasian                         | 64% |
| African American  | 44.1%             | African American      | 8%  | African American                  | 35% |
| Either American Indian or Hispanic  | With less than 1% | Native American       | 0%  | Other                             | 1%  |
| <i>Ages:</i>  |                   | <i>Ages:</i>          |     |                                   |     |
| 20-30   | 27%               | 20-30                 | 12% |                                   |     |
| 31-40   | 30.8%             | 31-40                 | 42% |                                   |     |
| 41-50   | 24.8%             | 41-50                 | 23% |                                   |     |
| 51-60   |                   | 51-60                 | 14% |                                   |     |

|                           |        |                           |     |                                  |     |
|---------------------------|--------|---------------------------|-----|----------------------------------|-----|
|                           | 13.5%  |                           |     |                                  |     |
| 61-70                     | 3.3%   | 61-70                     | 9%  |                                  |     |
| <i>Educational Level:</i> |        | <i>Educational Level:</i> |     | <i>Educational Level:</i>        |     |
| BSW                       | 13.35% | BSW                       | 10% | Related degree                   | 19% |
| Related Degree            | 61.25% | Related Degree            | 87% | BS/Master's Degree related field | 81% |
| MSW                       | 1.89%  | MSW                       | 0%  |                                  |     |
| Associate                 | 4.88%  | Associate                 | 1%  |                                  |     |
| No Degree                 | 18.63% | No Degree                 | 2%  |                                  |     |

**DCFS Family Service Worker qualifications:**

The formal education equivalent of a bachelor's degree in social work, sociology, psychology, or a related field; plus successful completion of a six month training class within agency core training period. Additional requirements determined by the agency for recruiting purposes require review and approval by the Office of Personnel Management. OTHER JOB RELATED EDUCATION AND/OR EXPERIENCE MAY BE SUBSTITUTED FOR ALL OR PART OF THESE BASIC REQUIREMENTS, EXCEPT FOR CERTIFICATION OR LICENSURE REQUIREMENTS, UPON APPROVAL OF THE QUALIFICATIONS REVIEW COMMITTEE.

**Training Required:**

5 modules (5 days) 10 weeks, new worker competency based training model including Structured OJT activities

**The pay scale is as follows:**

*Family Service Workers* - \$30,713 to \$52,167 for those with 15 years or less

- For FSWs with 16 years or more the max pay rate is \$56,340

*Family Service Worker Supervisor* - \$37,332 to \$62,616 for those with 15 years or less

- For FSW Supervisors with 16 years or more the max pay rate is \$67,626

*Area Directors* - \$57,914 to \$86,072 for those with 15 years or less

- For Area Directors with 16 years or more the max pay rate is \$92,958

**Explanation of pay scale:**

The Arkansas State employee pay plan does not allow entry into the system at higher than the entry-level pay rate unless the agency makes a special request to bring them on at the exceptionally well qualified level.

The approval for this does not rest with the individual state agencies, and must be presented and approved to the state Office of Personnel Management.

In the case of the higher grade state employees, a request to hire at the exceptionally well qualified level may have to be presented to the legislative committee on personnel and budget.

Workload/Caseload averages:

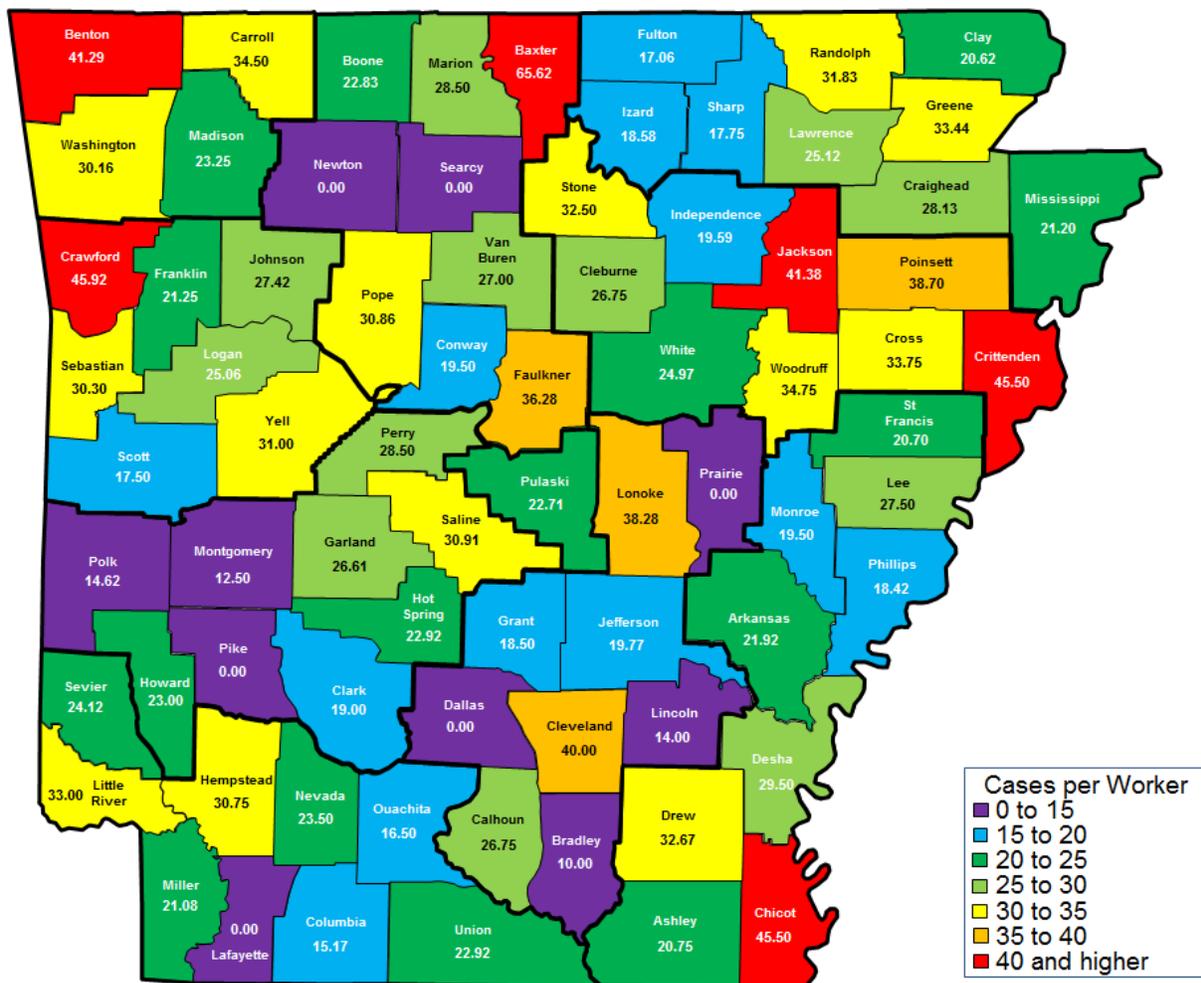
Below please find a brief summary of how we calculate workloads. Our workload report is broken down into multiple categories.

|   |  |
|---|--|
| <p><b>Investigation – Primary</b></p>           | <p>DCFS receives <u>1</u> credit for every investigation that is open as of the end of the reporting month and for which it serves as primary.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>   |
| <p><b>Investigation - Secondary</b></p>         | <p>DCFS receives <u>0.5</u> credit when it serves as secondary for a CACD investigation open as of the end of the reporting month. If multiple DCFS workers serve as secondary workers for the same CACD investigation, 0.5 is divided among the DCFS secondary workers, but the state as a whole receives a maximum of 0.5 credit.</p> <p>The DCFS secondary worker and his/her Area and County also receive 0.5 credit (or less depending on the number of secondary workers).</p> |
| <p><b>Foster Care Cases</b></p>                 | <p>DCFS receives <u>1</u> credit for every child in foster care as of the end of the reporting month. Foster children whose cases are assigned to an adoption specialist or those in ICPC placements are excluded from this measure.</p> <p>If a foster child is placed in a county which is different from the county of its primary worker, the 1 credit is divided between the primary county/worker and the county of placement.</p>   |
| <p><b>In-home Protective Services Cases</b></p> | <p>DCFS receives <u>1</u> credit for every Child Protective Services case that is open as of the end of the reporting month in which no child is in foster care (children reside at home). The case as a whole receives 1 credit regardless of the number of children in the home.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>   |
| <p><b>Supportive Services Cases</b></p>         | <p>DCFS receives <u>1</u> credit for every Supportive Services case that is open as of the end of the reporting month. The case as a whole receives 1 credit regardless of the number of children in the home.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>   |
| <p><b>ICPC</b></p>                              | <p>DCFS receives <u>0.25</u> credit for every child involved in an ICPC case open as of the end of the reporting month. This pertains to children who are placed in Arkansas from out of state as well as children placed out of state from Arkansas.</p> <p>The DCFS primary worker and his/her Area and County also receive 0.25 credit for every child.</p>   |
| <p><b>Differential Response (DR)</b></p>        | <p>DCFS worker receives <u>1</u> credit for every DR referral that is open as of the end of the reporting month.</p>   |

|                     |  |
|---------------------|--|
|                     | The DCFS primary worker and his/her Area and County also receive 1 credit.   |
| <b>Calculation:</b> | All of the credits listed above are added and the sum is divided by the number of workers responsible for these cases. |

The above workload definitions do not give any credit if an investigation has been open for more than 60 days or if an in-home protective services case or a foster child has not had a face-to-face visit from a caseworker in the past three months.

Below is a map that represents the averages by county:



## **Juvenile Justice Transfers**

- **43** distinct foster children placed in Division of Youth Services (DYS).
- **1** distinct foster children exited foster care for 'Custody Transfer to Another Agency

DCFS has children that are in Foster Care that at times are adjudicated and enter the Juvenile Justice System which we reference as Division of Youth Services (DYS). Although they are considered in the custody of DHS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding with DHS so that we can ensure smooth transfer of custody upon entering and discharging from the DHS system. The discharge process could mean a transfer back to DCFS custody and authority, reunification with parent/relative, or the youth ages out on their own. Our goal would be in the aging out circumstance that they would have a support system established upon discharge. DCFS has an identified liaison that works closely with DHS on youth and the custody.

This data was obtained from our CHRIS system.

**Technical Assistance Plan**

| <b><u>DATE REQUESTED</u></b> | <b><u>TA DESCRIPTION</u></b>                         | <b><u>NRC/Provider</u></b>   | <b><u>APPROVED</u></b> |
|------------------------------|--|--|------------------------|
| 7/1/2014-6/30/16             | CFSR Planning  | Region 6<br>Patsy Buida/Cindy Ximenes  | N/A                    |
| 7/1/13-6/30/16               | Organizational, Strategic, Programmatic Consultation | Casey family Programs-Ann Stanley, Consultant                                  | Yes                    |
| 7/1/13-6/30/16               | Differential Response                                | Casey Family Programs<br>Kempe Center-Consultants                              | Yes                    |
| 7/1/13-6/30/16               | Permanency Round Tables                              | Casey Family Programs<br>7/1/15 Cindy Hamilton                                 | Yes                    |
| 7/1/13-6/30/16               | CANS   | Casey Family Programs<br>Candice Ward-Consultant                               | Yes                    |
| 7/1/13-2/1/15                | Nurturing Families of Arkansas                       | Dr. Stephen Bavelok  | Yes                    |
| 1/1/15-6/30/16               | Nurturing Families of Arkansas                       | Casey Family Programs<br>Phyllis Duncan-Consultant                             | Yes                    |
| 7/1/13-5/30/15               | Team Decision Making                                 | Annie E Casey  | Yes                    |
| 10/1/13-10/1/16              | DR3 Grant/Targeted Recruitment                       | NRC Diligent Recruitment-Linda McNall  | Yes                    |
| 2/1/15-6/30/16               | Targeted Recruitment                                 | Annie E Casey<br>Denise Goodman-Consultant                                     | Yes                    |
| 1/1/14-3/30/15               | Advocacy Council Facilitation                        | Casey Family Programs-Gregory Davis  | Yes                    |
| 5/1/13-6/30/16               | Implementation Science                               | Casey Family Programs (strategic planning team)<br>Tracey Campfield-Consultant | Yes                    |

## **Evaluation and Technical Assistance – SFY 2015**

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

The Division's reports are largely built around the three core goals of child welfare—child safety, permanency and well-being—while also considering and accounting for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.

DCFS expects to continue utilizing data in its efforts to connect its evaluations to performance and best case practice. The following list of reports and projects (and accompanying descriptions) accounts for the major quality assurance activities undertaken in Arkansas during SFY 2015:

- **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.
- **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 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.
- **Juvenile Offender Reports** – On a monthly basis, DCFS closely examines any true report of child maltreatment that identifies an offender between 13 and 17 years of age. These reports displays detailed information on these underage offenders, and the agency utilizes this information to examine whether there are ways that these investigations can be improved or better managed.
- **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 as well as those 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. The Meta-Analysis reports place a strong emphasis on performance at the county level for many of its compliance and performance measures, which allows DCFS Executive Staff and Managers to better identify and localize where performance is strong

and where it is lacking. For SFY 2015, these reports were modified to make them more visually-oriented (i.e., featuring mostly tables and charts while reducing narrative), which was done in response to feedback received from previous years.

- **Special Studies / Contract & Program Monitoring** – Special studies and program reviews on various topics of interest to the Division are conducted on a rolling basis. These topics vary widely. 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 care facilities, therapeutic foster homes, sexual offender treatment programs, outpatient counseling agencies, psychological evaluation providers, intensive family service (IFS) providers, and foster family homes. The agency has also monitored and reviewed its internally operated differential response (DR) program; the performance of the state’s Child Abuse Hotline; and the investigation quality of the Crimes Against Children Division of the Arkansas State Police. For SFY 2015, DCFS made a conscious effort to review the rate at which former children who had been adopted from foster care subsequently re-entered foster care post-adoption. In other words, the agency sought to examine the extent to which adopted children remain intact with their adoptive families. Additionally, the agency has ordered a new review of its residential treatment care facilities, with this particular review not only examining service quality and outcomes but also focusing on whether such facilities are the most cost-effective placement setting for the children placed in them.
  - The review of adoption re-entries revealed that the DCFS, by and large, does well at finalizing adoptions that remain successful (i.e., adopted children remain with their adoptive families). Less than 1.7 percent of adopted children subsequently returned to foster care, and less than one percent have their adoptions either legally or informally dissolved. Additionally, the agency seemingly does a good job of matching up the preferences of adoptive families with the characteristics of children available for adoption. The only area in which some improvement was needed was with respect to post-adoption services. Though policy indicates that the agency is to make post-adoption services available to adoptive families, this information is not consistently communicated to adoptive families. In fact, most of the adoption specialists interviewed were unaware of any formal responsibility to provide post-adoption services to families. As such, the Division may want to make some adjustments to its current policies and processes to better serve adopted children and their adoptive families.
  - DCFS is still conducting a review of worker turnover in DCFS Service Areas 1 and 5 at the time of this update.

➤ DCFS is still conducting its review of residential treatment care facilities at the time of this update.

- **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 2011 through SFY 2014. 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.
- **Ad Hoc Reports** – On an ad hoc basis, DCFS examines data related to its various programs and policies to assess its own performance and understand the population of children and families served by its programs and policies. The Division also shares information to external stakeholders in an effort to improve communication and transparency. Well over 100 ad hoc reports are completed in a given year.

#### **Tribal Coordination/Consultation:**

DCFS provides services and supports to Native American children as they do with all other child populations that DCFS serves. When the child enters foster care, the ethnicity of the child is addressed at the initial court order especially if there is a question in regards to being a member of a Tribe. The attorneys for the Department take the lead in notifying the Tribal Nation and assisting with coordination of steps to verify the membership of the child with a specific Tribe including verifying maternity and paternity. During this process as well as after the verification, DCFS FSW and Supervisors begin to include the Tribal liaison in the case management activities which include but are not limited to: inviting to staff meetings, involved in the development of the case plan, schedule phone conferences as needed for case updates, notification of placement moves, consideration of other relatives or connections for placement, notification to court hearings, and many other activities.

There are only 2-3 Areas that have children on their workload that would need to meet the requirements of ICWA.

The Division’s policy and procedures are applicable to all child population and we include the Tribal liaison on children that are identified as Native American.

Below are examples of general case management practices that have identified a child with Native American heritage:

In order to identify children with Native American Heritage, staff question parents at the time of custody and/or during probable cause and adjudication hearings. Once information is provided by the parent or caregiver that the child is of Native American heritage, our legal department is notified. When the child is identified as a member of a tribe, the tribal nation liaison will either intervene in the case or attend court to observe.

In Northwest Arkansas almost all foster children involved with ICWA cases are identified as part of the Cherokee Nation, so generally staff would work with one particular liaison that represents that tribe.

Examples of case management activities would be:

- providing updates and/or notifications on placement moves
- providing incident reports involving the child
- notifying notifications to court hearings of case plan staff meetings, mediations
- providing a schedule of parent/child visits
- coordinating contact between the tribal nation liaison and the child

The liaison case activities may include:

- attending court hearings
- ensuring that legal language is in court orders
- recommending services/placements specifically for Native American children
- observing court
- transporting parents to court
- providing parents various contact information
- advocating for the child to be adopted by a tribal member

Northwest Arkansas has several ICPC cases that involve children with Native American Heritage. The ICPC FSW communicates one-to-one with the tribal nation liaison. It appears to be a good working relationship as any differences of opinions are generally resolved.

OCC attorneys regularly consult with the Tribal representatives on all open ICWA cases. These same OCC attorneys provide notice as required by ICWA and have ongoing communication with the Tribal representatives as the cases progress. Generally, when notified, the Tribal representative participated in hearings and staffings regarding these children and assisted in identifying potential placements, although the placement options were not always utilized. None of them moved to transfer to the tribal court. A large percentage of the Tribes represented in the number of children entering care were Cherokee Nation of Oklahoma.

Currently, CHRIS reflects **85** children who are identified as American Indian and Alaskan Native (AIAN). Of this number **56** children enter care between July 1, 2014-May 30, 2015. Some of the Tribes represented in the number of children entering care were: Cherokee Nation of Oklahoma, Oglala Sioux Tribe, and Choctaw Nation of Oklahoma.

AR DCFS SACWIS system does have an element where we can document this information, but documentation is inconsistent with tracking of this item. We have discussed briefly with our CHRIS staff what we would like to start seeing being captured and have plans to enhance the way our system identifies Tribal children. Arkansas will assess and make necessary changes to better identify and track children to ensure timely notification of the Tribal Nation.

### **Tribal Communication/Collaboration**

In November 2014 the Division Director made contact via email with the leaders of all tribes that AR has the potential to have affiliations with regarding placements of children and followed up on the conversation to develop a more intentional partnership with these tribes. The tribal leads that our policy, APSR, and CFSP 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 the policy by any member that was reached out too. 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.

In order to strengthen our collaboration/partnership with Tribal agencies, DCFS has identified the Planning Specialist and Community Services Program Administrator to take the lead on developing strategies to better serve Tribal children and families.

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.

The DCFS Planning Specialist and the Community Services Program Administrator attended the Oklahoma Tribal IV-B meeting on May 12-13, 2015. During this 2 day meeting, we were able to listen in and meet and greet several different Tribal Coordinators/Directors. We identified certain tribes that have cases currently open in Arkansas. We spoke specifically with tribes that are currently working cases in AR-Choctaw, Cherokee. AR DCFS was able to have an open discussion with the Senior Director of Children & Family Services for the Choctaw Nation, about the 10 cases they are currently working in Arkansas. The Director stated that they do have some issues with trying to contact the appropriate assigned worker to the current cases. I was able to email an updated (April 2015) telephone directory while in attendance at the meeting. The directory has the office and cell phone numbers of each county supervisor as well as the Area Director for each AR service area. The Oklahoma Department of Human Services Tribal Liaison was also in attendance at the meeting. This was her last week in that position, due to retiring, but learning that the position is there is very encouraging for our State.

Arkansas will be able to contact this person in the future to work collaboratively on tribal cases. Business cards were given out to many of the tribal leaders as well as contact numbers were received from the attendees (*Sign in sheet available on request*).

AR DCFS Program Administrator also had a case in Arkansas that needed more clarification so she was able to present it and get an answer.

AR DCFS also attended the Tribal Public meeting held in Tulsa, OK centered around the new requirements of ICWA. This was a very intense public meeting which gave a better understanding on what the requirements are currently.

Arkansas will continue to make contact with the Choctaw and Cherokee tribes. In the near future we plan to set up conference calls with the Tribal Directors/Coordinators and DCFS staff that

oversee Tribal children and try and get some procedures in place to make this run smoother. We want to ensure they are getting the necessary help/referrals needed.

The Oklahoma Indian Child Welfare Association conference was discussed. The conference was "highly recommended" that Arkansas DCFS staff attend. There will be ICWA training for half a day at the conference. It was also discussed that possibly a MidSOUTH trainer could also attend so that more emphasis could be put in ICWA in the New Worker Training. The conference is in Norman, OK in August.

We also learned that Oklahoma is currently teaching ICWA regulations in their social work practicum classes at the University of Oklahoma. This information will be shared with the AR university partners. This could possibly be a good way to further educate our staff before they even begin working in DCFS.

The Cherokee tribal Program Manager indicated that she would like to be provided with the AR policies that are discussed in PRIDE training. She stated that the Cherokee tribes conduct all of their own foster parent training and it would be helpful if their foster parents could receive the same policy (or agency specific information) that the AR foster parents receive. The AR Foster Care Unit will be responsible for sharing the requested information. AR DCFS will further discuss if possibly an AR staff person needs to attend one of the Cherokee training sessions each time to provide the AR specific policy training.

Arkansas will continue to have open communication with each tribe that has a case in our state.

Arkansas has plans in place to improve our relationship with Indian tribes with all populations, not just with Youth.

## *Child Maltreatment Deaths*

Arkansas receives information on child maltreatment fatalities through the referral of the child abuse hotline. Most of these referrals are from mandated reporters such as law enforcement, medical examiners, members of child death review teams, and physicians. Referrals involving fatalities are documented in the National Child Abuse and Neglect Data System (NCANDS)

### Arkansas Child Death Review Panel

During the 85<sup>th</sup> General Assembly Regular Session, 2005, an act to create the Arkansas Child Death Review Panel was approved. The Panel was designed to identify the cause of death of children under eighteen (18) years of age; and to reduce the incidence of injury and death to children by requiring a death review to be performed in all cases of unexpected deaths of children under eighteen (18) years of age. The Arkansas Child Death Review Panel supports the Arkansas Child Death Review Program and local child death review teams. They provide guidance, expertise, and consultation in analyzing and understanding the cause, trends, and system response to child fatalities. The panel is also responsible for making recommendations in law, policy, and practice to prevent child deaths in Arkansas.

The data for review of child deaths in the State of Arkansas are provided by Arkansas Department of Health's vital statistic department. One of the functions of the child death review panel is to advise the governor, legislature, state agencies and the public on changes in law, policy, and practice to prevent deaths to children. The ultimate goal is to improve the overall health and safety of Arkansas children. The panel members review child mortality data, child death review program reports, and local child death review team reports. Their objective is to identify the causes of unexpected child deaths of Arkansas.

In 2011, the Arkansas Infant and Child Death Review Program was created within the Arkansas Department of Health. The Health Department currently funds a Program Director Coordinator. The Arkansas Child Death Panel has standard operating procedures and a Standard Operating Procedure (SOP) manual. There are currently eight established teams covering 40 counties which equal approximately 82% of the potentially reviewable pediatric deaths based upon 2010, 2011 and 2012 data. The counties covered by local child death review teams include: Benton, Washington, Crawford, Sebastian, Franklin, Johnson, Logan, Scott, Yell, Pope, Conway, Perry, Faulkner, Clay, Van Buren, Pulaski, Randolph, Lawrence, Greene, Craighead, Mississippi and Poinsett, Boone, Baxter, Carroll, Madison, Marion, Newton, Searcy, Crittenden, Cross, Lee, Monroe, Phillips, St. Francis, Garland, Grant, Hot Springs, Jefferson and Saline Counties. The local review teams meet quarterly.

A statewide infant mortality team was formed in 2014. The team was tasked with reviewing the infant deaths that fall outside of the eight local child death review teams. The purpose of this team is to ensure that all infant deaths within Arkansas are reviewed. With the addition of the Infant Mortality Team, 100% of the eligible infant deaths in the state will be reviewed.

The State Review Panel and the local child death review teams consist of the representatives listed below:

- The Arkansas Medical Examiner's Office.
- A coroner who is registered with the National Board of Medico legal Death investigators.
- The Center for Health Statistics of the Department of Arkansas State Police.
- The Division of Children and Family Services of the Department of Human Services.

- The Crimes against Children Division of the Department of Arkansas State Police.
- The Arkansas Child Abuse/Rape/Domestic Violence Commission.
- A physician who specializes in child abuse.
- The College of Public Health at the University of Arkansas for Medical Services.
- The Office of the Prosecutor Coordinator.

### **DCFS Internal Child Death Review Committee**

The Arkansas Division of Children and Family Services (DCFS) reviews reports on all death from all causes of children with whom the agency has been involved in an way during the twelve months prior to the child’s death. The review population is not limited to children who died from abuse or neglect. However, the majority of the deaths received are called in to the hotline by professionals who are mandated by law to make a report if they suspect a child has been abused or neglected or has died as a result of child maltreatment.

The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The Director reviews all recommendations from the Internal Child Death Review Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director, or her designee, reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect the changes.

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.

### **The DCFS External Child Death Review Committee:**

The External Child Death Review Committee was restructured and a new group was formed to address systemic issues, address public health concerns, make recommendations to improve practice and work together as a system to prevent future child fatalities. The first meeting was held on May 5, 2014. The membership included CACD, Statewide Child Fatality Director, The Commission on Child Abuse, Rape and Domestic Violence, Children’s Hospital, DHS legal staff, Coroner along with key DCFS executive staff.

The purpose of the meeting was to identify their role, their purpose, review SFY 2009 – SFY 2014 statistics regarding child deaths, review the current internal child death process, what data is shared with the Statewide Child Fatality Review panel, frequency of meetings, what information would be reviewed, messaging needed based on reviews, etc.

Meetings will be held every other month and additional stakeholders will be invited to attend based on trends being seen, etc. There will be a report out of information to various stakeholder groups as to what we are seeing and what efforts from the external child death review committee have been made to reduce child deaths.

The External child death review committee has not met as frequently as planned due to a number of factors which include scheduling conflicts, legislative session and a number of other issues. However the meetings that were held were very productive. It was decided that the membership should include the manager of the statewide multidisciplinary teams being they review child deaths at the local level and could provide input from those meetings as well regarding any issues/concerns/needs that were noted in those local team meetings. In addition it was suggested there be representation from Advocates for Children along with representation from the Injury Prevention Center.

The committee discussed how child fatality information is tracked and to whom it is disseminated to by the various groups. It was also discussed how we would follow up on the recommendations from the internal review process and the external review process as well (who, what, etc.). We are at the point of developing the form that would be used to track this information.

It was also discussed the need to have various guests/experts attend the external review committee meetings based on a specific issue surrounding a child death or if we are seeing a trend in a particular county or with a particular type of death such as ATV accidents, drownings, unsafe sleep environments, etc. We would ask the experts to come in and meet with the external group so members would be more educated about the issues and the expert could help inform/guide the group on the next steps that need to be taken, offer suggestions as to messaging of issues, etc. It would bring about awareness for both parties – the child welfare system along with the experts themselves.

With the passage of Act 1245 which creates a child death and near fatality multidisciplinary review committee, the agency is determining whether the agency committee should continue to meet. Several factors to be considered due to the content of the Act are:

- Membership would include a number of the same individuals that currently serve on the DCFS external review committee
- Same deaths would be reviewed
- Doubling of resources and staff time as DCFS is the responsible party for printing all required documentation to be sent to committee members, for ensuring all members receive the comprehensive packet within 14 calendar days before the meeting, securing the meeting location, sending out notices of meetings, reporting of information, etc.
- Want to maximize the participation of the committee members

The legislation does include an expiration date of August 1, 2017.

The agency will have to work with the Department of Vital Statistics and with the Crimes Against Children's Division in order to comply with the law. The law requires a comparison of deaths from the Division of Vital Records to the information in the Children's Reporting and Information Systems be completed. In addition, the law requires the committee review all deaths and near fatalities of children that have been reported through the Child Abuse Hotline.

Some of our issues/concerns/questions regarding the new legislation are:

- There will be timing issues to deal with

- Completion of an investigation, involvement with a family compared to when the Division of Vital Records will record death in database for comparison purposes
- How long will meetings need to be to fulfill the duties as outlined in the Act
- What will be required to get the necessary information from the Vital Records
  - Will an interagency agreement be needed
  - Can the information needed be shared with DCFS
  - Are there confidentiality laws that could be a barrier
  - Will there be fees involved
  - Etc.
- Development of the agenda – who’s responsibility
- Logistical issues - coordination of meetings, provision of lunch depending on meeting length, etc.
- Stipulation in the law prohibiting mileage reimbursement and reimbursement of expenses incurred by participating on this committee

It should be noted with the formation of this review committee, child fatalities will be reviewed by the following groups:

- Local multidisciplinary teams (MDT’s)
- Local child fatality review committees
- Infant Mortality Review committee
- DCFS internal child death review committee
- Citizen Review panels in certain counties
- New committee established under Act 1245
- In addition, the Statewide Child Fatality Review panel will be capturing child fatality data and publishing an annual report on all child deaths within the state

***CHILD FATALITIES***

The following table illustrates the number of fatalities for which DCFS had involvement with the family in the twelve months preceding the child’s death by state fiscal year. The numbers reported for SFY 2015 were current as of June 17, 2015, 13 days prior to the end of the fiscal year. The second table displays the category of circumstances surrounding the children’s deaths across the previous four years, SFY 2011 through SFY 2014.

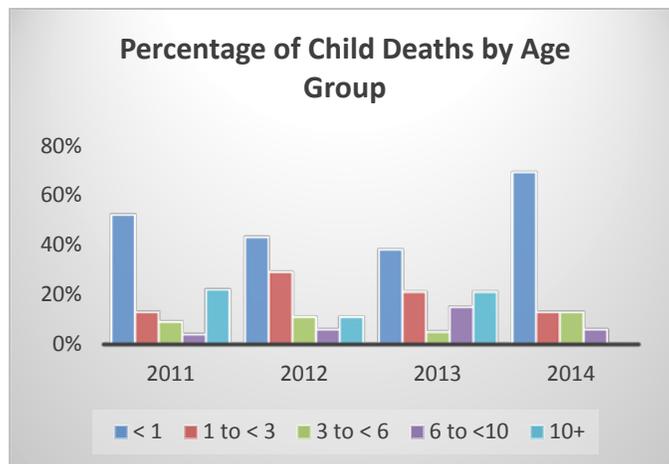
| <b>Fatalities w/ Prior DCFS Involvement</b> |                     |
|---|---------------------|
| <b>SFY</b>                                  | <b># Fatalities</b> |
| 2011  | 23                  |
| 2012  | 35                  |
| 2013  | 39                  |
| 2014  | 34                  |
| 2015  | *40*                |

\*The SFY15 # represents the fatalities to date, 06/17/2015

| Type of Death by Year |                   |      |              |      |                  |      |          |      |       |      |
|-----------------------|-------------------|------|--------------|------|------------------|------|----------|------|-------|------|
| SFY                   | Abuse/<br>Neglect |      | Undetermined |      | Not Maltreatment |      |          |      | Total |      |
|                       |                   |      |              |      | Natural Causes   |      | Accident |      |       |      |
|                       | #                 | %    | #            | %    | #                | %    | #        | %    | #     | %    |
| 2011                  | 3                 | 14%  | 13           | 25%  | 4                | 11%  | 3        | 14%  | 23    | 18%  |
| 2012                  | 9                 | 41%  | 15           | 29%  | 8                | 22%  | 3        | 14%  | 35    | 27%  |
| 2013                  | 6                 | 27%  | 12           | 23%  | 14               | 39%  | 7        | 33%  | 39    | 30%  |
| 2014                  | 4                 | 18%  | 12           | 23%  | 10               | 28%  | 8        | 38%  | 34    | 26%  |
| Total                 | 22                | 100% | 52           | 100% | 36               | 100% | 21       | 100% | 131   | 100% |

Any time a child dies who had been known to DCFS during the twelve months prior to the death, State law requires that the Agency review the circumstances to gain insight into steps which might be taken to reduce the number of child deaths in Arkansas. The deaths are grouped into four distinct categories representing the general causes of those deaths: abuse/neglect, natural causes, accident and undetermined. The deaths categorized as due to natural causes and accidents include only cases in which the cause of death was not classified as maltreatment.

Between 2011 and 2014, a total of 131 children died who had been known to DCFS within twelve months of their deaths. The highest number of child deaths occurred in 2013 (39 deaths), the lowest in 2011 (23 deaths), with the remaining two years being quite similar in count (35 in 2012 compared to the 34 in 2014). SFY 2012 had the highest percentage of deaths stemming from maltreatment as well as the highest percentage of undetermined deaths, many of which involved children under the age of one who were found to have died of Sudden Unexpected Infant Death (SUID).



Very young children are at greater risk of death overall, particularly from maltreatment. When comparing all death types in all four fiscal years, children under the age of one make up the largest age group of child deaths. More than two-thirds of the children who died from

maltreatment or whose cause of death was undetermined were under the age of three, with the majority of those children being under the age of one

**Greatest Risk Population:**

Per the review of the data in Arkansas, we have identified areas/populations in which children are at a greater risk for maltreatment or represent a population that are at risk of negative outcomes in well-being and permanency.

Arkansas continues to see an increase in cases in which substance abuse is a factor. The 2005 Regular Session of the 85<sup>th</sup> General Assembly of the Arkansas Legislature expanded the legal definition of child neglect in the State of Arkansas. Under the provisions of Act 1176, the term neglect was expanded to include “the causing of a newborn child to be born with:

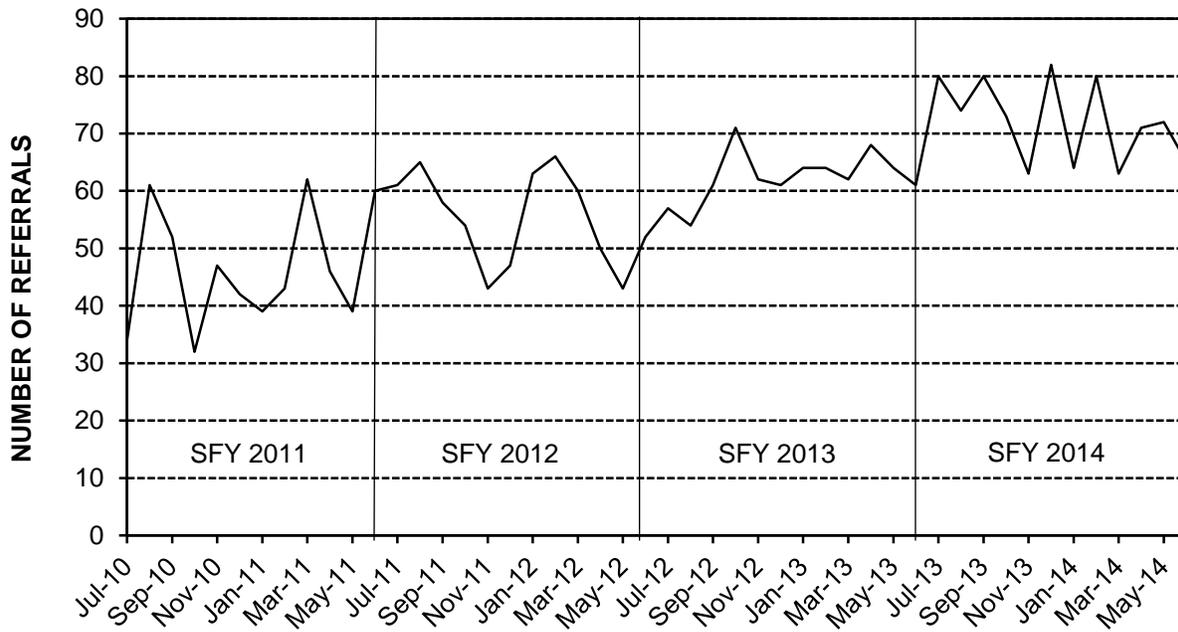
- 1) an illegal substance present in the newborn’s bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the newborn, or
- 2) a health problem as a result of the pregnant mother’s use before birth of an illegal substance.”

Garrett’s Law, which was named after a newborn child who was born under such circumstances, was modified by Act 284 of the 2007 Legislative Session. The “health problem” criterion was eliminated but was replaced by the criterion of “the presence of an illegal substance in the mother’s bodily fluids or bodily substances.” As a result of this change (which went into effect on July 1, 2007), the presence of an illegal substance, which includes the abuse of prescription drugs, in either the newborn or the mother is now sufficient to substantiate an allegation of neglect under Garrett’s Law. Another significant change made by Act 284 was that even if a Garrett’s Law referral was substantiated, the mother would not be listed in the state’s Child Maltreatment Registry. This change was made in response to concerns that being listed in the Maltreatment Registry might have negative consequences for the employment prospects of mothers involved in substantiated referrals.

The number of Garrett’s Law (GL) referrals accepted for investigation has consistently increased in recent years. Eight-hundred and sixty-seven (867) GL referrals were received during SFY 2014. This represents a 16 percent increase over the 749 referrals received during SFY 2013, a 31 percent increase over the 662 referrals received during SFY 2012, and a 56 percent increase over the 557 referrals received during SFY 2011.

Figure 1 shows the number of GL referrals received each month during the four-year period from SFY 2011 through 2014. While the number of GL referrals received monthly fluctuates from month to month, overall there has been an upward trend. The average number of GL referrals received during SFY 2014 was 72 per month, compared to 46 for SFY 2011.

**Figure 1:  
Garrett's Law Referrals by Month,  
State Fiscal Years 2011 - 2014**



**Table 2:  
Types of Drugs Involved in Garrett's Law Referrals,  
State Fiscal Years 2011-2014**

| Type of Drug                       | Percentage (%) of Referrals in which Drug was Cited: |          |          |          |
|------------------------------------|--|----------|----------|----------|
|                                    | SFY 2011   | SFY 2012 | SFY 2013 | SFY 2014 |
| Marijuana                          | 63.7   | 64.4     | 64.4     | 66.2     |
| Amphetamines                       | 20.1   | 18.7     | 24.8     | 22.7     |
| Opiates                            | 20.3   | 21.1     | 19.9     | 20.8     |
| Benzodiazepines                    | 10.4   | 10.3     | 10.8     | 8.4      |
| Cocaine                            | 10.8   | 11.3     | 6.9      | 5.5      |
| Barbiturates                       | 3.1  | 2.6      | 2.0      | 1.7      |
| Prescriptions                      | 0.2  | 0.0      | 1.6      | 2.0      |
| Hallucinogens                      | 2.3  | 0.5      | 1.1      | 0.3      |
| Number of Drugs Cited <sup>1</sup> | 732  | 853      | 985      | 1,107    |
| Number of Referrals                | 557  | 662      | 749      | 867      |

<sup>1</sup> Multiple drugs can be mentioned in a given referral.

Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug in GL referrals (21 percent) during the year, followed by benzodiazepines (e.g., prescription drugs such as Xanax and Valium) at eight percent and cocaine (including “crack”) at six percent. The frequency at which cocaine is cited has declined in recent years.

Almost 62 percent of the newborns did not have reported health problems. The documentation indicated that eight percent of the newborns required intensive care, which is nearly double from the previous year. Seven percent suffered from respiratory distress or other respiratory problems, six percent exhibited drug-related symptoms (e.g., withdrawal), and less than one percent passed away.

Among the mothers cited in GL reports, those who abused benzodiazepines were the most likely to give birth to children with a documented health problem (55 percent) while those who used marijuana were the least likely (33 percent). Among the other commonly cited drugs in GL reports, 49 percent of mothers who used opiates gave birth to children with health problems, followed by those who used cocaine or amphetamines (46 percent each) and barbiturates (40 percent).

**Table 5:  
Substantiation Rates for GL Referrals by Area,  
State Fiscal Years 2011-2014**

Percentage (%) of GL Referrals that were  
Substantiated:

| Area  | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 |
|-------|----------|----------|----------|----------|
| 1     | 85.5     | 79.4     | 90.2     | 90.1     |
| 2     | 82.5     | 89.0     | 92.5     | 93.2     |
| 3     | 89.5     | 87.2     | 94.7     | 95.4     |
| 4     | 94.3     | 91.1     | 85.2     | 91.3     |
| 5     | 92.3     | 94.0     | 88.2     | 91.5     |
| 6     | 94.8     | 93.0     | 95.4     | 97.0     |
| 7     | 84.0     | 96.7     | 95.1     | 92.7     |
| 8     | 91.9     | 91.3     | 90.8     | 87.4     |
| 9     | 81.5     | 86.6     | 93.2     | 94.9     |
| 10    | 87.9     | 83.3     | 87.2     | 94.3     |
| State | 88.8     | 89.4     | 91.6     | 93.1     |

As shown in Table 5, there has been a continuing trend to substantiate GL referrals over the last few years. For SFY 2014, 93 percent of the GL referrals received statewide were substantiated, with the substantiation rate among the individual Service Areas ranging from 87 percent (Area 8) to 97 percent (Area 6).

**Table 6:  
Protective Services Case Opening for Substantiated  
GL Referrals by Area, State Fiscal Years 2011-2014**

| Area  | Percentage (%) of Substantiated GL Referrals<br>for which a Case was Opened |          |          |          |
|-------|---|----------|----------|----------|
|       | SFY 2011  | SFY 2012 | SFY 2013 | SFY 2014 |
| 1     | 62.3  | 82.0     | 83.6     | 90.2     |
| 2     | 80.8  | 95.4     | 96.5     | 95.8     |
| 3     | 48.5  | 69.1     | 95.6     | 96.4     |
| 4     | 97.0  | 100.0    | 95.7     | 97.6     |
| 5     | 94.4  | 96.8     | 95.1     | 96.0     |
| 6     | 89.1  | 92.5     | 97.1     | 98.7     |
| 7     | 100.0   | 96.6     | 94.9     | 92.1     |
| 8     | 96.5  | 95.9     | 97.8     | 90.4     |
| 9     | 95.5  | 100.0    | 96.4     | 91.9     |
| 10    | 100.0   | 100.0    | 91.2     | 98.0     |
| State | 83.1  | 92.0     | 95.0     | 95.0     |

Statewide, the rate at which DCFS caseworkers opened a child protective services case in response to a true finding of a GL referral stood at 95 percent for SFY 2014, identical to the rate observed during the previous year.

Whether or not caseworkers respond to a substantiated GL referral by opening a child protective services case was largely consistent among most DCFS Service Areas during SFY 2014, ranging from 90 percent (Areas 1 and 8) to 99 percent (Area 6).

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Protective Services Case Opening for Substantiated  
GL Referrals by Area, State Fiscal Years 2011-2014**

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| 2    | 80.8  | 95.4     | 96.5     | 95.8     |
| 3    | 48.5  | 69.1     | 95.6     | 96.4     |
| 4    | 97.0  | 100.0    | 95.7     | 97.6     |
| 5    | 94.4  | 96.8     | 95.1     | 96.0     |
| 6    | 89.1  | 92.5     | 97.1     | 98.7     |
| 7    | 100.0   | 96.6     | 94.9     | 92.1     |
| 8    | 96.5  | 95.9     | 97.8     | 90.4     |
| 9    | 95.5  | 100.0    | 96.4     | 91.9     |

|       |       |       |      |      |
|-------|-------|-------|------|------|
| 10    | 100.0 | 100.0 | 91.2 | 98.0 |
| State | 83.1  | 92.0  | 95.0 | 95.0 |

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Among those who received specialized substance abuse treatment, the proportion of mothers who received treatment within six months of their true GL referral has gradually increased over the past four years, from 56 percent for SFY 2011 to 67 percent for SFY 2013.<sup>2</sup> These numbers suggest that mothers who receive treatment are electing to participate in such programs sooner than was the case previously.

The type(s) of treatment received by the mothers with true GL referrals is also recorded by OADAP. The five basic types are detoxification, outpatient treatment, partial day treatment, prison-based treatment, and residential treatment. As shown in Table 9, outpatient treatment (37 percent) was the most common service received by these mothers, followed closely by residential treatment (36 percent). Detoxification programs were also frequently used.

**Table 9**  
**Types of Treatment Services Received by**  
**Mothers in True GL Referrals, SFY 2011-2014**

| Type of Service        | Percentage (%) Receiving Service |
|------------------------|----------------------------------|
| Outpatient Treatment   | 36.7                             |
| Residential Treatment  | 35.6                             |
| Detoxification         | 19.5                             |
| Prison-Based Treatment | 5.3                              |
| Partial Day Treatment  | 2.9                              |

<sup>2</sup> Thus far for SFY 2014, 90 percent of the mothers who received treatment had received services within the first six months of the GL referral, although this percentage will almost certainly decline as more time passes.

Total 100.0

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 2014, it was noted as one of the reasons for removal in 50% of the cases. As of 3<sup>rd</sup> quarter 2015, the percentage has increased to 56%. 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 procured for substance abuse treatment which had been previously 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 agency is currently working with providers of Specialized Women’s Services regarding increasing capacity and availability of services for women who have young children.

**Another greatest risk population are children 5 and under.** In review of the child fatality data there is a major concern regarding the deaths of children under the age of 5. Child Fatality data indicates the following:

|      | <b>% 5 and Under</b> | <b>Maltreatment Involved</b> |
|------|----------------------|------------------------------|
| 2010 | 76%                  | 75%                          |
| 2011 | 74%                  | 100%                         |
| 2012 | 83%                  | 100%                         |
| 2013 | 64%                  | 20%                          |
| 2014 | 81%                  | 25%                          |

Another concern noted in the data, a large percentage of these children were involved in an open protective service case or had been involved in a prior protective service case. Data indicates that of the deaths between 2010 and 2014, 44%, 83%, 57%, 32% and 32% of the deaths, respectively, had either an open or a previous protective services case with the agency. Data also indicates a high rate of substance abuse amongst the caregivers in the cases involving child fatalities. Currently, approximately 49% of these caregivers test positive for illegal/controlled substances, although that is down from 56% in 2010. The agency will be able to further update this information when the statewide child fatality report is completed.

Based on the child deaths as reported in the Quarterly Performance Reports for SFY 2015, the following is noted:

**1st Quarter 2015**

- 1 death – no prior involvement with agency
- Death involved child under the age of 1

**2nd Quarter 2015**

- 14 deaths - 3 had services provided by the department prior to death
- All deaths were under the age of 5
  - 9 – Age 1 and under
  - 3 – Age 2
  - 2 – Age 4

**3<sup>rd</sup> Quarter 2015**

- 11 deaths - none with prior involvement with agency
  - 9 – Under age 1
  - 1 – Age 6
  - 1 – Age 11

The data conclusion is very clear - very young children are at much greater risk of death overall, but especially abuse, neglect, and health issues. This argues strongly for more stringent investigation and casework protocols, and a higher level of caseworker involvement for cases involving infants and toddlers. Other data involving this age range indicates for 2012 – 2014:

|      | <b>5 &amp; under<br/>True Finding</b> | <b>5 &amp; under with a true finding<br/>who Enter Care</b> |
|------|---------------------------------------|---|
| 2012 | 36%                                   | 50%   |
| 2013 | 36%                                   | 52%   |
| 2014 | 45%                                   | 43%   |
| 2015 | 46%                                   | 43% (Data as of 3 <sup>rd</sup> quarter)                    |

During SFY 2015 and SFY 2016, the agency plans to continue to adjust staffing levels to focus on protective service cases in order to assure efficient casework practice with these families as our budget allows. 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.

There is still more work for the agency to do in establishing 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.

The agency continues to monitor several measurements gained at accessing quality of investigative determinations and service provision. Two of those being the following measurements:

Victimization rate among children who received protective and supportive services:

(Percentage of children receiving supportive and protective services that were abused or neglected within one year of initiation of service)

|          |                     |    |                                 |
|----------|---------------------|----|---------------------------------|
| SFY 2011 | Supportive Services | 3% |                                 |
|          | Protective Services | 9% |                                 |
| SFY 2012 | Supportive Services | 3% |                                 |
|          | Protective Services | 9% |                                 |
| SFY 2013 | Supportive Services | 2% |                                 |
|          | Protective Services | 8% |                                 |
| SFY 2014 | Supportive Services | 5% |                                 |
|          | Protective Services | 7% |                                 |
| SFY 2015 | Supportive Services | 3% | (As of 3 <sup>rd</sup> quarter) |
|          | Protective Services | 7% |                                 |

Rate of Entry into Foster Care among Children who Received Protective and Supportive Services

|          |                     |    |                                 |
|----------|---------------------|----|---------------------------------|
| SFY 2011 | Supportive Services | 1% |                                 |
|          | Protective Services | 7% |                                 |
| SFY 2012 | Supportive Services | 1% |                                 |
|          | Protective Services | 7% |                                 |
| SFY 2013 | Supportive Services | 2% |                                 |
|          | Protective Services | 7% |                                 |
| SFY 2014 | Supportive Services | 2% |                                 |
|          | Protective Services | 7% |                                 |
| SFY 2015 | Supportive Services | 1% | (As of 3 <sup>rd</sup> quarter) |
|          | Protective Services | 7% |                                 |

With the number of children being served in In-home cases, the agency just recently hired an In Home program manager who will focus on the development of an in home program for the Division. The focus of the agency has been on foster care service delivery; however the agency is serving more children in in-home cases than in foster care. With the hiring of the new Manager, we can now focus more on in-home cases.

**Another greatest risk population is our youth population** including those youth that have been in the system for 36 months or longer and those children from disrupted/dissolution adoptions. SFY 2014 data indicates that 15% of the children in foster care had been in the system for 36 months or more, and 55% of these youth have been in care 3 to 5 years; 40% in

care 5 to 10 years; 5% in care 10 to 15 years. As of 3<sup>rd</sup> Quarter SFY 2015, 573 children or 14% of the children in the foster care system have been in the system 36+ months which is down from SFY 2014. These youth are at a greater risk due to instability in placements as our data indicates the longer in care the more moves a youth encounters. Data as of 3<sup>rd</sup> Quarter SFY 2015 indicates for children in care for less than 12 months, 76% experienced 2 or fewer placements compared to the national standard of 86%. Children in foster care between 12 and 24 months, 46% had two or fewer placements compared to the national standard of 65.4%. Those children who have been in care over 2 years, only 16% experienced 2 or fewer moves compared to the national standard of 41.8%. Children ages 6 – 11 represent the largest group of children who experienced three or more placements during their stay in foster care. The placement instability not only affects their educational stability but also impacts the overall well-being – how that child feels about themselves. In addition, these children’s behavior begins to escalate with age and with placement instability. As a part of the IV-E demonstration waiver DCFS has implemented Permanency Roundtables as a strategy to impact the length of time that children remain in care along with the recruitment strategies through both the IV-E Waiver and the Diligent Recruitment grant.

**The Division of Children and Family Services requested Hornby Zeller Associates, Inc. to examine the extent to which adopted children remain intact with their adoptive families** and to identify factors that may contribute to adopted children re-entering the foster care system. The request came as a result of DCFS seeing the number of such occurrences increasing. In addition, the agency wanted to know whether there were any steps it could take to minimize these occurrences in the future.

The review was conducted and the results were provided to the agency in March. The review highlights that AR DCFS does well at finalizing adoptions that remain successful. The report shows that of the adoptions finalized between SFY 2007 and SFY 2013, less than 1.7% subsequently returned to foster care and of that 0.7% legally dissolved and 0.2% were informally dissolved.

However with the adoptions being successful there are adjustments that can be made to its current policies and processes to better serve adopted children and their adopted families.

The report noted several recommendations and our response to those are listed below each recommendation. In addition DCFS, through meetings with staff and with adoptive parents, has listed other recommendations and actions as a result of these meetings that we feel are needed and should be explored.

The agency is committed to providing staff and parents with the supports, guidance, services needed to meet the needs of the families we serve. We are also committed to quality communication.

**Recommendation 1:**

**DCFS should consider enhancing or supplementing the training delivered to its pre-adoptive families or, at least, those who are in the process of adopting**

- A review of Session 7 of the Foster Adopt Pride Training curriculum needs to be completed to ensure the session fully addresses Adoption.
  - A team of DCFS staff will be reviewing curriculum on Wednesday, April 1
  - Session 7 will be sent to a group of adoptive parents along with Jean Crume the week of March 23<sup>rd</sup>
- Director will request a copy of the Pressley Ridge Curriculum that was mentioned in a meeting with adoptive parents
  - Once received – curriculum will be circulated and reviewed by DCFS Executive staff to determine if and which portions of the curriculum should be incorporated in training
- DCFS executive staff will discuss if certain hours of mandated continuing education be in Trauma Informed Care and other subjects.
- Director will request input from adoptive parents about what continuing education hours should be mandatory for adoptive parents
  - Will also incorporate, as it pertains to foster parent continuing education hours
- Develop training that addresses attachment issues vs. training that brings about awareness. Training should include actual scenarios, possible parenting tools and guidance to help address behaviors before they reach a critical point
- Explore and develop and implement, if applicable, a short attachment style assessment to be given as part of the home study to determine if families have the tendency to have dismissive style of parenting
- Provide families with the following information, at a minimum, as inserts in training manual:
  - Continuing education hours, options and where hours are offered
  - Post adoptive service brochure
  - Who/Where to call for help and assistance
  - Specialized information (ex. medically fragile, ADHD, Asthma, Various types of behaviors, etc.)
  - Organizational chart for DCFS with explanation of the various programs and what they do that are relevant to foster and/or adoptive parents
  - Listing of materials available through our Resource Library
  - Links to all Division websites
  - Link to provider listing whose staff have been trained in Trauma Informed Care
- Develop training specific to Adoptions for caseworkers who will be handling adoptions as adoptions is only covered as a Permanency goal in new worker training. Training needs to be specific to work with families, importance of disclosure packets, adoption policy and best practice, matching of child with a family, etc.
- Include training on post adoptive services
  - Training for Adoption and resource staff held on March 27, 2015
  - Training for statewide supervisors scheduled for April 24, 2015

- DCFS staff need to discuss whether hard copy policy manuals should be given to all staff as an option vs. staff having to view policy manual on line – would hard copies be more beneficial and would staff refer to them more often?
  - On line is PDF only – will need to be in a different format
  - Explore adding app on Iphones
- DCFS will need to assess the quality of trainers and assess the consistency in messaging among trainers
- DCFS will need to develop training for staff on how to deal with their emotions when families give their children back – recognize the secondary trauma – how to be professional even when angry

**Recommendation 2 (1):**

**DCFS should consider a uniform protocol regarding the process by which it responds to adoptive families who reach out to the agency post-adoption**

- Agency has met with staff regarding how they were responding and as a result the agency has developed a consistency for staff in how to respond
  - Concern with calls coming into the county office
    - Area Director is to meet with County Administrator to see best process for handling of these calls
    - All DCFS staff should be knowledgeable about post adoptive services and be able to refer the calling party to the appropriate party
    - An email should be forwarded to the Resource Supervisor, Area Director, staff supervisor and Statewide Adoption Manager regarding the conversation and contact information of person calling
    - Statewide Adoption Manager will monitor follow up and will provide assistance as needed
    - Staff will be instructed that no call is to just be handed off because you don't deal with this specifically
  - Calls made to specific workers regarding adoption support
    - DCFS has worked with OST and have a temporary solution until May 2015 CHRIS release
      - Staff will enter the current Provider Contact Purpose value of “Post Legal Adoption Subsidy Assistance” on the Provider Contact screen to capture Post-Adoption Services in Open Providers
      - If in a Closed Provider, then CHRIS staff can enter the information. An email would need to be sent to [chris.support.center@arkansas.gov](mailto:chris.support.center@arkansas.gov) with the necessary information needed to complete the Provider Contact Information screen
  - Calls received at the State Office
    - Staff will enter as stated above in the provider screens and or as CHRIS Support to enter information
  - In May release there will be a new Provider Contact Purpose added entitled “Post-Adoptive Services”

- Field staff will be given specific instructions regarding new release
- For those calls in which the provider is at the point of returning their child
  - All calls will be tracked by the Statewide Adoption Manager
    - Tracking form has already been developed and is in use
    - Area Director's will inform Statewide Adoption Manager of situation
  - DCFS has established a weekly meeting on Wednesday of each week to discuss each case of this type
    - Purpose is to see what issues are present
    - Ensure the ball is not dropped
    - Determine if central office needs to schedule interdivisional staffing
- When determining if a case needs to be opened
  - Request from staff will go to Area Director -> Area Director will conference with Assistant Director of Community Services
- When post adoptive services are needed for a family and contract dollars will need to be expended
  - Staff will request through Statewide Adoption Manager or her designee who will grant the approval and record the request. Turnaround time for request will be immediate.

**Recommendation 2 (2):**

**DCFS should consider a uniform protocol regarding the scope of issues for which it is willing to provide assistance**

- This issue is more difficult to address as it could be a huge monetary hit to the agency
  - Much discussion is needed on this topic
  - Currently we provide financial assistance for respite and Reactive Attachment Disorder (RAD) therapy.
  - Question is will we cover services such as residential (acute and group) when Value Options has denied or a private insurance company has denied a continuing benefit however families believe their children need to remain in these settings. Typical costs for these types of stay could range from \$500.00 per day to \$1,500.00 per day.
    - This was expressed when meeting with families as a problem they encountered with Value Options and treatment
- When post adoptive services are needed for a family and contract dollars will need to be expended – these have typically been respite and RAD therapy
  - Staff will request through Statewide Adoption Manager or her designee who will grant the approval and record the request. Turnaround time for request will be immediate.

**Other recommendations and actions taken as a result of meetings with internal and external stakeholders**

- Meeting with Resource Workers and Adoption Specialists was held on March 27, 2015
    - Agenda attached

- Rehoming and post-adoptive services discussed
  - New Post Adoptive Services brochure was handed out
  - Packet of valuable information given to staff
- Draft Practice Guide for Selection and Matching has been developed
  - Draft included in packet
    - Feedback was requested
- Director met with 9 individuals (6 families) on Wednesday, March 25 to discuss their adoption experience. 3 of the families had relinquished their children back to DCFS; 1 family is on the verge; 2 families had adopted through the system; 1 individual was not a foster or adoptive parent but was a provider of RAD therapy
  - Meeting was 5 hours
  - A lot of really good suggestions came from the meeting
  - Group will assist DCFS staff in improving elements of the system
    - Letter with requested items to help us with – mailed March 27 (copy attached)
- Meeting was held with staff who had involvement in the 7 cases we have had come to us since the Re-homing issue broke
  - Meeting was enlightening
  - Discussed when “abandonment” is mentioned to families
    - Depends on where you are in the state
    - Depends if you are a foster worker or an adoptive worker
    - Still a lot of discussion needed on this as every case is different that they deal with – some cases would fit definition of abandonment, some would not
    - Did discuss even when families call and say they are wanting to bring their children back our first response should not be – you could be called in for abandonment but should be helping/assisting in nature
      - Area Directors will work with their staff on this
- Disclosure packets
  - Not consistent across state even though there is policy
    - In a number of instances, packets are not being given to families in advance of placement of child
    - In a number of instances, packets are not being discussed with families
  - Director has requested 4 disclosure packets from each area -> packets are to be delivered Friday, March 27 -> review will be done to quality of disclosure packet, timeliness of disclosure to adoption, how disclosed with family, etc. (See email requesting information) -> DCFS executive group will review

- Need to discuss what practice should be with sharing of disclosure packet with foster parents who are adopting a child(Ren) they have had in their home for some time vs. sharing of a disclosure packet with a selected family for a child who has not been in their home
  - Will add post adoptive services to disclosure packet checklist
  - Will need to better define the staff process for sharing of disclosure information on a child they are not familiar with – how to do a team approach
- Consider adding a position of a Statewide Adoption Liaison like we have for Foster Parents
- Consider having independent party attend Interdivisional staffing for those cases in which an adoption is at risk of dissolving. It was brought to our attention how emotional those staffing's are for the family and someone needs to be there to assist them, take notes, help ask questions, etc.
- Require Statewide Adoption Manager to attend Interdivisional staffing on adoption related cases
- Review with Value Options why they require 3 in state denials before allowing children to be placed out of state and communicate those reasons to at least the 9 individuals I met with.
  - Medicaid and Value Options denials are of concern to families especially in those situations in which their behaviors are such they cannot safely return home however stay is denied by Value Options
  - Explore and understand the issues when there are two diagnoses and how that impacts payments and services
- Establish how DCFS will communicate the availability of support for adoptive families for the entire time of their journey
- Work with stakeholders on hosting a statewide Foster and Adoption conference. Some of the 9 were willing to get things rolling on this. There is a need to share information with foster and adoptive parents and provide a forum for them to ask questions and express concerns/ideas.
- Work with Judicial side regarding treatment of families especially those who are at the point of relinquishing their rights. Families stated they were made to feel like criminals.
- Explore 72 hour non-contracted respite care for post adoptive parents
- Explore the development of post adoptive support groups
  - Have inquired across the state regarding current support groups
  - Have asked for ideas from the 9 individuals I met with
- Assist families with applying for/asking for assistance with APS for a Public Guardian
- Offer grief counseling for families who have relinquished their rights to their children
  - Need sensitivity training for staff
  - Need sensitivity training for judicial staff

- Families shared the experience with dealing with the children had caused marital problems and financial problems
  - Expressed feelings of failure and depression
  - Actually saw giving their children up as a death – one day you are a parent – the next day you aren't
- Through feedback from families, explore what other assessments might be done to compliment the PACE evaluation
  - Earlier assessments
  - Reassessments
    - When should this occur?
  - Better mental health services
  - Therapists specialized in trauma and child welfare population
- Strengthen support, guidance and communication to foster parents and or adoptive parents who are the subject of a maltreatment report
  - Determine role of DCFS Foster Parent Ombudsman
  - Determine role of DCFS Adoption Ombudsman (if added)
  - Determine role of DHS Client Advocate
- Strengthen and collaborate with partners to address early interventions with the following populations
  - Pregnant women
  - Domestic violence
  - Homeless
  - Mental disorders
  - Parents with history of abuse and neglect
- Review quality of treatment services in Comprehensive Residential Treatment facilities and Residential Treatment facilities. There has been concern expressed that programs are not providing the level of services/therapy needed to meet the client's needs.
  - DCFS had asked HZA to look at Residential Treatment facilities as one of the programs reviewed under Contract Monitoring
    - Broadened the scope of work to include Comprehensive in addition to Residential Treatment facilities
    - HZA will work with Dr. Miller and Anne Wells in developing the review criteria

Per a recent study by the Dave Thomas Foundation, through age 12, adoptions were more stable than youth who were reunified or still in care, but then stability began to decline. Adopted youth had superior outcomes as young children (stability, behavior, home environment) when compared to those reunified or remaining in care but, by age 14, adopted youth were being rated as having significantly more behavior problems. Furthermore, there is a diminished chance for permanency which is even more devastating to the youth as they have now lost two sets of parents and the chances for another placement is lessened. The overall damaging impact to a youth's emotional well-being is tremendous.

The groups referenced above are some of the greatest risk populations served in Arkansas's child welfare system. These do not cover the entire populations that could be discussed, but they represent the largest majority. If DCFS can impact these groups through case practice, shifts in service capacity, resource development and availability, then the outcomes for these populations will improve and, as a result, the positive impacts will have a ripple effect throughout the child welfare system in Arkansas.

### **Criminal Background Checks:**

DCFS has implemented the Adam Walsh Child Protection and Safety Act that outlines procedures for conducting criminal background checks of prospective foster care and adoptive parents. DCFS policy outlines procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

DCFS has been able to address several questions arising from the most recent audit and is in the process of reviewing recently received additional/revised requirements.

Information has been received through ACIC, and verified by FBI contacts, has advised of an additional standard which include a training module and revisions which will possibly further restrict the dissemination of result information. Information on the updated standards has been forwarded to the DHS Director's office and legal counsel.

Currently, Office of Chief Counsel (OCC) has been charged with developing standards for meeting the updated requirements and a review is ongoing. It is believed compliance may necessitate the creation of restricted areas for background check processing and may require modification of DHS/DCFS policies and procedures, as well as other possible implementations.

Achieving compliance will impact all of DHS throughout multiple programs and services and the identification of funding resources for implementation may become a critical aspect.

At this time we are awaiting the results and guidance from the review group to whom this has been assigned.

### **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. (Life skill classes are held by each Transitional Youth Service Coordinator throughout the state of Arkansas each month in each Area.) 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.

Life skill classes are held by each Transitional Youth Service Coordinator throughout the state of Arkansas each month in each Area.

### **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.

The TYS Program Manager vacated the Transitional Youth Services position on July 3, 2014. This position has not been filled; therefore at this time minimum work has been done around specific training for CFCIP. The primary focus has been on maintaining ETV and other critical needs for the program.

The new TYS Program Specialist leads, coordinates, and supports the Youth Advisory Board in their activities, and leadership development. Duties also include scheduling and facilitating the monthly Youth Advisory Board meetings along with providing technical and logistical support to youth advisory board officers and members. The TYS Program Specialist also manages the Educational Training Voucher (ETV) program statewide. Management of this program includes review and approval of ETV voucher requests from across the state, working with field staff on

requests and providing education to all levels of staff regarding requirements. Also, the Specialist reviews and approves Independent Living requests from across the state and works with field staff on requests, and address any issues/concerns as they arise. Work is also done with the youth to develop the “Senior Recognition event”, planning and developing of the annual “Youth Leadership Conference”, working/communicating with local communities regarding the needs of the youth in the system, submitting required federal annual report information, and submitting monthly report information to DCFS Director, etc. One way the YAB has worked within the community is when the Youth Advisory Board (YAB) committed to volunteering at the “Arkansas Dream Center”, in Pulaski Co. They gave back to the local community by providing services to help serve the homeless population. This gave the youth a different outlook on life and made them want to be able to do more within the Community.

The YAB and the TYS coordinator also recently attended a Faith Based Summit held by the Governor of Arkansas, and 2 of our youth in the foster care system were able to speak to the people who attended this conference to let them know the services needed in the TYS population. The TYS coordinator also spoke to this group to inform them more about the Transitional Youth Services Program for the State of Arkansas.

Since the Specialist has been on the Youth Advisory Board along with the TYS Coordinators, participation in different community service projects locally has been done. They participated in the “Race for the Cure”, in October 2014, “Arkansas Dream Center”, in November 2014 (fed the homeless population at this venue), participated in Fort Smith’s “Independent City”, April 2015, “Nami Walk”, May 2015, and more in the upcoming year is planned.

### ***Accomplishments***

- “Senior Recognition”, held at Fellowship Bible Church May 21, 2014 to recognize our DCFS Graduating Seniors.
- Annual “Teen Leadership Conference”, held at the Arlington Hotel, in Hot Springs, Arkansas August 2014
- “Senior Recognition”, held at Fellowship Bible Church May 20, 2015 to recognize our DCFS Graduating Seniors
- “Your Guide to Transition”, Pamela’s Transitional Plan for Young Adults
- Extended Foster Care Program Brochure

### ***Activities planned for FY 2016***

Arkansas will utilize the “Youth Speak” results from the YAB conference that was held in August 2015 to inform the next APSR.

- YAB members participated in the annual “Race for the Cure”, October 2014

- “Arkansas Dream Center”, YAB members got a chance to give back to their communities by feeding the less fortunate, assisting them on the computer, and talking with them. November 2014.
- YAB members participated in the “Junior League of Fort Smith”, (JLFS) Independent City in April 2015. This gave the youth an opportunity to learn new ways to make our Independent City more affective for our upcoming conference.
- YAB members participated in the “National Alliance for Mental Illness” (NAMI), walk in May, 2015.

### ***ETV***

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Youth in care, emancipated youth or youth that have entered Adoption or Guardianship may apply for assistance through the Educational Training Voucher (ETV) grant program. Arkansas canceled the contract with Orphans Foundation of America and currently manages this grant program. Youth, who apply and are deemed eligible for participation in the program, receive—up to \$5000 annually. These funds are treated much like a “scholarship” and dispersed in \$2,500 increments each Fall & Spring semester. Any remaining balance is returned to the youth. ETV can be utilized to pay for Summer school as long as the \$5,000 limit is not exceeded in any calendar year. ETV can be used to pay undergraduate tuition/books/ supplies/laptops/graphic calculator/fees/additional living expenses associated with post – secondary education for Foster teens that are in Transitional Services.

### ***Annual Teen Leadership Conference “Only you can...Determine your Destiny!”***

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Members of the YAB along with the DCFS will host the annual “Teen Leadership” conference for transition age youth in foster care. The 2015 conference will be held at the 4-H Center in Ferndale, (Little Rock) Arkansas; about 300 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?
- Creative Visions
- Cyber Security/Job Readiness
- Administrative Office of the Courts Court Improvement Project

The TYS unit receives and reviews a monthly report provided by each Transitional Youth Services Coordinator throughout the state each month. Receiving these monthly reports we are able to determine whether appropriate services are provided to transition aged youth with

consistency throughout the state. Additionally, this report provides information on the number of transition aged youth participating in “Life Skills” trainings. In addition to that, I add to my monthly report how many youth participates in each “Life Skills” training from each Area so I can keep track of how many youth are really participating in these classes. In SFY 2014 (July 1, 2013 through June 30, 2014) 2,592 youth participated in Life Skills training classes. This was a duplicated count of youth for the year. In SFY 2015 (July 1, 2014 through June 30, 2015) 3,323 youth participated in Life Skills training classes. This was a duplicated count of youth for the year.

A central office workgroup was formed to assist staff in locating youth in the 21 year old follow up population in the 2015A NYTD rating period. Each workgroup member was assigned a list of youth and employed a variety of methods to get locating information through the use of lexis nexus search, social media, previous foster parents/Independent living sponsors, etc. If an address was found for the youth, the county staff where the child was located completed face to face interviews with the youth to get survey results. The workgroup members spoke with some youth via telephone to get their responses to the survey as well as mailed paper copies of the survey to be completed and returned. Arkansas met the 60% compliance rate for this NYTD rating period.

Arkansas also has hired a new NYTD Program Administrator to work on NYTD. She is also currently a stakeholder to DCFS as she is a member of our Advocacy Council as well. Meetings have been held to enhance her knowledge of NYTD and its requirements.

She has identified objectives that she will be working on to strengthen the NYTD process.

**Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183 (H.R. 4980) activities:**

- Planning Unit has reviewed and began the work on meeting the IV-E requirements
- 5/4/15 meeting with DCFS Policy manager
- 5/27/15 meeting with CIP Director
- 5/29/15 White House Summit on Reasonable and Prudent parenting attended by DCFS Policy Manager
- 6/10/15 White Summit on Human Sex Trafficking attended by DCFS Planning Manager
- 6/15/15 DCFS Director meeting with FBI and CACD on Human Sex Trafficking Protocols
- 6/22/15 Policy in review on Reasonable and Prudent Parenting
- 6/26/15 Submitted updated IV-E Plan

**Monthly Caseworker Visits**

**Percentage of visits made on a monthly basis by caseworkers to children in foster care:**

- **FFY 2014: 83.26%**
  - Number of monthly visits made to children in the reporting population (Numerator) – **34,914**
  - Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – **41,932**

**Percentage of visits that occurred in the residence of the child:**

- **FFY 2014: 93.82%**
  - Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – **32,755**
  - Number of monthly visits made to the children in the reporting population (Denominator) – **34,914**

The aggregate # of children in the data reporting population is: **5,936**

### **Caseworker Visits With Foster Care Children-Details By Month**

This report gives an overview of the Caseworker Visits with Foster Care Children information by selected month. The report provides totals and percentages by Area, County and Primary Staff Name. This report can be used as a good monitoring tool for Staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation. The report is refreshed daily.

The report includes all children under age 18 who are considered to be in foster care for the full calendar month (Calendar month = last day of previous + all days during current month + first day of subsequent month). The Area(s) and Month should be selected and then the 'View Report' button for the results to appear. To be considered as a Completed 'Regular Visit', the following criteria must be met in a Case Contact:

- Contact Date should be in the actual Calendar Month (1st-end) to determine if Visit was made
- Type/Location: must be Any 'Face to Face' type
- Status: 'Completed' must be selected
- Participants pick list : The foster care child must be selected
- Only pull the following Staff Positions (Contact Attempted/Completed By field) are considered as a Caseworker Visit:
  - DHS Area Manager
  - DHS Assistant Director
  - DHS Deputy Director - DCFS
  - DHS Program Coordinator
  - DHS Program Manager
  - DHS Program Specialist
  - DHS Staff Supervisor
  - Family Service Worker
  - Family Service Worker Clinical Spec
  - Family Service Worker County Supervisor
  - Family Service Worker Specialist
  - Family Service Worker Specialist-Adoption Specialist
  - Family Service Worker Supervisor
  - Family Service Worker-Adoption Specialist
  - Family Services Program Coordinator

The above criteria is considered as a Completed 'Home Visit' with the exception that only the following Type/Location are applicable:

- Face to Face (Placement Provider ICPC)

- Face to Face (Placement Provider)
- Face to Face (Home)

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes the following:

- Primary Staff County
- Client Count: The number of Clients that are considered to be ‘In Foster Care’ for the month and should have a visit
- Case ID
- Client ID
- Client Name
- Age
- Birth Date
- Reg. Visits Count (Regular Visits): The number of ‘Face to Face’ Visits that were completed as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met
- Home Visits Count: The number of Visits that were completed in the home as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met. If Home Visits is a Y, then Reg. Visits should be a Y
- Percentage of Completed Reg. Visits: The Percentage of Regular ‘Face to Face’ Visits that were completed. Percentages that are under 95% show in red because 95% is the performance standard for regular visits that is required by the feds or there could be a reduction in Federal Financial Participation.

### **Caseworker Visits with Foster Care Children-Details for FFY**

This report gives an overview of the Caseworker Visits with Foster Care Children information for the FFY. The counts and percentages are submitted to the Feds by December 15 each year for the previous FFY (October-September). It provides an overview for each month for the FFY. This report can be used as a good monitoring tool for Staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation per Month. The report is refreshed daily.

This report includes all children under age 18 who have been in foster care for at least one full calendar month during the FFY. (Calendar month = last day of previous + all days during current month + first day of subsequent month).

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes Primary Staff County, Case ID, Client ID, Client Name, Age, DOB, and the monthly information:

- A column appears for each month October-September:
  - In Care: Y will appear if the client is considered in care for that entire month (Visit required) or N will appear if the client is not considered in care (Visit not required)
  - Regular visit (Reg. Visit): For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met.

- Home Visit: For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met. If Home Visits is a Y, then Reg. Visits should be a Y

There is a Total Months in Care column that gives the total count of months the foster care child is considered to be in care and should have had a visit.

There is a Total Reg. Visits that gives the total count of visits that meet the regular visits criteria.

There is a Total Home Visits column that gives the total count of visits that meet the home visits criteria.

The total per Staff, per County and per Area appear in rows after each condition.

At the end of the report, the overall totals and percentages show what will be sent to the feds when it is time to submit, by December 15 for the previous FFY.

AR has utilized case worker visits funds to support the salary of caseworkers. In the past, we have purchased laptops for staff but this did not significantly improve the visits over the 2 year period that we provided them to the field. Some field staff still has access to laptops, but we have shifted laptops to supervisors since there were several challenges in regards to lack of utilization, lost or stolen, and sometime technology issues. AR continues to monitor and assess the quality of worker visits and have seen some improvement in some areas across the state. The Assistant Director for Community Services ensure that this is a topic for her monthly visits, monitors it through monthly reports, and assist with coverage during high turnover. The QSPR process continually focuses on worker visits and we have established messaging that children and families have better outcomes when the caseworker visits are consistent and high quality. AR utilizes several data reports for monitoring the worker visits which includes: COR report and 120 day worker visit report.

The caseworker visit funds were part of salaries to direct service staff to ensure activities are carried out. Although we have not seen a significant improvement in case worker visit percentage, there are some areas of the state that are showing incremental improvement. We plan to assess what strategies are working for them and share with other areas for consideration. We have a compliance outcome report that monitors compliance with the worker visits, but we utilize the annual QSPR to assess quality and quantity of visits based on the assessment of the family's need and safety management of children. Our intent is to continue with the implementation of our practice model framework which has an emphasis on family engagement, involvement, and visits with parents and children. 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.

## **ATTACHMENTS**

- APSR Cover Letter
- APSR Checklist
- Annual Progress and Service Report (APSR)
  - CANS/FAST Implementation activities cross walked with implementation driver
- Education and Training Voucher (ETV) Form
- Training Plan and Matrix
  - Attachment A: Process for NST Competency Review
  - Attachment B: New Staff Training for Family Service Workers Survey Summary
- Disaster Plan
- Health Care Oversight Plan
- Foster and Adoptive Parent Diligent Recruitment Plan
- Organizational chart
- Citizen Review Annual Report Area 1 & Response Letter
- Citizen Review Annual Report Area 2 & Response Letter
- Citizen Review Annual Report Area 4 & Response Letter
- Citizen Review Annual Report Area 5 & Response Letter

### **Financial Attachments:**

- CFS-101 Part 1 Annual Budget Request for Title IV-B, Subpart 1&2 Funds, CAPTA,CFCIP, and ETV Fiscal Year 2016, October 1, 2015 through September 30, 2016. (Excel and PDF)
- CFS -101 Part II: Annual Estimated Expenditure Summary of Child and Family Services FFY October 1, 2015 through September 30, 2016 (Excel and PDF)
- CFS -101, Part III: Annual Expenditures for Title IV-B, subparts 1 & 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) : Fiscal Year 2013: October 1, 2012 through September 30, 2013 (Excel and PDF)
- Financial Information comparing FY 2016 State expenditures against State expenditures under Title IV-B in 2005 (Excel and PDF)